

Orchid Homecare Ltd

# Orchid Homecare Ltd

## Inspection report

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Date of inspection visit:

08 December 2020

09 December 2020

10 December 2020

11 December 2020

14 December 2020

15 December 2020

Date of publication:

08 January 2021

## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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# Summary of findings

## Overall summary

### About the service

Orchid Homecare Ltd is a domiciliary care agency. It provides personal care to adults living in their own homes, so they can live as independently as possible.

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.

At the time of this inspection 54 people were using the service, 43 of whom were receiving personal care. People had a variety of care and support needs including dementia, mental health and physical disabilities.

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

Since the last inspection, changes had been made within the management team both at provider and manager level. In addition, a new quality and compliance manager had been recruited.

At our last inspection we found the provider did not have robust systems in place to monitor the quality of service provided to people and to improve the service. This meant we found a number of areas where improvements were needed which had not been identified by the provider's own quality monitoring systems. These included safeguarding training for all staff, the detail included on food and fluid charts, staff recruitment processes, the punctuality and consistency of staff, medicine record anomalies, inconsistencies in the use of PPE (personal protective equipment) and protecting people's confidential data.

During this inspection we found improvements had been made in all these areas however, further work was required to address these fully, and to embed the changes that were being made by the new management team.

Despite our findings, the majority of people using the service and relatives were happy with the service they received and provided positive feedback. For example, one relative told us they would recommend the service to other people and described the service as, "A really caring, lovely company. Staff are very conscientious. It is an absolutely first-class company."

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

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 28 September 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Although we found improvements had been made at this inspection, not enough improvement had been made and the provider was still in breach of regulations. We found no evidence that people were at risk of harm. However, the provider needed to make further improvements. Please see the Safe and Well-Led sections of this full report for more detail.

#### Why we inspected

We undertook this targeted inspection to check whether the provider had met the requirements of the breach identified during our August 2020 inspection in relation to Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

This means the overall rating for the service has not changed following this targeted inspection and remains requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orchid Homecare Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress.

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Orchid Homecare Ltd

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of the breach identified during our August 2020 inspection in relation to Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Orchid Homecare Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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. However, the registered manager was not working at the service at the time of this inspection and a new manager had been appointed.

#### Notice of inspection

This inspection was unannounced.

Our inspection activity started on 8 December 2020 with telephone calls to people using the service and relatives, and ended on 15 December 2020 with a visit to the office location to speak with staff and look at records.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people using the service, five relatives of people using the service, the new manager, a new quality and compliance manager, the office administrator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at various records, including care and medicine records, for 11 people, as well as other records relating to the running of the service. These included staff records and audits. This was so we could corroborate our findings and ensure the care and support being provided to people were appropriate for them.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check progress with areas we previously identified as requiring improvement. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection we found one member of staff who had not received safeguarding training. They were based in the office so did not provide direct care to people, but they were still the first point of contact for anyone contacting the office with a concern. During this inspection the staff member confirmed they had now received safeguarding training and records supported this. Further work was planned to enhance this learning with the staff team as a whole.
- People we spoke with confirmed they felt safe with staff. One relative told us their relative's care worker showed empathy and understanding, which was reassuring and supportive to them both.

Assessing risk, safety monitoring and management

- At the last inspection we saw staff completed food and fluid charts when people were at risk of not eating and drinking enough. However, these charts did not always record the actual amount of food and drink consumed. During this inspection improved charts were in the process of being developed, so people's food and fluid intake could be monitored more accurately. Further improvements were being made to ensure assessed risks in other areas, such as falls and mobility, were managed safely.
- People confirmed staff supported them to manage their assessed risks. One relative was appreciative when their relative's care worker informed them of a change in the person's health needs. They explained this action had provided them with a feeling of safety and reassurance.

Staffing and recruitment

- At the last inspection we found recruitment checks needed strengthening, to demonstrate new staff members were suitable for their positions and to keep people safe. Changes were made after that inspection to put these checks in place. However, due to recent changes in the management team, this information had been lost by this inspection. The new quality and compliance manager confirmed that no new staff had been recruited since the last inspection, which reduced the risk to people using the service. They confirmed all required recruitment checks would be in place for all new staff, before they started work at the service in future.
- At the last inspection we found people provided mixed feedback about staff turning up on time and staying for the duration of planned calls. Although most people we spoke with during this inspection were not overly concerned, this was still the case. A new auditing process had been introduced, which had picked up on these anomalies. However further work was required to ensure people's calls always took place at the right time for them, and that staff stayed for the length of time they were being paid for.

### Using medicines safely

- At the last inspection we found medicine administration records (MAR) had generally been completed correctly and were clear to read. However, we did find one MAR with a line drawn through several days and no explanation. On another MAR we found an unexplained gap. We checked a sample of MARs during this inspection and found no unexplained anomalies.

### Preventing and controlling infection

- At the last inspection a small number of people told us that staff had removed PPE (personal protective equipment), such as masks, particularly during the warm weather. During this inspection and without exception, people confirmed staff always wore PPE and followed good infection prevention routines. One relative told us there had been a noticeable increase in the use of PPE since the start of the Covid-19 pandemic. The nominated individual confirmed there were adequate stocks of PPE and this could be requested as needed. This meant we were assured that the provider was using PPE effectively and safely.



# 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.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the breach identified during our August 2020 inspection.

### Continuous learning and improving care

At our last inspection we found systems were either not in place, or not robust enough to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made, not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Following the last inspection, we signposted the provider to information and guidance that would support them to address the breach and make the required improvements.
- Since then, changes had taken place at both provider (nominated individual) and manager level. In addition, a new quality and compliance manager had been recruited. What became apparent during this inspection was there had not been a proper handover, to ensure the new management team had all the information they needed to address the breach. This raised concerns about leadership, management and governance at the service, and meant further work was required to fully address areas identified as requiring improvement at the last inspection.
- Records showed the new manager and quality and compliance manager had been working hard to develop quality monitoring systems, including new auditing processes. However, as the information we had previously signposted to the provider had not been passed onto them, some of the new auditing tools did not fully reflect all the areas we (CQC) assess when we inspect a registered care service. This meant there was a risk of continued non-compliance with the regulations, and possible new breaches.
- Where the new auditing checks had begun to identify areas requiring improvement, these did not always provide clear information to demonstrate the actions taken to address these.

We found no evidence that people had been harmed however, further work was required to ensure quality monitoring systems were robust in terms of meeting all legal requirements and to drive continuous improvement. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection by making a further change at

provider level and identifying another new nominated individual. A formal notification for this was received shortly after the inspection.

- The proposed new nominated individual contacted us after the inspection to clarify some of the areas still requiring improvement. They also sent us evidence of changes being made to strengthen existing systems, such as health monitoring charts, to help monitor and improve the quality and safety of care provided to people.

- In addition, we found further improvements had taken place since the last inspection. One example was the messaging service staff used on their mobile phones to communicate with one another and share key messages. Previously we had found some of the messages had been unprofessional in their content. We had also identified potential breaches of people's confidential data. During this inspection we checked a sample of recent messages and found nothing of concern.

- Furthermore, prior to this inspection the new manager had notified us about an incident that had happened. This demonstrated openness and transparency on their part, as well as a willingness to learn lessons when things go wrong, to improve the service.

- Prior to this inspection, the provider shared the outcome of satisfaction surveys they had sent out to people using the service and their relatives. Many people had provided positive feedback. Where people had raised concerns, there was evidence this feedback had been acted on. This demonstrated that people were listened to.

- The majority of people we spoke with also provided positive feedback about the service they received. One person said, "Staff go the extra mile. They know me well and if I have a low mood, they take the time to sit and chat with me." A relative added, "They (staff) are absolutely brilliant; they would do anything we ask. I can't praise them enough." People confirmed they were aware of the new management team too, and how to contact them if needed.