

Orchids Care Limited

69 Tenter Lane

Inspection report

69 Tenter Lane
Warmsworth
Doncaster
South Yorkshire
DN4 9PE

Tel: 01302570729

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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

About the service

69 Tenter Lane is a domiciliary care service, providing personal care to people living in Doncaster.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. On the day of inspection, 109 people were receiving the regulated activity of personal care.

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

The service sought to keep people safe from abuse. The service assessed risks to people to keep them safe when caring for them. Staff were recruited safely and their attendance at calls was punctual. People's medicines were managed safely. Infection prevention and control measures were in place. Lessons were learned when things went wrong to minimise the risk of re-occurrence.

People's needs were assessed before they used the service so the provider knew whether they could meet those needs. Staff were trained how to do their job and were provided an induction before starting employment. People were supported to eat and drink and make choices with their food. Staff worked with other agencies to provide effective care, particularly health care professionals.

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's consent was sought when care was provided.

People and relatives told us staff were caring. People's equality and diversity characteristics were respected as was their privacy and dignity. People and relatives were able to express their views about the care provided. People were encouraged to be independent.

Care plans recorded people's needs and preferences and people received person centred care. People's communication needs were met by staff and their communication needs and preferences recorded in care plans. People and relatives were able to complain, and the service responded to complaints appropriately. People had the choice to share their end of life wishes if they wanted to.

The provider promoted a positive culture and person-centred service; people, relatives and staff thought the service was well led. Staff and management knew their job roles and responsibilities. There were quality assurance systems in place, so the provider was able to continuously learn and improve, this included gathering feedback from people and relatives. Staff were able to engage with the registered manager through regular meetings or supervision. The service worked in partnership with other organisations to benefit people using the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 December 2020 and this is the first inspection.

Why we inspected

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

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

69 Tenter Lane

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 one 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

69 Tenter Lane is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 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.

The Inspection activity started on 23 June 2022 and ended on 24 June 2022. We visited the location's office on 23 June 2022.

What we did before the inspection

We reviewed all the information we had received about this service since its registration with us in 2020. We

used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and eight relatives about their experience of the care provided. We spoke with the registered manager and three care staff. We reviewed a range of records. This included 10 people's care records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, audits and analysis and policies and procedures.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed at staff meetings and through staff development meetings. One staff member said, "I would report any safeguarding concerns immediately, either to the manager or an appropriate outside agency, such as the local authority."
- Comments from people and relatives included, "They are very very good, and I am very happy" and, "Yes, we feel safe."
- The registered manager had appropriately used multi agency safeguarding procedures when they had a safeguarding concern.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition. Environmental and COVID-19 related risk assessments were also in place for people.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained detailed guidance for staff to follow to keep people safe.

Staffing and recruitment

- People received their care calls from staff they knew, and for the allocated time and agreed duration. One person said, "I get the same ones, there's three who come regularly."
- Staff and the management team worked hard to ensure that people received their care visits as planned. When asked about consistency of staff, people and relatives commented, "Yes, we have one very dedicated carer" and, "Yes, and nothing is too much trouble. I feel very comfortable with them all."
- The registered manager operated effective recruitment procedures; appropriate checks were undertaken to help ensure staff were suitable to work at the service. Criminal record checks and satisfactory references had been obtained for all staff before they worked with people independently.

Using medicines safely

- Staff received the training necessary to support them to safely administer people's medicines. The management team undertook competency assessments once staff had completed their training to ensure safe practice.
- Staff supported some people with administering their medicines and just prompted others to take theirs

as needed. One person told us, "Yes, they give me my tablets when I have my breakfast or lunch."

Preventing and controlling infection

- People and their relatives confirmed that staff followed good infection control practice in their homes and wore personal protective equipment (PPE). One person said, "The carer always wears her PPE."
- Staff had received infection prevention and control training and additional training relating to COVID-19.
- Staff took part in a regular testing programme to minimise the risk of spreading COVID-19 and confirmed they had sufficient amounts of PPE.

Learning lessons when things go wrong

- The provider had a system for responding to and recording incidents and accidents.
 - The registered manager noted there had been no reported incident when providing care to a person.
- However, they explained their process for recording and reviewing incidents and identifying learning from when things might go wrong so as to improve the service.

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.

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

- People's needs were assessed before they started to use the service. Assessments included people's support needs and their individual preferences. These assessments formed the basis of people's care plans and risk assessments.
- People participated in their assessments which ensured the process was person centred.
- People's relatives praised the staff team for the effective care and support they delivered. One relative said of a staff member, "She is absolutely first class. She is very friendly, but not pushy. The carer has a great deal of common sense and has really now become more like an extra member of our family. The carer knows our daughter very well, and she knows when she is not well, or her colour has changed, and calls the ambulance when she sees something is not quite right with her."

Staff support: induction, training, skills and experience

- Staff received inductions, were trained and were supported in their roles. The provider kept documentation which showed staff had completed specific training during their induction period to assist them to be ready and prepared for their new roles. This included reviewing the provider's policies and shadowing experienced staff in the role.
- Staff received regular training so they could support people effectively. This training included manual handling, basic first aid and life support, safeguarding and infection control. One staff member told us, "We get training and we review it regularly to keep up to date."

Supporting people to eat and drink enough to maintain a balanced diet

- For people requiring support to remain healthy and well, care plans were in place for staff to follow.
- Staff had a good understanding of people's dietary needs and spoke about the importance of offering healthy choices, when supporting people with their meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink well.
- People's nutritional needs were assessed. Assessments included people's likes and dislikes, the support required to eat, as well as any safety issues such as food allergies.
- One person said, "They [staff] make my breakfast, and they heat up my meal at lunchtime. Then they make a sandwich for my tea. It's all very nice."

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 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.

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

- Initial assessments of care and support needs included a 'consent form'. People had signed and consented to their care and support.
- A person we spoke with told us staff and management respected their right to make their own decisions and choices in their care.
- Staff we spoke with understood people had the right to make their own decisions and to seek their permission before carrying out any tasks.

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 since registration of this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The management team were committed to providing people with the care they needed, how they needed it, and in the best possible way for the individual. Staff told us, "I work with a team who really care and are compassionate. I am proud to be part of the team at 69 Tenter Lane."
- Staff had a good understanding of the people they supported. Staff took time to get to know people's individual likes and dislikes, their pasts and interests and incorporated these into their care. A staff member said, "We develop positive relationships with both families and people using the service. Consistency of staff means we get to know people really well."
- People and their relatives praised the staff team for the care and support they provided. Comments included, "They [staff] are very friendly people. Very caring, and very compassionate – nothing is too much trouble" and, "They've been life savers for me. We struggled to find carers, but the agency has been brilliant for us."

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

- People were able to express their views and be involved with decisions about their care. One person said, "Yes, the carer steps back and allows her independence."
- Care plans were signed to document people's or relative's involvement. Care plan completion and reviews, spot checks and telephone monitoring provided various means where views could be expressed, and people could be involved in decision making around care. Staff told us they always sought people's views. One staff member said, "I always ask people what they what they want. Whilst some people like certain routines, I never presume."

Respecting and promoting people's privacy, dignity and independence

- People told us the care staff treated them with dignity, talking to them in a polite and respectful manner, listening and responding appropriately to any requests. Comments included, " They [staff] are absolutely amazing and have been from the very start," "They have been brilliant for me" and, "They do a fantastic job and we are extremely pleased with them."
- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. The care records included the areas of their care people could do themselves and where they required support including how staff could best encourage this.
- Staff were observed by the management team in their usual work duties as part of the provider's quality monitoring processes. During these spot checks, members of the management team made sure that people's independence, dignity and privacy were promoted and respected.

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

- People's support plans were personalised and reflected how they wanted their care and support to be provided.
- People's support plans were reviewed regularly and updated to ensure they reflected people's current needs.
- Staff told us they were provided with all the information they needed to support people. Any changes to people's needs were reported to the management team, so they could act accordingly. Staff confirmed they read people's care plans at the start of each visit with one staff member telling us, "I read the care plan before starting a visit, especially if I've had any time away, to see if there has been any incidents or important changes."

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.

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans.
- The registered manager told us documents could be provided in alternative formats if required, such as large font or easy read.

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy, people and their relatives told us they had a copy of the policy in their homes to access if needed. People and their relatives told us they had not had the need to raise any complaints, but all said they would be confident to do so if the need arose. One relative said, "We have no complaints at all, we are very happy with them."

End of life care and support

- People were not receiving end of life care at the time of our inspection. The registered manager explained how they would work with a person's family and healthcare professionals to review their care to meet the person's needs and understand their wishes.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were clear about their roles and responsibilities. Staff files contained job descriptions, which explained staff roles and responsibilities.
- The registered manager monitored quality performance of the service and staff practice. This was done through spot checks and telephone monitoring. The registered manager was aware of the risks people faced and the broader risks the service faced working within the adult social care sector.
- The provider informed relatives, local authorities and health professionals about risks to people where appropriate. They notified the CQC when required to do so in line with health and social care regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us there was an open culture at the service. They felt supported and encouraged by the registered manager. One member of staff told us, "I have received nothing but support and encouragement from them [registered manager]." Another member of staff said, "I enjoy coming to work. Great people we deliver care to, great staff and a great manager."
- People and relatives told us they found the registered manager to be warm and professional. Comments included, "This agency is unlike any other company we've dealt with, they want to know how we all are," "I think it's well run; I can't fault them" and, "A superb service – very good indeed."

Continuous learning and improving care

- Learning was taken from incidents to improve people's experience of care.
- We received positive feedback from people, who told us, "When the wife has to go into hospital, they are very responsive. I ring them up and tell them and they are fine. They send me text messages while she's in hospital asking how she is, and when is she coming home – I think that's a nice touch" and, "Things do change over time, and they are good at changing. They adjust."

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 understood their responsibility in relation to the duty of candour and the need to report certain incidents, such as alleged abuse or serious injuries, to CQC, and had systems in place to do so should they arise.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were able to be involved with the service. The provider had regular contact with people and relatives to assure the quality of care being provided. This was done through telephone monitoring, spot checks and staff observations. One person said, "They do phone occasionally and ask if everything is OK."
- Staff could engage with the service and be involved in how the service was run. Staff attended meetings and supervisions where they could provide input into how the service worked. One staff member said, "We have staff meetings and we are encouraged to raise issues and opinions about people or the services they receive."

Working in partnership with others

- The management team worked with external professionals to achieve good outcomes for people. For example, community nurses, occupational therapists and GPs.