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Orchids Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Orchids Care is a domiciliary care agency. On the day of our inspection 79 people were receiving care and support from Orchids Care.

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.

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

During this inspection, we identified a breach of regulation. Regulation 17 (good governance) governance and performance management systems were not always effective.

People told us they felt safe although said care staff were sometimes late. Identified risks to people's health did not always contain detailed information to direct staff. Staff did not always receive annual medicine competency checks to check practices were safe prior to administering medicines.

Recruitment processes were of good quality. New staff received an induction. Staff received training which was up to date. The service received the input of other healthcare professionals where needed.

Staff were caring. People we spoke with were mainly complimentary about staff and the service. People and their relatives told us they very happy with the service. People were treated with dignity and respect. Care plan review dates were not always recorded within a person's care plan record to show these had been updated.

The provider had a complaints procedure in place. People and their relatives were aware of how to make a complaint. People and staff were consulted and asked for feedback about the quality of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 24 March 2017).

Why we inspected

This was a planned inspection.

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.

Enforcement

We have identified a breach in relation good governance. Please see the action we have told the provider to take at the end of this report.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Orchids Care

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 an inspector, assistant 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

The service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 23 September 2019 and ended on 27 September 2019. We spoke with people and relatives to gain their views on the service on 24 and 25 September 2019, we visited the office location on 25 September 2019 and spoke to staff on 25 and 27 September 2019.

What we did before the inspection

Prior to the inspection we had received information about the service since the last inspection. We sought feedback from the local authority who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with six people who used the service and eight relatives about their experience of the care provided. We spoke with the provider who is also the manager and six members of care staff.

During the inspection we looked at three people's care plans in detail which included a range of support plans and risk assessments. We reviewed a range of documents relating to how the service was managed including; three staff personnel files, staff training records, policies, procedures and quality assurance audits.

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.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed. These explored areas such as medication and self-care. However, we found these did not always contain detailed information to guide staff. For example, a person's self-care plan recorded they were not able to access a bath or shower independently and they were at risk of harm from water temperatures. Staff were instructed 'to check water flow temperature' however, there was no specific guidance on how to do this or what the temperature should be.
- We saw environmental assessments were completed in people's homes regarding the safety and suitability of the environment.

Staffing and recruitment

- Overall, safe recruitment processes were in place. Appropriate checks were carried out to protect people from the employment of unsuitable staff. However, we identified an instance where there was no evidence gaps in a staff member's employment record had been reviewed or discussed at interview. We discussed these concerns with the manager who assured us they would take remedial action.
- Staff told us there were normally enough staff to cover calls when someone was off sick or on leave. A member of staff told us it was sometimes a struggle to cover shifts in the main holiday season, however, they did not feel pressurised to take on additional shifts.
- We asked people and their relatives whether staff were ever late or missed care calls and we received a mainly negative response. Comments included, "A carer didn't turn up after an hour and 10 minutes, eventually [staff] came and assumed it was OK to come late," "In the beginning there was a few issues, last few months it's been fine," "I phoned about a carer coming late but got no feedback about it" and "They always come, sometimes late but no issues." We raised these concerns with the manager who told us they reviewed staff time sheets and carried out individual staff spot checks to monitor the timeliness of calls. Where concerns were identified individual supervisions would be carried out with the staff concerned. However, we found limited evidence to demonstrate spot checks were routinely carried out and this is discussed further in the effective section of the report.

Using medicines safely

- Staff did not always receive an annual medicine competency checks to check staff practices were safe. We identified two members of staff had not had their medicine competency checked. We raised this with the manager and saw arrangements were immediately put in place for medicine competency assessments checks to be completed the following day. This is discussed further in the well-led section of the report.
- Training records confirmed that staff had received training on the administration of medicines.
- People had individual medication administration records (MARs). We saw MARs were returned to the office

and audited to ensure people received their medicine as prescribed.

- Some people looked after their own medicines and some people required support from staff to take medicines. Where people required support to take their medicines this was recorded in their support plans and provided guidance for staff.

Learning lessons when things go wrong

- Staff were aware they needed to report any incidents or accidents to the office if they occurred. The manager told us incidents or accidents were recorded on the electronic office management system. However, we found no evidence these were routinely analysed for themes or trends to take preventative action.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives mainly told us they felt safe. Comments included, "I can't speak highly enough of the carers we do have" and "They're all lovely, wonderful." However, one person told us, "I feel unsure with carers I don't know."
- Staff told us they would report any concerns they had to the registered provider, the local authority's safeguarding team and CQC if they needed to.

Preventing and controlling infection

- The registered provider had infection control procedures in place. People were protected from the risk of infection.
- Personal protective equipment (PPE) was always available for staff. Staff told us there were plentiful supplies of PPE. This protected people from the risk of acquiring an infection.

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.

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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The manager told us they carried out field-based spot checks to monitor the quality of care staff provided. However, we found there was not always evidence to support these had been completed. We asked staff if they received spot checks. Comments included, "Spot checks, I believe they happen. Don't think I have ever had one," "[Name] did a spot check on me once" and "I haven't had a spot check, they happened twice a week I think but it has always happened on my days off."
- The provider had a staff supervision and annual appraisal policy. Staff received regular supervisions, however, we found 77% of staff had not received an annual appraisal. The manager responded after the inspection and confirmed arrangements for staff appraisals were being put in place.
- People and relatives felt staff were well trained and skilled to do their jobs. Comments included, "Yes, they are trained" and "As far as I know, absolutely." However, a person told us, "They're trained to use the regular stuff but not sure about emergency stuff."
- Staff had access to varied and relevant training which was up to date.
- Staff completed an induction training programme. The manager told us staff new to care were required to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care and support which met people's health needs.
- People were supported to attend health and other appointments if family members were unable to do so. A person told us, "They've [staff] taken me into hospital before." A second person said, "They've [staff] had to dial 999 for me."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to receive a balanced diet where needed. This took into consideration their preferences and dietary requirements. There were details in people's care file, where appropriate, showing their needs had been assessed in relation to nutrition and hydration.
- Where appropriate, the provider liaised with external agencies to ensure people were not at risk of malnutrition or dehydration.
- Staff received training in food hygiene.

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

- People's needs and preferences were assessed. This meant care was planned and delivered in line with people's individual needs.
- The service obtained and evidenced people's consent to their care and people told us staff gained consent before providing care. Staff we asked were aware of the importance of obtaining consent when providing care and support.
- Care plans documented the involvement of people, their relatives and where appropriate any health and social care professionals. This ensured all the person's needs were considered and addressed.

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.

- We found the service was working within the principles of the MCA.
- The service had a policy in place covering mental capacity and staff had received training in relation to protecting people's rights.

People's capacity to make decisions was assumed unless there was evidence to suggest otherwise. 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.

- We found the service was working within the principles of the MCA.
- The service had a policy in place covering mental capacity and staff had received training in relation to protecting people's rights.
- People's capacity to make decisions was assumed unless there was evidence to suggest otherwise.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We received mostly positive feedback from people and relatives when we asked about the quality of care they received. Comments included, "Yes, they [staff] care" and "Staff are obviously fond of [person]. [Person] can't praise them enough." However, one person said, "They're alright. Some don't do their jobs properly."
- People were supported by staff who were kind and considerate. A person said, "They do all they can." A relative told us, "They go above and beyond."
- People's individual needs were respected. For example, a relative told us, "Staff think about [person's] sensory needs. They took [person] to a lake so they could hear the ducks."
- Staff told us how they promoted and supported people to follow routines of their own choosing. A member of staff said, "I offer options. People tell you what they want."

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

- People's relatives said their family members were able to express their wishes and feelings and staff listened to and acted upon them. We were told, "They [staff] talk to [person] about what they want doing" and "Staff chat to [person] and it helps."
- Care plans included a person's profile photograph, previous employment history and what support a person required.
- People were involved in making decisions about their care. A person told us, "They [referring to staff] know what to do but always ask if needed." Another person said, "I get to choose what I need."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity when providing personal care. One person said, "Yes they respect me." A relative told us, "They give [person] space."
- Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. A member of staff said, "I constantly keep people covered to keep them comfortable."
- People were supported to remain independent. A relative said, "[Person] will refuse a shower and [staff] try and persuade them." A member of staff told us, "I encourage clients to do what they can and make them aware I am there to assist when they need it."
- Sensitive personal information was stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requirements improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The manager told us they reviewed care plans for people who were new to the service by telephone six-eight weeks after commencement of the contract. For established contracts, the manager said this would be 12 monthly or when the person's needs changed and involved family members when appropriate. However, we found one person's care plan had not been reviewed since September 2018. A relative said, "[Person] has a care plan but they do need updating, they're two years old." A member of staff told us, "Most of the time the care plans are fine but some need updating. Often they are not updated in time." This is discussed further in the well-led section of the report. After the inspection, the manager submitted evidence to show the person's care plan had been reviewed in March 2019 and all other care plans were now up to date. They also told us the review date had not been added to the person's care plan in error.
- Staff told us they routinely looked in the care plans to familiarise themselves with a person's requirements and support needs.
- Care plans contained guidance about people's personal preferences and how they liked to be supported.
- We saw daily records were completed by staff detailing the care and support they had provided during each visit and these were returned to the office.

Improving care quality in response to complaints or concerns

- We found the process for recording of complaints and concerns was disorganised. We saw there were two electronic and two paper recording systems currently in use throughout 2018 and 2019. Complaints and concerns were not analysed for themes or trends to take preventative action. This is discussed further in the well-led section of the report.
- People and their relatives knew how to raise concerns should the need arise. However, we received a mixed response whether concerns raised had been dealt with to their satisfaction. Comments included, "I've raised concerns about carers changing, they've tried to accommodate me" and "I don't know where I am with things sometimes."
- The service had a complaints procedure in place and had received three complaints in 2019. We found these were dealt with promptly and correctly in conjunction with other relevant bodies.

End of life care and support

- At the time of inspection some people required end of life care. We saw end of life support plans and wishes were recorded where appropriate and indicated whether 'Do not attempt cardiopulmonary resuscitation' orders (DNACPR) were in place, to ensure people's wishes were carried out. The manager confirmed the care plan kept in people's homes included information on the whereabouts of any DNACPR. However, we found one care plan contained contradicting information in relation to whether a person had a

DNACPR. We brought this to the attention of the manager for appropriate and sensitive discussions to take place with the person to clarify their wishes.

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.

- The manager was not familiar with the AIS terminology, however, fully understood their responsibilities.
- People's communication needs were recorded in their care plans.

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 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.

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

- During the inspection we found systems and processes were not established and operated effectively to ensure the service was meeting the fundamental standards in terms quality and safety. As identified earlier in the report, there was limited evidence of audits being carried out after 2018 although we saw policies and procedures were updated on an annual basis. The manager told us, "Audits are done when there is an hour or two spare to do them. It's just not written down."
- Staff did not always receive an annual medicine competency check. There was not a clear process to capture complaints or concerns. Accidents, incidents, complaints and concerns were not routinely analysed for themes or trends to take preventable action.

We found no evidence people had been harmed however, the provider had failed to robustly and effectively assess, monitor and improve the quality and safety of the service provided to people. This placed people at risk of harm. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was also the registered provider. They were involved on a daily basis in the management of the service and were supported by a management team.

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

- Systems in place to ensure effective communication were not always effective. Staff told us, "Well a lot of the times they [management team] don't listen. They keep asking the same questions" and "They [manager] don't really do team meetings. You can explain your point of view but they don't really listen."
- The manager told us they held a variety of staff meetings on a monthly basis, for example, office staff, care staff and client led staff meetings. We looked at the care staff meeting minutes and found these were not routinely held monthly. We also found on average only five members of care staff had attended previous meetings. We spoke with the manager who told us they struggled to encourage staff to attend on a regular basis, however, minutes of the meetings were shared with staff electronically. Care staff we spoke with confirmed this practice.
- A spring 2019 paper-based staff satisfaction survey had only had two surveys returned by staff. We spoke with the manager who told us they did not know why the response had been so low. They also confirmed no

further analyse or review had been taken. After the inspection, the manager told us they had set up an electronic staff satisfaction survey which was receiving an improved response.

- Satisfaction surveys were sent out to people six monthly. The results of these surveys were reviewed by the manager and actions taken were appropriate. We saw the survey results were fairly positive.
- We saw examples of compliments and positive comments from people and relatives. For example, a thank you card from one person stated, 'I can say in truth that Orchids Care really does care and go that extra mile to really assist people (and their families) to live at home.'

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

- The manager was not familiar with the duty of candour terminology. However, understood their responsibilities regarding being open and transparent.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and had a good understanding of the people they were supporting, their needs and requirements.
- Staff were positive about the manager. They said, "I enjoy working for the company", "[Manager] is very approachable" and "[Manager] is lovely, approachable."
- The management team had an 'open door' management approach which meant they were easily available to people, relatives and staff.

Continuous learning and improving care

- The manager acknowledged that further development of quality audit systems was needed to achieve compliance with the regulations.

Working in partnership with others

- Evidence we looked at demonstrated the service worked in partnership with the wider health care professional team. Records noted the involvement of GP, occupational therapists and district nurses.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Processes were not established to effectively assess, monitor and improve the quality and safety of the service.