

Care Services Thirsk Limited

Orchid House

Inspection report

Acacia Drive
Sowerby
Thirsk
YO7 1GT

Tel: 07587091422

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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

About the service

Orchid House is a domiciliary care service providing personal care for people living in an extra care housing scheme. The service was supporting 23 people at the time of our inspection, including older people, people with physical disabilities and people living with dementia.

The service is located near to local services and shops. People live in their own apartments or bungalows across the extra care site. Emergency support is available 24 hours a day. The service has an on-site bistro and access to outside space.

Not everyone who used the service received personal care. The Care Quality Commission (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

The provider was committed to providing high quality, person-centred care and ensuring staff shared their values.

People received safe care from staff who were safely recruited and knew how to keep them safe. Staff were proactive in identifying ways to manage risk, they used their knowledge of people's needs to develop support they would respond to, such as social support. We made a recommendation about medicines best practice guidance.

People received effective support from consistent staff, who were knowledgeable, trained and supported. Staff worked effectively with other professionals to ensure people received the support they needed in a timely way, including with their health needs.

People and their relatives were involved in their assessments and care plans. Consideration was given to any additional support people may need on moving in to the service, to help them adapt to this change. 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.

People consistently praised the caring approach by staff. People and staff formed caring relationships based on trust, dignity and respect. This helped people to accept their care and be independent.

People's care was developed based on their needs. Staff had a detailed knowledge of each person's preferences and life histories, which they used to provide person-centred care.

The provider was integrated into the local community, with well established relationships with local health

and social care professionals. They used their knowledge of local services to help people remain active members of their community and reduce the risk of them experiencing social isolation.

People and their relatives experienced effective end of life care. Staff recognised the emotional support needed for people and their family members at this life stage.

The provider was committed to achieving good outcomes for people. Staff worked effectively as a team to improve people's quality of life. The provider used their quality assurance checks and feedback from people, relatives, staff and professionals to drive improvements. Lessons learnt were shared with the staff team to improve practice.

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

Rating at last inspection

This service was registered with us on 22 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

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?

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 House

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 and an assistant inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the CQC. 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started and ended on 28 January 2020. We visited the office location on this date.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five of their relatives about their experiences of the care provided. We spoke with six members of staff including the registered manager, care manager, deputy manager and three care workers. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two professionals, a social care worker and a housing worker from the local authority.

We reviewed a range of records. This included two people's care and medicines records in full and one in part. We looked at two staff recruitment files and five staff supervision records. We looked at a variety of records relation to the management of the service, including quality assurance records and staff meeting minutes.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted two professionals who work with the service to seek feedback, including a worker from the housing provider and a healthcare professional.

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 people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. Clear arrangements were in place to support people to order their medicines, administer them and return them when no-longer required. The provider worked with healthcare professionals to monitor people's medicines and identify where they needed reviewing.
- People were supported to manage their own medicines where it was safe for them to do so.
- The provider had recently introduced a new electronic records system for medicines and was frequently auditing this to support its implementation.
- 'As and when required' protocols were not in place to guide staff in when people may need these medicines.

We recommend the provider follows best practice for recording 'as and when required' medicines.

Staffing and recruitment

- People were supported by safely recruited staff. Robust checks helped to make sure suitable staff were employed.
- People received support at a relaxed pace that was appropriate to their care needs.
- Staffing levels were enough to provide safe care. They were closely monitored to support the delivery of good quality care.

Systems and processes to safeguard people from the risk of abuse

- Staff took their responsibility to safeguard people seriously and were aware of signs which may indicate abuse. They knew how to report any concerns to the provider and external organisations.
- People felt safe with the staff supporting them. One person said, "I'm perfectly safe."

Assessing risk, safety monitoring and management

- Risks to people were managed effectively to keep them safe. We discussed including more detailed person-centred information in people's risk assessments with the registered manager. For example, in falls risk assessment and management plans.
- Staff were proactive in managing risks and worked with people, relatives and the local authority to identify where people may benefit from additional support. For example, they identified one person needed additional stimulation and support to keep them and others safe.

Learning lessons when things go wrong

- Accidents and incidents were managed appropriately.

- Staff responded quickly to any incidents to keep people safe.
- The registered manager was proactive in identifying lessons that could be learnt and sharing them with the staff team to improve practice and prevent reoccurrences.

Preventing and controlling infection

- People were protected against the risk of infection, staff had completed training in this area.
- Staff used personal protective equipment, including gloves and aprons to prevent the spread of healthcare related infections.

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 people's feedback confirmed this.

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

- People received effective support following an assessment of their needs by skilled, competent staff.
- People and their relatives were involved in writing and developing their care plans.
- Staff considered all aspects of people's care needs and support networks to develop their care. One housing worker said, "They look at things holistically with family and who is significant to each person, they anticipate when people might need a bit more support to help them settle in."

Staff support: induction, training, skills and experience

- Staff completed training in areas relevant to their roles, including infection control and medicines administration. Competency checks were used appropriately to assess staff skill and knowledge.
- New staff received an induction to help them familiarise themselves with the service and understand their role. One care worker said, "I shadowed colleagues and was able to see how different staff approach different things."
- Staff felt well supported by the management team, who understood their staff team and recognised where additional support was needed. Managers worked with staff to identify development opportunities.
- Staff had not received appraisals, the registered manager planned to complete these.

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

- People were encouraged to eat and drink enough. Staff were aware of people at risk of weight loss or dehydration and followed advice from healthcare professionals.
- Staff knew people's food and drink preferences and provided their meals and drinks based on this.
- Additional care visits were arranged when required to promote people's fluid intake when they were experiencing an infection or illness.

Staff working with other agencies to provide consistent, effective, timely care

- People received consistent support from a regular staff team. One person said, "I see the same staff. I like the sheet that they do to tell me who's coming."
- Staff worked effectively as a team to share information about people's care needs and ensure any changes were communicated.
- The provider had formed effective working relationships with professionals. We received consistently positive feedback on this. A housing worker said, "I love working with this provider, they are so open and really have got people's best interests at heart."

- Staff had good awareness of local services and spoke with people and their relatives about support they may benefit from. For example, one relative was referred to a local organisation to help them understand dementia and how this was affecting their family member.

Supporting people to live healthier lives, access healthcare services and support

- Staff had detailed knowledge of people's health conditions and how these could vary day to day. They adapted their support accordingly.
- Staff recognised signs people's health may have deteriorated and promptly arranged appropriate support. One person described suddenly developing an infection and becoming confused. They said, "The care workers noticed, straightaway they took me to the doctors. Within two days I knew who I was again and felt better."
- The provider had formed close effective working relationships with community healthcare services. A healthcare professional described monitoring and records they had asked staff to record following a clinical procedure. They told us, "Everything was documented, they were very obliging and definitely approachable. We work as a team."

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.

- Staff obtained consent from people when providing care. People's consent was recorded.
- Staff recognised where people's capacity had changed and where additional support was needed. We discussed improving MCA documentation with the provider to record how people's capacity had been assessed and decisions made in their best interests. For example, where the decision had been made in a person's best interests to increase their support to keep them safe.

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 had formed caring relationships with staff and looked forward to their visits.
- People praised the consistently good standard of care they received. One person said, "The care is excellent really. I find all the care workers are very pleasant and very willing to help." Another person told us, "They're all very helpful and cheerful, they're all lovely, I've never met one who isn't." The positive approach by staff benefited people's wellbeing.
- Staff made time to speak with people and provide emotional support. One person told us, "They make time to listen to me, which makes a difference."
- Staff were attentive and ensured people were comfortable at each visit. They recognised how their support could make a difference to people's quality of life. One care worker said, "The people come first, it's the idea of making their day happy."

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

- People were the lead decision-makers in their lives. Staff respected their wishes and decisions and were non-judgemental in their approach.
- Staff monitored people's responses to their support. They used this and feedback from relatives to inform their care.

Respecting and promoting people's privacy, dignity and independence

- The provider was focused on providing dignified care to people. Care records showed how staff should consider this throughout their visits, from entering people's homes to providing personal care.
- People's privacy was respected. For example, staff respected each person's right to discrete, private support when supporting couples.
- Staff respected people's confidentiality; information was stored securely.
- People's independence was promoted. One person said, "They like me to do things myself if I can."

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 and their relatives were fully involved in planning their care.
- Staff were knowledgeable about each person's life history and preferences. They used this information to form relationships with people and provide person-centred care. One care worker told us about a person's morning routine in detail. They recognised how each task was important to the person's wellbeing and helped them to feel comfortable, confident and build trust with their staff.
- People's care arrangements were monitored and reviewed. Care visits were changed based on changes in people's support needs and preferences.

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.

- Staff understood people's communication needs and provided information in accessible ways to involve people in decisions about their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff identified activities and groups available in the local area that people may be interested in and supported people to attend these. This has a positive impact on people's wellbeing and reduced the risk of social isolation.
- The provider was actively involved in developing the community at Orchid House. One staff member led a weekly armchair exercise class, which had been positively received. This promoted people's physical wellbeing.

Improving care quality in response to complaints or concerns

- The provider was responsive in dealing with any minor issues or concerns people, relatives or other professionals may have. One social care professional said, "They're very proactive, the managers are responsive to concerns."
- People and their relatives knew how to complain and had confidence any feedback would be acted on.

End of life care and support

- The provider offered effective end of life care and worked with other professionals to support this.

- Staff recognised end of life care required a unique approach and the need to support people and their relatives at this time. One care worker told us, "We have a lot of empathy, just being there as a friendly face so they're not alone."
- One relative described the positive support they received following a family member requiring end of life care. They said, "The staff kept me going when my family member was ill, they were wonderful."

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 the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a positive culture where staff shared in their commitment to providing people with high quality care and supporting one another to achieve this. One staff member said, "The staff team are an extremely supportive bunch of people."
- Staff were inspired leaders who led by example. A housing worker said, "They really do care and want to achieve the best for people."
- Staff received feedback on their work to support their development.

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 provider was open and transparent. They understood their responsibility to apologise if things went wrong.

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

- The provider was dedicated to improving their service and learning about best practice. Feedback from people, relatives and professionals was used to drive improvement and monitor changes made to review their effectiveness.
- People and their relatives were able to view their care records and details of their care visits via an app. This helped engage them in the service. One relative said, "I have the app, it's brilliant. It tells me when the care workers have been in, how long they've been in and what they've done."
- Staff feedback was valued and taken onboard by management. Staff had been asked to provide feedback following the implementation of the electronic care system to review its introduction and where further learning and support may be needed.
- Staff meetings provided an opportunity to engage staff in the service, any changes and share best practice.

Continuous learning and improving care

- Quality assurance checks were used to monitor quality and safety across the service. The provider combined audits for two of their services, the registered manager agreed to separate these out to make them specific for each service and identify any trends or patterns.

- Spot checks were used appropriately to monitor and develop staff practice.

Working in partnership with others

- The provider had helped to improve the sense of community at Orchid House. This had a positive impact on the people living there.
- The provider attended monthly multi-agency meetings with local health professionals to ensure people received coordinated support to meet their health and social care needs.