

Orchid Homecare Ltd

# Orchid Homecare Ltd

## Inspection report

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06 August 2020

11 August 2020

18 August 2020

27 August 2020

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28 September 2020

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# 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 58 people were using the service, 56 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:

The management and staff team as a whole had worked extremely hard to ensure people's care and support needs were fully met during the ongoing Covid-19 pandemic and lockdown period. Unfortunately, changes made at the service to manage over this period had impacted on other areas of the service and we identified a number of improvements that were required.

There was no overall quality monitoring process that looked at all the areas we (CQC) look at when we inspect services. This meant we found areas requiring improvement during the inspection that the provider had not identified for themselves. This 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.

Despite our findings, the majority of people using the service and relatives were happy with the service they received and provided lots of positive feedback. One relative told us, "It's outstanding care from the carers. They make [relative] smile, they always talk her through everything." Another added, "[ would] definitely definitely recommend the service to a friend."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff knew how to protect people and keep them safe. They had the right skills and knowledge to meet people's needs, and people were generally happy with how they maintained good standards - in relation to infection control and hygiene.

There was strong leadership at the service and the provider demonstrated their willingness and commitment to learn lessons and improve the service where required. People and staff confirmed they were given opportunities to make suggestions and provide feedback about the service. They told us they felt listened to and feedback was responded to in a positive way.

Rating at last inspection:

The last rating for this service was Good (published 27 March 2018).

Why we inspected:

The inspection was prompted in part due to concerns received about safeguarding, the assessment process, medicines, consent, dignity and respect, infection control, records, staffing and recruitment. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of Safe and Well-Led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

This is the first time the service has been rated Requires Improvement.

We found no evidence during this inspection that people were at risk of harm from these concerns. However, we have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. They have already taken action to address some of our findings and given assurances that appropriate action will be taken to address the remainder.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Orchid Homecare Ltd

## 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 Care Act 2014.

#### 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:

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

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.

#### Notice of inspection:

We gave the service one working days' notice of the inspection site (office) visit. This was because we needed to be sure that the registered manager would be in the office to support the inspection. The inspector visited the office on 27 August 2020 to review records.

Prior to the office visit the Expert by Experience spoke with people and relatives by telephone on 5 and 6 August, to ask them about their experience of using the service. The inspector spoke with, or had email contact with, staff working at the service on 11 and 18 August 2020.

#### 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.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection:

We spoke with six people using the service, eight relatives of people using the service, the registered manager who is also the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider), the deputy manager, the office administrator, a care supervisor and two care workers. A further five care workers provided written feedback.

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

After the inspection:

We continued to seek clarification from the registered manager to validate evidence found. We requested information about staff recruitment, whistle blowing, PPE (personal protective equipment) use, staff meetings and the values of the service.



# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A relative told us, "Completely, we trust the staff." They added, "They're all really good and [relative] enjoys seeing them."
- Staff told us they had been trained to recognise abuse and protect people from the risk of abuse. However, we found one member of staff who had not yet received safeguarding training. They were based in the office and did not provide direct care to people, but they were still the first point of contact for anyone contacting the office with a concern. The registered manager acknowledged the importance of all staff, no matter what their role, having some basic safeguarding knowledge and confirmed this training would be provided.
- Despite this, all staff told us they would report any concerns to the management team. They were also clear about who they could report to outside of the service if needed. The registered manager understood too when and how to report concerns to the local authority safeguarding team.
- People and relatives told us staff treated them with dignity and respect. They were aware that staff might sometimes need to take a photograph, for example of a wound, in order to seek professional advice. They confirmed they had been asked for consent beforehand. A relative added, "I felt it was 100% appropriate."

Assessing risk, safety monitoring and management

- People told us staff supported them to stay safe and manage risks appropriately. They described the various ways staff helped them such as taking action to maintain healthy skin and making sure they had enough to eat and drink. One person said, "I prepare my meals. They [staff] watch me as I do it, if I get stuck, they help me out." Staff completed food and fluid charts when people were at risk of not eating and drinking enough. However, these did not always record the actual amount of food and drink consumed. The registered manager confirmed in future more detail would be included on these charts, so people's food and fluid intake could be monitored more accurately.
- Staff told us they sought help from external healthcare professionals when needed, to keep people safe and well. One professional had written to compliment the staff on being proactive in seeking help for one person. They added, 'The care [provided by staff] was compassionate and person centred'.
- Relatives felt staff were correctly trained to provide care in a safe way for example, when transferring someone from one position to another. One relative said, "[Carers] are very, very confident, a senior came out to show the carers how to use a hoist."
- Relatives also told us that staff acted in a kind way when people exhibited distressed behaviours or were resistive to care. One relative said, "They're very patient with her." All staff said they would speak with people in a calm, gentle way and if needed give them some time out. They would not force them or try to hurry their care.

- Care plans and risk assessments provided guidance for staff on how best to manage people's assessed risks. People confirmed a member of the management team discussed their needs with them before they started using the service.

### Staffing and recruitment

- Prior to the inspection we requested information about staff recruitment from the registered manager. We found improvements were needed with employment checks carried out for new staff. Pre-employment checks are important to demonstrate staff members are suitable for their positions, to keep people safe. There was no evidence of a DBS (Disclosure and Barring Service) check in place for two staff members prior to them working at the service. One staff member was office based, but they still had access to people's confidential data. The other staff member provided direct care to people. The registered manager acknowledged this was an oversight and explained that care staff worked in pairs, which minimised the risk. They also took immediate action to obtain the missing checks and provided evidence of these.
- We found other areas where recruitment checks needed strengthening too, such as gaps in employment history and information about why a staff member left their previous position. By the end of the inspection the registered manager had developed a new recruitment checklist which included all the required checks. They confirmed this would be used in future for all new staff employed to work at the service.
- People provided mixed feedback about staff turning up on time and staying for the duration of planned calls. One person said, "Oh yes, they're lovely but they're too rushed." A relative told us, "Yes they do, [arrive on time] and if they're running late, they always phone and let me know." Records showed some staff had been working extra hours, and there were some anomalies in the times they arrived for planned calls - sometimes close to an hour late. The registered manager told us staff had been working under pressure due to changes that had happened in response to the Covid-19 pandemic. They had recently introduced a new electronic care planning system which provided more accurate data about staff arrival and departure times. They told us they planned to monitor these more closely in future and would review the planned timings of calls with people, to make sure these still met their needs.
- People also provided mixed feedback about the consistency of care staff. Some told us they had regular care staff which they appreciated, whilst others did not. One person said, "I am getting all sorts [carers] they rush in and rush out! [In the past] it's been extra special care, but not at the moment and I am really feeling it." Everyone they told us they did not know in advance which carers were coming next, but many felt able to ask care staff for this information when they visited. The registered manager told us they would seek further feedback about this from people and look for solutions that would work for them and the service. Changes had already been made to ensure staff worked in set geographical areas, to reduce travelling times and improve punctuality.
- Two relatives provided very positive feedback about the responsiveness of staff when they had required additional support, outside of planned call times. One relative said, "[Staff member] had a team around within 10 minutes to help me."

### Using medicines safely

- Most people we spoke with managed their own medicines, but where staff did provide support people confirmed they received these in a safe way and as prescribed. One person said, "[Staff] make sure I've had my tablet."
- Staff confirmed they had been trained to administer medicines in a safe way and records supported this.
- In general, medicine administration records (MAR) had been completed correctly and were clear to read. However, we did find one MAR with a line drawn through several days and no explanation. The registered manager explained the person had gone into hospital, but staff had not used the appropriate code for a hospital admission. On another MAR we found an unexplained gap. The registered manager said the person's relative had administered this dose, but once again the MAR did not reflect this arrangement and



had also not yet been picked up through internal auditing processes.

- Medicine 'grab sheets' had been included in people's care folders, whether the service was responsible or not for administering their medicines. This provided a list of each person's prescribed medicines to assist hospital staff in the event of someone needing to be admitted in an emergency.

### Preventing and controlling infection

- Overall, people told us they felt protected by the prevention and control of infection. Most people confirmed staff maintained good hygiene by using personal protective equipment (PPE), such as face masks and disposable gloves before providing personal care. One person said, "They wear masks, shoe covers and gloves and with the Coronavirus they are being extra clean and clean the bathroom and the toilet more." A relative echoed this by telling us, "Yes, they wear [PPE] all the time, they have their own supply."
- A small number of people told us that staff had removed their PPE, particularly during the warm weather. One relative said, "I don't think they're as careful as they ought to be. They get hot and forget, so they don't wear them [masks]." The registered manager provided evidence that this had already been addressed with staff. They told us some staff had found it really difficult wearing masks in the hot weather, so had sometimes asked people's permission to remove them when they were safely distanced - after providing care. However, all staff had been reminded of the importance of wearing the correct PPE at all times.
- All the staff we had contact with confirmed they had been provided with plentiful supplies of PPE. One member of staff said, "[The registered manager] does not scrimp and scrape on PPE. Some people don't like us wearing PPE, but we just say it is to protect them."
- Records showed that all staff had completed specific Covid-19 infection control training.
- Additional measures had been put in place to keep staff and visitors safe whilst visiting the office too. On arrival we had our temperature taken and were required to use hand sanitiser. All staff working at the office were observed wearing face coverings when in close proximity to others. Staff told us they felt safe visiting the office. Extra staff meetings had been organised with reduced numbers, to provide everyone with the opportunity to attend a meeting in a safe way.

### Learning lessons when things go wrong

- We found lots of evidence of lessons being learnt, to improve the service provided. The inspection took place over a number of weeks which enabled the registered manager to act on feedback as it occurred. Examples included improving the staff recruitment process, formalising staff communication methods, the introduction of new quality monitoring processes and increasing staff training.
- We found the registered manager open to feedback about the service. They expressed a willingness to learn from this to improve the overall experience of people using the service.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The registered manager was committed to developing and improving the service. For example, they had invested in a new electronic care planning system and purchased two cars, to improve the efficiency and reliability of the service.
- Systems to audit the quality of the service provided were in place too, but these were not all up to date, with some people's daily records and medicine records not checked for up to seven months. We acknowledge the significant challenges the service has faced in recent months due to the Covid-19 pandemic. However, there was also no overall quality monitoring process that looked at all the areas we (CQC) look at when we inspect services. This meant we found areas requiring improvement during the inspection that the internal quality monitoring systems had not fully identified. This 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 and protecting people's confidential data.

We found no evidence that people had been harmed. However, systems were either not in place or not robust enough to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded immediately during and after the inspection. They confirmed that action had already been taken, or would be taken, to address all our findings. For example, they showed us they had begun to catch up on the backlog of care record audits. The new electronic care planning system would assist with this. They had developed new audit forms to check areas such as safeguarding and dignity. In addition, a new recruitment checklist had been developed to ensure all legally required checks were carried out for new staff before they started working at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to enable people to provide feedback about their experience of using the service. This included satisfaction surveys, face to face contact and spot checks on staff. The registered manager confirmed that these checks had been paused due to the pandemic but they had a plan to get back on

track. A new care coordinator had been recruited to support with this process. In addition, they planned to adapt the questions asked of people using the service, to help them find mutually beneficial solutions to some of the findings from this inspection.

- People were aware that staff recorded information about their care on the new electronic care planning system but they told us they did not have access to this. The registered manager said that people could request copies, but they confirmed they would also investigate whether people could have direct access to their records. We found some of the older paper records hard to read because they had been handwritten. The new system had addressed this issue by ensuring people's records were now legible and clear to read.
- When asked, staff were less clear about the values of the service which included: privacy, dignity, independence, security, civil rights, choice, fulfilment and diversity. Despite this, all staff demonstrated through their conversations or written communication with us, that these were instilled in their approach to providing care and support to people. We also made several calls to the office as part of the inspection process and on each occasion we received a very polite, professional, prompt and helpful response. The registered manager said they would revisit the service's values with all staff.
- Most people we spoke with were happy with the service they received and knew who to contact if they had any concerns. One relative said, "Well if I needed to speak to someone, I would contact [name of staff member]. I am very happy with them." When asked if they would recommend the service to a friend, they added, "I have done, I've told several local people." Other relatives provided positive feedback about the management team. They told us they made regular checks to see how everything was and they were quick to respond if they ever had a query.
- Staff provided some very positive feedback too. Many used the word 'family' to describe how the team worked together. One staff member said, "I highly recommend and love working with this team." They provided examples of the management team going the extra mile to support them to carry out their roles, and for people using the service too. This included ensuring people had food and medicines during lockdown and making arrangements to help people celebrate special occasions. One relative told us the management team had arranged flowers and chocolates for her relative's last birthday. They had also sent two carers at an unscheduled time to help the person into their garden so they could spend time with their family.

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

- Staff used a messaging service on their mobile phones to communicate with one another and share key messages. Prior to the inspection we had been informed that some of these messages were unprofessional in their content and this was raised with the registered manager. During the inspection we checked a sample of the messages sent between staff. All the messages we read were appropriate in their content. However, we did see that some people's personal data had on occasions been shared. This had only happened when the management team had requested help from staff to cover care calls and had copied information over to the messaging service from the call planning system. The registered manager confirmed in future they would ensure these messages were adapted to remove any data that could identify a person or where they lived.
- We found the registered manager to be open and knowledgeable about the service and the people using it. They understood their responsibilities in terms of quality performance, risks and regulatory requirements. For example, they took swift action to address areas we asked more questions about or identified for improvement.
- Records showed that legally required notifications were being submitted to us (CQC) as required, and when things went wrong there was evidence that people and their relatives were responded to and kept informed.

#### Working in partnership with others

- Records showed the service worked in partnership with other key agencies and organisations. This included the local authority and external health care professionals to support care provision, service development and joined-up care in an open and positive way.

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      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems were either not in place or not robust enough to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (d) (e) (f)</p> |