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# Orchids Care

## Inspection report

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## Ratings

Is the service well-led?

**Requires improvement**



## Overall summary

We carried out an unannounced comprehensive inspection of this service on 27 and 28 November 2014 in which a breach of the legal requirements was found in relation to quality assurance of the service. This report relates to that breach. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Orchids Care' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out this focused inspection on 12 August 2015 to ensure improvements planned by the provider had been implemented to address this breach of Regulation. We found that action had been taken to improve the quality assurance of service provision.

Orchids Care is registered to provide personal care to people living in their own homes. The service aims to provide care and support to older people. Care and support was co-ordinated from the service's office which is based at the same address.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

At this focused inspection we found quality and assurance for the services provided had been improved. We saw how the service had developed their quality assurance system to help them to gain a wider insight into the services that they provided and how this would lead onto further improvements within the service.

We also looked at the safeguarding adults and complaints record in the service, these records had been updated and were informed that there were plans for these to be improved further at a later stage.

We will review our rating for this service at our next comprehensive inspection to ensure the improvements made and planned, continue to be implemented and have been embedded into practice.

# Summary of findings

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

We always ask the following five questions of services.

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

Orchids Care had improved their quality monitoring systems. A structured system of audits was in place to monitor service delivery, identify where improvements were required and how these would be implemented.

We will review our overall rating for this service at our next comprehensive inspection as the new quality assurance systems will require time to ensure these are effective and are embedded into practice

**Requires improvement**



# 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 is 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.

This inspection took place on 12 August 2015 and was unannounced. The inspection was focus based as a follow

up to the improvements required following on from the inspection that was completed in November 2014. One adult social care inspector was involved in this inspection site visit.

We looked at all of the documentation that the service held in relation to how they viewed, analysed and quality assured the services that they provide to people using the service.

We also interviewed the manager of the service to determine how quality assurance was measured and how this could lead to improvements for their service provision.

# Is the service well-led?

## Our findings

A comprehensive inspection for the service was completed on 27 and 28 November 2014, and we found the service did not have a robust formal quality assurance process in place.

This was a breach of Regulation 10 (1a) (1b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan detailing what improvements they planned to make to address this breach and by when. The action plan was returned to us on 06 March 2015.

At our focused inspection on 12 August 2015 we found the provider had implemented improvements to meet the requirements of Regulation 10.

We looked at the quality assurance records held by the service and we also looked at the records for complaints and safeguarding for the service. We found improvements in all of the records that we looked at. The improvements included a system for sending out surveys, analysing the returned surveys and then an action plan to improve the services that are offered to people that use the service. This was based on the response from people who used the service who had replied to the survey.

A questionnaire had been used to gain feedback from the people that use the service and their carers. We looked at some of the questionnaires that had been returned to the service and found all of the returned questionnaires to be positive in relation to the support that they receive and in how the staff communicate with them. The number of questionnaires that had been returned was at the time of the inspection, limited as these had only recently been issued to people. During the inspection we observed care staff regularly discussing their work plans and activities with the manager of the service. This included telephone calls and visits to the office.

All of these records had been newly developed since the date of the last inspection.

The manager stated that when they had been received a larger number of responses the results would be analysed and an action plan would be created to develop

improvements to the service provision. She also stated that surveys would soon be sent out to the staff group that work for the service and an additional survey to other professionals that the service had contact with, including social workers, GP's and district nurses. This meant that a more accurate assessment for the service could be made and there would be a better opportunity to recognise any improvements that the service may require. The new quality assurance system also had a clearer and more transparent path that the service would use the information provided to identify how the service can improve the support that it offered to people. We were informed by the manager that the audit would enable the service to identify any improvements that are required to be made to the services that the agency provided. However it will require a longer period of time to establish the quality assurance system further to enable it to be fully audited and to have the opportunity to become effective.

At the time of the inspection, we saw that improvements had taken place in relation to the way the provider managed the service. The provider is also the owner and the registered manager of the service. The improvements included the plan for the service to send out quality assurance surveys to a wider range of people including families, other professionals and people that use the service. There were audits in place that showed this. We felt, however, that these systems had not been in place long enough yet for us to establish whether they were effective in the long term. We will look at this again when we next inspect the service.

Further policy development in relation to staff and inheritance from the wills of people using the service was being developed after consultation with a local legal support network. This was to ensure the protection of people that used the service and to make sure that vulnerable people would not be exploited. All of the staff had been made aware of the new policy and procedure. The manager stated that 'it would safeguard all of the people working at the service and the people that they offered care to in the community'. The manager stated that people who used the service all had responsibility for their own finances, however if staff supported them with any shopping or bills clear records are maintained. We looked at these records and found that they were designed to help to ensure vulnerable people are kept safe from financial abuse.

## Is the service well-led?

On this occasion we did not speak with people that used the service, or with people that were employed by the service.

We discussed with the manager the changes that the service had made to their safeguarding and complaints records. The documentation provided evidence that these processes had improved and would now support and enhance the overall quality assurance system managed by the service. This also provided a more positive and safe impact on the care that the service provided to people using the service. The new system was easy to follow to make sure that everything was reported to the correct people and included the recording of any outcomes from any concerns that had been raised. The manager was aware that the system needed to be improved further as some of the information had been recorded in three different record systems. The manager stated that she would look to improve this and make the systems easier to use and be more transparent. The staff message books also identified that staff had been informed of the new systems for recording complaints and safeguarding issues.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at the accidents and incidents that had been recorded and analysed by the registered manager. This included carer's trips and slips when visiting service users, and any follow up support that was required. The manager also had the responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring. These audits and checks highlighted any improvements that needed to be implemented to raise the standard of care and safety provided throughout the service. There were systems in place for analysing incidents; this included how learning could improve future service provision. Where appropriate any incidents had been reported to the Commission and a clear record of contacts was made to be seen.

The registered manager had a clear vision of areas that they wanted to develop to make the service better. For example, this included surveying a wider range of people that have contact with them, to identify their views of the service and to enable improvements to the services offered to people that use the service.

The service had good working relationships with other organisations and health agencies. We looked at documents received by the service from the Health Services and the Local Authority. The last available report from the local commissioning team stated that the service supported the people that they provided services to. This was also supported through an email sent to the service from the Local Commissioning team. The Local Authority who also monitored the service had recently assessed the service (June 2015). At the time of the inspection this report had not been made public. A copy was available to see on the agency's computer as the Local Authority had emailed a copy of the report to the service. This meant that the service had been assessed by the Local Authority to safely meet the needs of the people that used it. All complaints, concerns and positive remarks were recorded and acted upon from the different agencies that had professional contact with the service.

The registered manager told us that the service based its values on providing person centred care to the people that it supported. Documents that we viewed showed that specific staff had been allocated to work with people; however people could ask for support from other staff members if they had any preferences about who they wanted to work with them and the service would try to support this.

We will review our rating for this service at our next comprehensive inspection as the new quality monitoring systems will require time to ensure these are effective and are embedded into practice.