

Orchid Supported Living Limited

Orchid Supported Living - Birmingham

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

Orchid Supported Living – Birmingham provides support to younger adults who live with mental health conditions.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people do receive personal care we also consider any wider social care provided.

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

One person received support from the service on the day of the inspection. We must protect the person's rights to a private life so the report will provide an overview rather than specific examples.

People were safe. Staff knew of the provider's safeguarding processes and what they should do if they had concerns. People took their medicines safely. Staffing levels were adequate to meet people's needs. Infection prevention and control systems were in place.

People were encouraged to have choice and control of their life and were supported in the least restrictive way possible and in their best interests.

People received kind and respectful support. Their privacy, dignity and independence were maintained. People were involved in decisions about their support and life.

People were supported to have interests, build and develop social skills and maintain contact with their family.

Audits were undertaken to monitor the support provided.

People, their relatives and staff were able to give feedback about the care and support provided.

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

Why we inspected

The service was registered with us on 17/09/2020 this was the first inspection to give a rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

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?

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

Orchid Supported Living - Birmingham

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.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at personal care and support.

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 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.

What we did before inspection

We reviewed information we had received about the service. The provider was 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 also

contacted the local authority to get their view of the service provided. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one support worker, a manager and the registered manager. We spoke with the person who used the service and a health care professional. We reviewed a range of records this included two care records. We looked at two staff files in relation to recruitment, staff supervision and training. We also looked at records relating to the management 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person was safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the different types of abuse and the signs of abuse to look out for. A staff member said, "If I had any concerns at all I would report to the manager." A person confirmed they had no safeguarding concerns.
- Where a concern was identified a referral was made to the local authority safeguarding team and the Care Quality Commission were also notified as is legally required.

Assessing risk, safety monitoring and management

- Risk assessments had been undertaken to identify risks. Care plans had been produced to instruct staff what support was needed and how to keep people safe. A staff member told us, "We [staff] know what we should do to keep people safe."
- A staff member told us they monitored to identify any changes in relation to people and referred to health and/or social care professionals when this was needed. A health care professional confirmed staff contacted them if there was a need.
- The registered manager and staff carried out assessments of need and support planning including environmental hazards and concerns. This ensured the property was safe for people and for staff to work in.
- Systems were in place for any accidents and incidents to be reviewed by the registered manager.

Staffing and recruitment

- The registered manager told us recruitment was on-going. They confirmed they had enough staff to provide flexible, safe care.
- The registered manager told us they wanted to expand the business but would always ensure they had adequate staff first.
- Pre-employment checks had been carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service [DBS] check, work history analysis and references.

Using medicines safely

- Staff understood their responsibilities in relation to medicine management. Staff told us, and records confirmed, that they had received medicines training. Staff had their competency assessed to ensure they followed safe medicine practice.
- Risk assessments had been undertaken for self-medicating purposes to maintain people's life skills.
- The provider ensured medicine systems were audited regularly.

Preventing and controlling infection

- Staff had received training in infection control.
- Staff told us Personal Protective Equipment [PPE] was available to them. We saw stocks of PPE were available in the office for staff to collect when needed.
- The provider had an infection prevention and control policy in place and staff were aware of and followed this policy.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately. A medicine incident had been identified and actions had been taken to prevent re-occurrence.

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 relative and staff feedback confirmed this.

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

- Needs were assessed and reviewed and people were involved in developing their care plans.
- Preferences, likes, and dislikes, past life histories and background information were recorded in care documentation. This gave staff a good overview.

Staff support: induction, training, skills and experience

- Staff confirmed they received a range of training and had to update this regularly. A staff member said, "The training is good."
- Induction training was in place to support new staff into their role. This included on-line training, some face to face training and shadowing more experienced staff.
- New staff were required to complete the care certificate and documents were available to confirm they had completed or were completing the course. The care certificate is comprised of nationally recognised standards that care staff must work with to provide appropriate safe support.
- We were told staff had the correct skills and knowledge to support people in the way they preferred.

Supporting people to eat and drink enough to maintain a balanced diet: staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff knew of the people's cultural dietary requirements and their food and drink, likes and dislikes.
- People were involved in the preparation of food and drink.
- Staff worked closely with health and social care professionals to ensure medical needs were addressed and people received the support they needed. A social care professional confirmed staff contacted them when required for an assessment.

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

- Mental capacity was considered when needs were assessed. People confirmed staff involved them in decision making when required.
- Staff told us how they sought consent and offered choices in relation to their care and support.

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 for this newly registered 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

- People confirmed the staff were kind and friendly.
- Staff told us they had a good relationship with the people they supported.
- The registered manager and staff team were committed to meeting people's cultural and religious needs. Assessment of need documents confirmed questions had been asked about cultural and/or religious needs.

- Staff demonstrated an understanding of care needs and the importance of respecting diversity.
- People felt confident they could live their lives in the way they wished regardless of any specific or protected characteristics. Information was available for people and staff to access services and groups if they wished to.

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

- Care plans were developed with input from the person whenever possible.
- Staff demonstrated a good understanding of needs and how they encouraged the person to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged independence wherever possible.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). The registered manager told us how paper and electronic information was kept secure. They gave examples of locked storage and ensuring staff kept computerised information safe by keeping it on their person.

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 were involved in their care planning and reviews and their care was person centred.
- Support records highlighted individual preferences and wishes to ensure support was provided in the way the person wanted.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information on people's individual methods of communication was included in their care plan. Some information had been produced in writing and using symbols to make it more understandable.
- The registered manager confirmed information could be provided in different formats such as large print and a number of different languages if required.

Improving care quality in response to complaints or concerns

- Information was available to people on how to raise concerns or make a complaint if they had a need to.
- People told us they felt able to raise any concerns but had not had the need.

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care.

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 people's needs were met through good organisation and delivery.

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

- There was a registered manager in post who told us they knew the legal requirements, for example, to notify us of events if there was a need.
- Systems were used to monitor the quality of the service provided. These included audits and spot checks to identify shortfalls and good practice in service delivery.

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

- The registered manager and staff communicated frequently with the person's relatives.
- Staff were encouraged to raise any concerns or worries they may have about the care provided, including whistleblowing. Staff confirmed they would use this process if they needed to and were confident any issues would be investigated.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the registered manager understood and would act on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- People and staff made positive comments about the registered manager. An external social care professional told us the registered manager covered all assessment of need and people issues in depth and with devotion. Staff told us the manager was supportive and approachable.
- The registered manager and staff were committed to delivering a good, personalised service.

Working in partnership with others; continuous learning and improving care

- A social care professional told us the provider worked in partnership with them. They told us they undertook joint reviews of support packages and always contacted them [the social care professional] if there was a concern or people's needs changed.