

Orchid Homecare Ltd

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Inspection report

52 Harpur Street
Bedford
MK40 2QT

Tel: 01234482483

Website: www.orchidadultcare.co.uk

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08 March 2018
13 March 2018

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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

We carried out an announced inspection on 21 February 2018 when we visited the registered offices for the provider. We also spoke with people using the service and staff on 8 March and 13 March 2018.

Orchid Homecare Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, and younger disabled adults. Not everyone using Orchid Homecare Ltd receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

We previously inspected the provider and rated them as requires improvement overall due to a breach of regulation. At the last inspection on 27 January 2017, we asked the provider to take action to make improvements to care plans. We asked the provider to complete an action plan to show what they would do and by when to improve the key question to at least good. At this inspection we found that care files were now clear and comprehensive and contained relevant health and personal information.

The service had 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.

The provider followed the local authority policy and guidance when dealing with safeguarding people from harm and the staff we spoke with demonstrated a good understanding of safeguarding issues.

There was a robust recruitment procedure to help ensure the staff recruited were suitable to work with the people using the service.

Staffing levels were sufficient to provide the level of care required.

Risk assessments were in place and were regularly reviewed and updated.

Cleanliness and infection control procedures were in place and followed by staff to minimise the risk of acquired infection.

Staff were trained to administer medicines safely and had undertaken further training to ensure they could deal with a number of health issues. Regular checks were undertaken to help ensure on-going competence in this area.

Staff demonstrated a good understanding of their roles and responsibilities. The service demonstrated a commitment to staff training, which was on-going and regular refreshers were undertaken.

Supervisions were undertaken regularly and considered important in offering an opportunity for discussion between staff and management.

The service was flexible and responsive to people's changing needs, desires and circumstances.

Confidentiality was respected and independence was promoted.

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

Communication with relatives was on-going throughout the duration of their relative's involvement with the service.

Comments and feedback was encouraged formally and informally and there was a complaints policy in place.

Team meetings were regularly undertaken, giving staff the opportunity to discuss any issues and to share good practice examples.

A number of audits were undertaken to ensure processes were being followed.

Further information is in the detailed findings below.

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.

The provider had ensured proper and safe use of medicines.

There were systems, processes and practices in place to safeguard people from harm.

Risks to people were assessed and their safety monitored and managed so they could be supported to stay safe and their freedom was respected.

There was sufficient numbers of suitable staff to support people to stay safe and meet their needs.

People were protected against the spread of potential infection.

When errors were made by the provider or staff, these were acted on and lessons learned and improvements were made.

Is the service effective?

Good 

The service was effective.

People's needs and choices were assessed and care, treatment and support was delivered in line with current legislation and standards.

Staff had the skills, knowledge and experience to deliver effective care and support.

People were supported to eat and drink enough to maintain a balanced diet.

Staff work together to deliver effective care, support and treatment.

People were supported to live healthier lives and were supported to gain access to healthcare services and on-going healthcare support.

Consent to care and treatment was always sought in line with

legislation and guidance.

Is the service caring?

Good ●

The service was caring.

The service ensured that people are treated with kindness, respect and compassion, and that they are given emotional support when needed.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible.

People's privacy, dignity and independence was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People's concerns and complaints were listened and responded to and used to improve the quality of care.

Where required people were supported at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Good ●

The service was Well-led

There was a consistent approach to record keeping.

There was a clear vision and credible strategy in place to deliver high quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering, which achieved good outcomes for people using the service.

Governance framework ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed.

The people who used the service, the public and staff were engaged and involved in the service.

The service continuously learnt improved and ensured

sustainability.

The service worked in partnership with other agencies.

Orchid Homecare Ltd

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 checked 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 21 February 2018, 8 March and 13 March 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us. We also reviewed information that had been sent to us from the local authority and members of the public.

During the inspection, we spoke with the registered manager about the actions taken since the last inspection. We also spoke with two care staff. We were unable to speak directly with people using the service. We did however gain feedback from four relatives and a professional who had recently worked with the service. We looked at the care records of five people who used the service and the recruitment and training records for three staff employed by the service.

We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

People felt safe using the service. One relative said, "Oh yes, [relative] is very safe." While another relative said, "They are very good, I don't have any worries."

Documents reviewed showed that the provider had supported staff to gain the appropriate training and guidance to support people safely. Staff we spoke with showed good knowledge of local safeguarding reporting procedures and the provider's safeguarding policy. The registered manager had followed local safeguarding protocols to report potential safeguarding incidents. A professional we spoke with said, "[Registered manager] has been very quick at reporting things and as soon as we have discussed anything she has implemented it."

Staff and the provider worked with people and their families to identify potential risks to people's health and wellbeing and created personalised risk assessments. These assessments gave guidance to staff on how risks could be minimised. Records showed that there was a system in place to review risk assessments regularly. One relative said, "They are very good, [relative] wasn't well and they were quick to change it to two staff because [relative] needed extra help, they are very quick like that."

There were safe staff recruitment procedures in place, and there was sufficient numbers of staff to support people safely and at their agreed times. One member of staff said, "We are always on time, and I don't think I have missed anyone. If I am late because of traffic, I will let the office know and they tell the client." All the relatives we spoke with said that staff would arrive at the specified times and there had not been any occasions where staff had missed a call to them. One relative said, "Even with the weather we have had, they still came."

Staff did not support all people with their medicines. For the people they did support we found that medicines were managed safely in order for people to receive effective treatment. We saw that regular medicines audits were undertaken and staff competency was also assessed regularly by the registered manager and training was kept up to date.

People were supported in a way that ensured they were protected from risks of acquired infections. Protective equipment was made available to staff when supporting people to ensure they were protected from the risk of infection. One relative said, "They are very clean, they know what I like and they make sure everything is as it should be."

Accidents and incidents were recorded and lessons learnt from incidents. We saw that staff were updated with actions and systems were put in place to reduce the risks were identified and measures were put in place to reduce them. For example, emergency planning systems were in place in the case of an event which could prevent staff from attending calls, such as bad weather. We saw that the registered manager had plans in place which would ensure that the most vulnerable people were prioritised. The registered manager said, "When the weather is bad, our staff will walk to the most vulnerable people and where people have families that can step in we will contact them."

Is the service effective?

Our findings

People were supported by staff who were trained and supported them in accordance with their assessed needs. One relative said, "Without a doubt they have the best training."

Staff told us that the training provided was effective in preparing them for their roles. We saw that regular supervisions and appraisals supported staff so they could discuss any issues they may have about their roles or training needs. The registered manager told us that they had recently moved to a new office which had a training room available. They told us that they would now be offering staff in-house training which would not just be on-line. One member of staff said, "I believe the training is good, I am able to do my job and if I need more training the manager will support me to get it."

Where it was required, staff would support people with meals. Food and fluid charts were completed and we saw that staff recorded on care notes where they had supported people with nutrition. A member of staff said, "I help with warming meals or getting drinks, and everything has to be recorded on the charts, that's very important."

People's care and support needs were regularly assessed to achieve effective outcomes for the people being supported. Relatives we spoke with told us that the provider had carried out an assessment of needs prior to care being provided and that their relative had been involved. One relative said, "[Provider] has kept us informed and is quick at reviewing things when they change."

Staff worked closely with people, their relatives and professionals to ensure the care provided to people was appropriate and continued to meet their needs. Reviews were carried out annually but where a person's needs changed more often, reviews would be more often. We spoke with a professional who was involved with the service. They said, "From what I have experienced, [the service] is very good, they put the package in place very quickly. It has been very good."

Where required, people were supported to receive on-going healthcare support. Although relatives told us that they managed health appointments, staff were at hand to provide support if required. One relative said, "When I am worried about [relative] I will call [Registered manager] she will tell me what I need to do or who I need to call. She knows a lot."

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.

Staff had been trained on the MCA and they showed good knowledge of the processes they needed to take to ensure that people's rights and choices were being protected. Consent to care was sought in line with legislation and guidance. Although we were unable to speak with people directly we saw that people had

signed their care documents and consented to the care packages where they were able to. Staff also confirmed that they would gain verbal consent from people when providing support.

Is the service caring?

Our findings

The provider was focused on providing person centred care for people using the service. People were treated with kindness, respect and compassion by the staff and this was further evidenced by the feedback received from relatives and professionals. One relative said, "They are excellent. I require high standards and they meet that." Another person said, "The ladies are lovely, can't say anything bad about them."

The service and staff listened to people and provided people with support in a way that made them and their families feel that they mattered. One relative said, "[Registered manager] is very good to us, I called her because [relative] had a fall, and she was here in five minutes. She really cares." All the relatives and professional we spoke with agreed that staff would listen and talk to the people they supported in a way that they could understand. One relative said, "[Staff] help [relative] and listen to what she wants, and will check on me as well."

Staff told us that people were always supported to make decisions and choices about their care. Documents reviewed supported this. One relative said, "[Staff] are very good." They explained how the provider supported them to gain additional support from other services and if they needed advise then they would assist them." Staff we spoke with told us that they respected people's choices and their preferences and only acted in accordance with their wishes. One member of staff said, "We always check the care plans and see what people like. I will put myself in [persons] place and think about how I would feel."

Relatives and professionals told us that staff promoted people's privacy and dignity, particularly when providing personal care. A relative said, "Oh yes they are very respectful, lovely ladies." A professional also said, "I haven't had any concerns, the ladies are very good with [person]."

Where possible people were supported to maintain their independence. One member of staff said, "We support people according to their care plans but if they can then I will encourage them to do some things themselves, we try to promote independence."

Is the service responsive?

Our findings

People told us that the care provided was in accordance with their requirements. One relative said, "They are very good and listen, we leave them notes in the book and if they need us to know anything they will leave a note for us."

We were told that the registered manager worked with people and their families and was responsive to their support and care needs. Staff appeared to know the people they supported well because they were allocated to the same people. Relatives we spoke with confirmed this. One relative said, "It always seems to be the same ladies coming over." While staff said, "We generally have the same clients and if it changes then we will go with the [registered manager] to meet them first."

Relatives confirmed that people had been involved in any assessments that had been undertaken. Care plans detailed people's likes and dislikes, preferred routines and any care needs that they required support with. Records detailed that people were consulted and able to tell the service what their needs were and how they wanted them to be met. They were written in a personalised manner and included information on the level of support people required to maintain their independence as well as their background, preferences and interests. We saw that care documents were reviewed regularly according to people's changing needs.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service. All people we spoke with were confident about who they would go to if they had a complaint and felt the registered manager was approachable and open to feedback about the service. We saw that the service had not received any formal complaints. The manager said, "We haven't had any complaints, I am visiting people every week so they see me and I make sure everything is going ok with them."

Staff supported people with end of life care, and they had been trained to understand how to support people and their families. Where required, DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) records were completed and reviewed by the person and their doctor, and were made available within people's care documents so that staff were aware of this information.

Is the service well-led?

Our findings

The service had a registered manager in post. 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.

When we previously inspected the provider we found the service in breach of regulation 17 (1) (2) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the key area of Well-led as 'requires improvement' because care plans were not kept up to date. At this inspection we found that the provider had put in processes to ensure that care plans were kept up to date and accurately reflected peoples care needs.

From discussions with the registered manager we found that they had a clear vision, which was to support people to receive high quality care and support. We saw that the culture of the service promoted person centred care which was open, inclusive and empowering for the people using the service. People we spoke with indicated that they had had appropriate opportunities to provide feedback to the service and the manager would also regularly keep in touch with them. One relative said, "[Registered manager] comes round regularly, she's always asking if everything is ok." While a second relative said, "[Registered manager] keeps in touch and is very quick; she has a lot of knowledge."

The manager had understood their responsibility to report to us any issues they were required to notify us of. This is part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.

People who used the service were involved in the improvements made within the service. The manager told us that they would carry out regular visits to people to gain feedback. This was also confirmed by the people we spoke with. One person said, "They provide a first class service and help in every way they can." We saw from feedback forms completed by people using the service and relatives that all people said that they were happy with the service being provided and rated it as good or excellent. The registered manager said that they would carry out regular care visits which allowed them to maintain contact with people.

The service worked in partnership with other agencies such as the local authority, local hospitals and GPs to ensure that people's care was effective, responsive and met the expectations of people and their families. A professional we spoke said, "[Registered manager] has been very quick at communicating with us."

Staff felt valued and enabled to contribute to the development of the service through regular meetings. One member of staff said, "[Registered manager] keeps us informed, she is very supportive."

The provider had effective systems to assess and monitor the quality of the service. The registered manager completed regular audits and took appropriate action to rectify any shortfalls in a timely way. For example we saw that where there had been an error in the completion of documents then the registered manager

would address this with staff and put additional learning in place.