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Orchids Care

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

This inspection took place on 31 January 2017 and was unannounced. At our last inspection in August 2015 we found that the provider had made improvements to governance and quality assurance, however we wanted to see that these improvements were sustained.

Orchids Care provides personal care and support to people in their own homes. At the time of this inspection, they were providing a service to 90 people with a variety of care needs, including people living with physical frailty or memory loss. The service is managed from an office based in Doncaster.

There was a registered manager in place. 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.

People who used the service, their relatives, staff and professionals told us the provider had a clear, supportive management structure in place. The registered manager and senior staff were actively involved in the day-to-day running of the service and knew people well, stepping in to help deliver care if needed and monitoring and reviewing people's care as their needs changed.

People were protected from risks to their health and wellbeing and were protected from the risk of abuse. Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

Staff were suitably trained and supported in their work and knew how to meet people's needs. Staff received training and supervision to enable them to do their jobs safely and to a good standard.

People were treated with respect and their privacy and dignity was promoted. People said their care workers were kind and caring. Staff were responsive to the needs of the people they supported and enabled them to maintain their independence as much as possible.

People's health and well-being was assessed with measures put in place to ensure people's needs were met in an individualised way. Medicines were managed well and staff handling medicines were only allowed to do so after completing their training and being assessed as competent. Where included in their care package, people were supported to eat and drink enough.

People received support that was individualised to their specific needs. Their needs were monitored and care plans reviewed regularly or as changes occurred. People's rights to make their own decisions, where possible, were protected and promoted by staff.

People benefitted from receiving a service that was managed well. Quality assurance systems were in place

to monitor the quality of the care, the support being delivered and the running of the service.

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. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks.

Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were handled correctly.

Is the service effective?

Good ●

People told us that staff were well trained and skilled in their roles.

Staff were supported in their role through supervision, appraisal and training.

The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

People were supported to access healthcare services when required.

Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who knew people's individual wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and people were supported to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People were involved in developing and reviewing their care plan.

Care plans were detailed and person centred.

The registered manager acted upon complaints to make improvements.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted an open and honest culture.

Staff felt valued and listened to.

There were systems in place to monitor and improve the service.

Orchids Care

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 was 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.

The inspection took place on 31 January 2017. It was carried out by one adult social care inspector and was unannounced. We were assisted on the day of our inspection by the registered manager.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with the registered manager. We received feedback from five people who use the service and three members of staff.

We looked at seven people's care plans and associated records, five staff recruitment files, staff training records and the staff supervision and annual appraisal log. We reviewed a number of other documents relating to the management of the service. For example, compliments received, incidents records, spot check visits feedback, quality assurance audits and staff meeting minutes.

Is the service safe?

Our findings

People felt safe with the service. One person told us, "I feel very safe when the staff are here." Another person told us, "Absolutely I feel safe."

People were protected against the risks of potential abuse. All staff had received training in safeguarding which helped them identify the actions they needed to take if they had concerns about people. One member of staff told us, "I would challenge and report anything of concern." Another member of staff said, "I am confident that any member of staff would report any abuse to the manager or to the local authority safeguarding team." Safeguarding and whistleblowing policies also gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace.

Risk assessments were carried out to identify any risks to people when providing care and support. Identified risks were incorporated into the care plans and included guidance to staff on what to do to minimise any potential or actual risk. For example, risks to people related to moving and handling. Each person had emergency plans in their care plans in case there were threats to the running of the service, such as severe weather.

The service assessed the environment and premises for risks to the safety of staff when providing the package of care, as part of the initial assessment. For example, slip and trip hazards inside and outside people's homes. Other areas assessed for staff safety included the area local to the home of the person receiving the service. These assessments also included other risks related to staff lone working and lone travelling.

Staff were organised in geographical areas for ease of travel and staffing rotas showed that care staff were consistently allocated to the same people using the service. One person told us, "I have regular staff that come to see me, I like that." We saw there were sufficient numbers of staff available to keep people safe and that staffing levels were determined by people's needs. For example, people who had restricted mobility received care and support from two staff.

At this inspection people were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Staff told us the policy was followed when they had been recruited and their records confirmed this. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. The registered manager asked staff to explain any gaps in their employment histories and this was recorded. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people.

The service helped to protect people from the risk and spread of infection. Staff told us that they were supplied with the personal protective equipment (PPE) they required and staff members were able to call in to the office to collect boxes of gloves, aprons and shoe covers. Staff received training in infection control and policies and procedures were supplied to each staff member for their reference.

Staff followed the provider's medicines policies and the registered manager checked that this happened by spot-checking staff and auditing medicines records. The service had procedures in place and provided training for staff so that if they were asked to take on the administration of medicine's for people they could do so. Staff we talked with told us how they supported people safely when dealing with medicines. One staff member told us, "It's important to some people that they have their medicines with food. I always ensure that my visit is at a mealtime and I prepare something to eat for the person." The medicine administration record (MAR) sheets showed that people received their medicines at the right times including the name, time and location of creams or lotions to be applied. Staff were clear that if there had been any changes to people's medicines or they were unsure about anything to do with medicines they would seek advice from a manager. This protected people from potential medicine errors.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supervised. People spoke positively about staff and told us they were skilled in meeting their needs. Comments included, "Staff know how I like things done," and "I think they are good. They know how to use the equipment."

Staff received induction and mandatory training to help them do their jobs effectively. Induction procedures ensured that staff achieved the competencies required by the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. New members of staff received training and then shadowed existing staff until they were signed off as being able to work alone. Training was classroom based addressing areas such as moving and handling, safeguarding, infection control, medicines and food hygiene. More specialist training was also provided for areas such as dementia and the Mental Capacity Act. Refresher training was provided to make sure people's skills and knowledge remained up to date.

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.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care.

Staff understood the requirements of the MCA in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff said they would always ask people for their consent before providing support. One person using the service said, "They always ask before doing anything. It's to make sure I'm ready." Another person told us, "They listen to me and do things only when I want them to." A staff member said, "We always ask them (people using the service) before performing any task." A senior staff member told us they observed staff practice to make sure staff engaged with people whilst supporting them.

Staff were supported through regular supervision. Observations of staff practice were also completed and enabled the registered manager to ensure staff skills and knowledge were up to date and staff were competent to fulfil their role. Staff comments included: "I get regular supervision and find it very useful," and "We can access the manager and office very easily for advice and support but the supervision formalises it."

People were supported to maintain their health and wellbeing. The registered manager told us how they worked with district nurses and people's GPs to make sure people's health was maintained. Records showed that staff were provided with information about people's health needs so they could monitor these effectively. Staff told us that they would report any concerns with people's health or behaviour.

Some people's meals were prepared independently or by family members. However, where care staff were responsible for preparing meals, they encouraged people to maintain a diet in line with their needs and their preferences. One person told us, "Staff prepare me something to eat. It's always nice and made how I like it." Staff encouraged people with drinks and ensured that people had access to drinks after their care visits. In one person's care plan, it informed staff that the person like a great deal of butter on their morning toast. Staff we spoke with were aware of this person's preferences.

Is the service caring?

Our findings

People told us they were happy with the care they received and the staff who supported them. One person told us, "I think staff are wonderful, I get on well with all of them." Another person said, "They are kind and caring, I think they are smashing."

It was clear there was a caring ethos amongst the staff. We heard staff speaking with kindness when speaking about people. Staff visited the office during our inspection. They updated the registered manager on people's conditions and well being. One person who used the service was in the process of being transferred to hospital, we observed the registered manager receiving and relaying information to staff to ensure that people were fully appraised.

We asked people who used the service if care workers arrived on time and stayed the allocated time with them. People said that staff stayed for the right time, completing tasks and chatting. One person told us, "Sometimes I have managed to do things myself so the staff will sit and chat to me, I really like that."

People were treated with dignity and respect. One person told us, "They always treat me with dignity. Staff are very polite." Another person said, "They are very respectful, they always ask before doing anything."

Staff were knowledgeable about the people they supported. Some staff had worked for the service for a number of years and knew people in depth. One person told us, "They [member of staff] have been coming to me for a good while. They know exactly how I like things doing. We have a good laugh as well." One member of staff said, "The small things are important such as, (person) likes a great deal of butter on their toast."

People were supported to maintain and improve their independence. One person told us, "Staff will encourage me to do things and give me the time to do it." Staff understood the importance of promoting people's independence. A member of staff told us, "It's important that I give people the support and encouragement to do things for themselves."

The registered manager and staff understood their responsibilities in relation to confidentiality of information. Records containing confidential, personal information were stored securely. For example, care plans were stored in a locked cupboard and only accessed by people with authority to access them.

Is the service responsive?

Our findings

People told us that Orchids Care was responsive to their needs. One person said, "I think the people there are wonderful." Another person commented, "I can phone them if I need to change something." A third person remarked, "They've never let me down yet."

People who used the service or their relatives were involved in developing and reviewing care, support and treatment plans. The registered manager or senior care staff visited people to assess and discuss their care needs prior to care commencing. Care plans were developed based on the assessments completed by the registered manager and those provided by commissioners if available. The initial assessment of care needs addressed areas such as physical wellbeing, mobility and personal care needs. One person said, "They asked about things we liked and how things needed to be done."

Care plans were individualised and focused on areas of care people needed. For example, when people were discharged from hospital, they may be less mobile and their skin integrity required monitoring to prevent pressure areas from developing. Care plans contained people's usual preferred daily routines so that staff could provide consistent care in the way people wanted. The assessments and care plans captured details of people's abilities and wishes with their personal care. People told us staff knew how they liked things done and that staff followed their wishes. One person said, "They always do things exactly how I want them done."

Care plans were reviewed formally every six months and each review included a visit to the people to make sure they were able to participate fully. The registered manager held the reviews with people so their care plan would be discussed and updated if required. One person told us, "They review the care every so often to see if I need anything different." People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any changes to the registered manager so that the care plans could be updated. The care plans seen were up to date. Daily records were detailed and showed that care provided by staff matched the care set out in the care plans.

People who used the service and their relatives told us they were confident in raising complaints to the registered manager, who would take their concerns seriously. One person said, "I've nothing to complain about." People who had raised specific issues told us their concerns had been listened to and acted upon. One person said, "I asked for them [a member of staff] not to come again and they haven't." Records of formal complaints received showed that the registered manager had investigated concerns thoroughly and had kept people informed of the outcomes and resolutions.

Is the service well-led?

Our findings

At our previous inspection in August 2015 we found quality and assurance for the services provided had been improved, however we wanted to ensure the improvements made and planned, continued to be implemented and had been embedded into practice. At this inspection we found the service had continued to make improvements to make sure people were receiving care from a provider with thorough governance and quality systems.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

There was a staffing structure in place which provided clear lines of accountability and responsibility. Senior staff had designated responsibilities including supervisors working out in the field monitoring and supporting staff as necessary.

People received a service from staff who worked in an open and friendly culture. Staff told us the registered manager was accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager. Staff enjoyed their jobs and were positive about the provider as an employer. Staff comments included, "I love my job," and "It is a great place to work. We have a really good team, everyone gets on well."

Staff told us the registered manager asked what they thought about the service and took their views into account. They felt well supported by the registered manager and office staff. One staff member told us, "I am confident that I would receive any support required from the manager." Team meeting minutes showed staff were invited to give ideas for improvements and were kept up to date with what was happening within the company and with the people they provide care and support to.

Feedback on the service provision was sought by the registered manager when they or the senior staff visited people to review their care. Survey forms were sent to people annually for them to comment on the service received. Telephone surveys were carried out with any people not able to complete the survey form. Comments from the most recent survey in 2016 included, "My Nan thinks your service is amazing," and, "The service is very efficient."

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. The registered manager arranged for daily log and MAR sheets to be collected monthly. These logs were checked in order to pick up any recording errors, missing entries, visits that came outside specified time and trends for staff performance and engagement with people. The service also carried out other routine audits, such as, audits of care plans, risk assessments, training records and staff files. Spot checks on staff included checks of the records kept in people's home, as well as how staff worked with people who used the service. All records seen were up to date and accurate.

