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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?

Requires Improvement 

Overall summary

We inspected Orchids Care on 27 and 28 November 2014. The inspection was unannounced. Orchids Care was last inspected in October 2013, no concerns were identified at that inspection.

Orchids Care provides personal care for people in their own homes. On the day of the inspection approximately 70 people were receiving personal care services from the provider. The home had a registered manager. 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.

During our inspection we spoke by telephone with 16 people who used the service and three relatives. We also spoke with three care staff, the deputy manager of the service and the registered manager.

During our visit to the service we looked at the care records for seven people and looked at records that related to how the service was managed.

Summary of findings

People who used this service were safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them. The registered manager had procedures for informing people which staff would be carrying out each visit. This meant people knew who would be coming to their homes.

People were treated with kindness and respect. People we spoke with told us, "I have never had a concern about my helpers and feel very safe with them."

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work in people's homes. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service was well managed and took appropriate action if expected standards were not met. This ensured people received a safe service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was not consistently well-led. There was not a comprehensive, formal quality assurance process in place. This could mean that not all aspects of the service were formally monitored to ensure good care was provided and planned improvements and changes may not be implemented in a timely manner. You can see what action we told the provider to take at the back of the full version of the report.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

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 safe?

The service was safe. It had appropriate levels of staff who had received training in safeguarding and knew how to report any concerns regarding possible abuse.

The care staff knew how to protect people from harm. There were systems to ensure people knew which staff would be coming to their home. The care staff identified themselves to people, so they knew who they were allowing into their homes.

The registered provider used robust systems to help ensure care staff were only employed if they were suitable and safe to work in people's homes.

Good



Is the service effective?

The service was effective. People received the support they needed to lead their lives as they wanted and to remain in their own homes.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Staff were well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported.

Good



Is the service caring?

The service was caring. People were treated with kindness and received support in a patient and considerate way.

People who used the service, and those who were important to them, were involved in planning their care.

People received support from a team of care staff who knew the care they required and how they wanted this to be provided.

People were treated with respect and their privacy, dignity and independence were protected.

Good



Is the service responsive?

The service was responsive. People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs.

Good



Summary of findings

People were asked what support they wanted and could refuse any part of their planned care if they wished. The care staff respected the decisions people made.

People knew how they could raise a concern about the service they received. Where issues were raised with the registered manager of the service these were investigated and action taken to resolve the concern.

Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted and needed to be supported.

Is the service well-led?

The service was not well-led. There was a registered manager employed. The registered manager set high standards and used good systems to check that these were being met.

People who used the service knew the registered manager and were confident to raise any concerns with them.

The registered manager had some systems in place to monitor the quality of the service provided. However there was not a comprehensive, formal quality assurance process in place. People who used the service and their families were asked for their views of the service and their comments were acted on. Their views were actively sought and people told us they felt listened to.

There were good systems in place for care staff or others to raise any concerns with the registered manager. The registered manager took appropriate action when concerns were raised.

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.

We carried out this inspection between 27 November 2014 and 5 December 2014 and was unannounced. The inspection team consisted of an adult social care 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 service.

The expert by experience carried out telephone interviews with 16 people who used the service and three relatives.

We spoke with three care staff, the deputy manager and the registered manager. We asked people for their views and experiences of the service and the staff who supported them.

The inspector visited the service to look at records around how people were cared for and how the service was managed.

We looked at the care records for seven people and also looked at records that related to how the service was managed.

Before the inspection the registered manager of the service had 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.

Before our inspection we reviewed the information we held about the service, including the information in the PIR.

Is the service safe?

Our findings

People and relatives we spoke with told us that they felt people who used the service were kept safe. One person said, “I would trust my carer with my life, yes safe, very safe.”

The service’s survey completed during 2014 showed that all of the respondents felt people that received care from the service were safe from harm. The provider had safeguarding policies and procedures in place to reduce the risk of abuse to people who received a service.

We spoke with three staff about their understanding of keeping people safe and how to act if they had any concerns that someone might be being abused. They were aware of different types of abuse and the signs that could indicate that abuse had occurred such as bruises or changes in people’s behaviour. Staff were aware of their responsibilities towards people and were clear how they would act on any concerns. They were confident that the provider would take any action needed to make sure people were safe. Discussions with three staff and a check of the records confirmed that staff were trained in safeguarding adults.

The registered manager was aware of the procedure for acting upon potential safeguarding incidents. Our records confirmed that when such incidents had occurred they were referred to the local authority safeguarding team.

We looked at seven care records which confirmed that the provider had risk management systems in place. These were individualised, taking into account each person’s needs and wishes. Policies and procedures to keep people safe were in place to ensure staff provided care in a consistent way that did not compromise people’s rights. Records confirmed that risks were reviewed regularly and updated when people’s needs changed.

The agency supported people to maintain their independence. Prior to commencing a service the provider met with the person and any family members. They identified with the person what they could do for themselves and what they needed staff to support them with. They also identified any risks for that person and how to reduce them. For example, we saw moving and handling risk assessments, which provided information for staff about how to safely assist the person by using mobility aids such as a wheelchair, stand aid or hoist. One person told us, “Yes very safe with the girls who use the hoist to help me have a bath. They know what they are doing. If a new one starts, then there is always a second one who knows what she is doing. Yes, I do think they have been well trained on how to use my hoist.”

The provider also undertook an environmental risk assessment which highlighted any risks in the person’s home and how to reduce them as much as possible. For example, one risk assessment instructed staff to make sure the area around the person was kept tidy and clutter free in order to ensure the person could move around safely and avoid the risks of slips, trips and falls.

Staff told us they always received information about people before they visited them. This included speaking with the registered manager and other staff about the person, as well as looking at the person’s care records and their risk assessments.

There was a recruitment and selection process in place. All the staff we spoke with confirmed they had gone through a formal recruitment process that included an interview and pre employment checks of references and a criminal records check. All the staff files we saw had undergone this process.

The provider had a policy for whistleblowing. The three care staff we spoke told us they were aware of the policy and how to whistleblow, should the need arise.

Is the service effective?

Our findings

All the people and relatives we spoke with felt they or their relative's needs were being met by staff who knew what they were doing. One person said, "Yes, I chose what I wanted and I am due to have a review shortly, I want things to stay as they are. I get help three times a day. My carers are wonderful, I would not be able to manage without them."

Staff told us they had received induction training and worked alongside experienced staff so they could get to know the care and support each individual required before providing care and support on their own.

Training and supervision records showed new staff received supervision regularly throughout their induction period to monitor their progress. We viewed six staff personnel and training records and saw staff had undertaken training in topics including first aid, nutrition and health, moving and handling, medicines management, infection control, mental health and dementia care. The manager had a computer system which identified when staff training updates were due, so these could be planned for in a timely way. The majority of training courses for staff had been delivered by external training providers although some training was delivered by the management team as the manager had a nationally recognised teaching qualification.

Staff we spoke with confirmed they had undertaken the training and felt they received sufficient training to keep their knowledge and skills up to date. During our inspection we saw new staff were undergoing induction.

If people required help and support with meals, this was recorded in their care plan and staff would prepare meals and drinks for them. Care staff said it was important to prepare food people liked and to present it well, so the person would want to eat it. We saw in one care plan specific instructions on how to prepare bacon in a microwave as this was how the person wished their food to be prepared. One person told us, "My carer does my breakfast for me too. I choose what I want for my breakfast and she does it for me."

When people who used the service were identified as at risk of malnutrition or dehydration the provider had food and fluid charts that could be used to monitor their intake. Staff we spoke with were aware of these documents and said they would ensure they were completed for people at risk and would report any concerns to the office so action could be taken to address them.

Care records we viewed included information about people's medical conditions, so staff were aware of these and would take them into consideration when providing care. Care workers said they read the care records and noted any changes in a person's condition. They told us if someone's condition changed whilst staff were on leave staff would be informed, upon their return, by the registered manager or another member of staff. This prompted them to make themselves familiar with the changes to the support to be delivered by reading the updated care plan prior to delivering support.

Staff told us they received regular supervision every six to eight weeks and annual appraisals. We confirmed this from the records. We saw supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people using the service. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. This showed us staff had the training and support they required to help ensure they were able to meet people's needs.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff we spoke with had a broad understanding of the act's provisions and how it affected the people they provided a service to. They were aware of people's mental capacity to make day to day decisions about their lifestyle.

Is the service caring?

Our findings

People told us their care met their individual needs. They told us staff had enough time to care for and support them, to carry out other duties according to their care plans and to treat them well.

One person said of their care worker, “Wonderfully kind and caring. Never leaves without asking if there is anything else she can do for me.” Other comments from people included, “Yes, I have a good relationship with my carer. When I ask her to do something for me, she does it. I don’t ‘put on her’, she is so helpful and wants to do her best. I really do think I matter to her.” Another person said, “I really do like my carer because she will always do for me anything I ask. What more could you want, yes I do matter to her because I know she likes me too.”

All of the people we spoke with including their relatives told us that care staff respected people’s privacy and dignity. For example, one person said, “Without doubt my carer respects my privacy and dignity. My carer helps me to help myself. I like my independence, so I like to do as much for myself as possible.” Another told us, “I have a lovely carer, a real carer, she knows I need help in creaming my legs but she does part of them and I do the rest, She respects that I want to do as much for myself as I am able.”

Records showed that staff received training about how to promote and maintain respect for people’s needs including those with complex or diverse needs. Care and support plans reflected people’s wishes and preferences and how staff should support them. We saw that the registered manager had taken steps to ensure that they recruited both male and female staff to meet people’s preferences.

Care records identified people’s needs and we saw people and/or their representatives had been involved in the care plan. This ensured that wishes about their care and support were known and recorded. Staff we asked identified communicating with people as an important part of their work, so they could understand how people wanted to be cared for and respect this. One person said, “I was asked what I needed, my daughter was with me. I said that I needed help in the mornings and I was given it. I get help every morning.” Another person told us, “I was given help by my social worker to say what I wanted. I chose to have help with washing and dressing, I can then manage on my own.”

Staff used people’s preferred names and demonstrated a positive and very caring attitude towards people. This was by spending time talking with them about matters which were important to them and having a laugh about things in a respectful way. People told us, “I look forward to them coming. We have a laugh and a joke together. I think of them as good friends. They always ask me how I am feeling, they really do look after me.” “They asked me what they should call me. I told them my Christian name, they use mine and I use theirs. Really caring and kind they are.”

We viewed the daily records for seven people and these were clear and recorded the care and support given at each visit. Staff had completed report writing training and were aware of the importance of accurate record keeping. We did see instances where communication and record keeping were not effective. For example the telephone log book recorded that one person had requested that a visit not be carried out due to them attending a social function. This was not recorded in the daily notes and as such appeared as a missed call.

Is the service responsive?

Our findings

All the care records we looked at contained a recorded assessment of people's needs. Staff we spoke with told us they were familiar with the needs of the people they supported regularly. The manager told us that all staff working one route had knowledge of the needs of people on another route. This meant that on occasions when a person's regular care worker might not be able to visit them, the replacement care workers would be able to deliver appropriate support, care and find the necessary information.

We received positive comments such as, "Usually on time or near enough, always stays her time unless I say I don't need her but she always asks if there is anything else I need before she goes. Never ever missed me." However some people we spoke with felt that there was an issue with staff retention as they had, at times, been allocated new workers who they had not been introduced to.

People told us that staff got to know them and that was important to them. This was by spending time seeking people's views including visiting people in their home. For example, one person said, "When I was being assessed I was asked what help I needed. I told them I needed help with housework and a bit of shopping. I was given the help I asked for and needed. I manage quite well now." Another person said, "I was a bit apprehensive when I was told people would come to see me, but it turned out that I got all the help I needed. I am very grateful to my carers, they are wonderful."

We asked people if staff had sufficient time to provide their care and were they able to respond to their requests for change. For example, One person said, "My girls (staff) will do anything I ask. I don't make a lot of demands but I know if I mention I would like something doing, well then they do it." Another person said, "Yes my carer will do anything I ask. She never leaves without asking if there is anything else I want before she goes."

People told us that staff were good with their time keeping. One person told us, "Yes, my carer comes on time and always stays the hour she is supposed to do. I have never been missed a call." Another person said, "On the whole the carer has been on time, sometimes a few minutes late because of traffic, but I don't mind. She always stays her time. Never missed me out"

We saw staff had regularly recorded care plan reviews with people, and their relatives where appropriate. We saw that people's care plans had been changed in response to the changes in the person's needs. For example where a person's mobility had deteriorated the care plan had been updated to include details of the new equipment required to the support person.

All the support plans we looked at had been written in a person-centred way. Person-centred care sees service users at the heart of all planning, developing and assessing of care to make sure it is most appropriate for their needs.

Each one contained information in relation to the individual person's life history, needs, likes, dislikes and preferences. All of the staff were able to demonstrate a good knowledge of people's individual preferences. The manager was in the process of developing a one page profile for every person who received the service. The profiles include information on 'What people appreciate about me', 'What is important to me', 'How best to support me'. The manager told us that staff profiles will also be done to achieve the best match of people.

All the staff we spoke with confirmed they were aware of people's needs and knew how to respond to people in a positive way. Staff descriptions of the care and support they provided for people was in line with the description of care documented in care files.

We saw the provider's complaints policy and procedure was available to people who used the service. This was available in the service user guide and included information of the procedure and timescales in which people could expect their complaint to be dealt with. We saw that six complaints had been received in the previous two years. We spoke to one person who had previously made a complaint. They told us, "I was spoken to in a totally unacceptable manner. The carer had a dreadful attitude towards me. I made a complaint to the manager. She dealt with my complaint immediately and the care worker was removed. I have a very good carer now and the manager resolved the problem straight away. I have confidence in the manager."

Other comments regarding complaints included, "I would make a complaint to the manager, if I felt the need, but to date I have had nothing to complain about." "I would not hesitate to make a complaint if I was unhappy the way the

Is the service responsive?

carer acted or even spoke to me in an inappropriate way.” “I know the manager would be the best person to talk too, and I would if I had a complaint to make. I do, I feel sure she would listen to me.”

Is the service well-led?

Our findings

The home had a registered manager. 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 registered manager gave a clear sense of direction about the care and support given. Everyone we asked said the manager and provider were open and approachable. People who used the service and staff said they would not hesitate to discuss any issues or concerns with them. One person said: "The manager is always available."

One person using the service told us, "It is a much better service now than it used to be. I am given all the help I need." Another person using the service said, "When they first started up they were not as good as they are now, I did have a couple of missed calls but that never happens now."

The registered manager showed us the collated responses from a 2014 satisfaction survey. The majority of people that completed the survey rated the care they received as good or excellent. They felt comfortable and safe with their care worker, felt their privacy and dignity was respected, and that the care worker was professional when interacting with family and friends. One comment read, "Friendly and caring staff, that gives me confidence." Some people felt they did not always receive good support from the office and some felt they were not contacted by the office regularly. One comment read, "Poor communication." The registered manager told us what they were putting in place to address the lesser scoring comments, however these were not recorded in an action plan which could be used to inform people who used the service or others. We spoke to the registered manager about this on the day of our inspection. They immediately committed to ensuring that an action plan was produced.

The registered manager showed us the latest report for Orchids Care, produced by the local authority. The local authority which commissioned services from the provider produced a monitoring report in June 2014. The report was complimentary and found the provider compliant in all aspects of the service they inspected.

We saw documents which showed the registered manager regularly contacted people who used the service and their relatives either in person or by telephone to gauge satisfaction of the service provided. The manager also visited people to observe and assess the competency and good practice of care staff.

Not all expected quality assurance systems were in place to guide practice, plan improvements or implement changes. This was a breach of Regulation 10 (1a) (1b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Although the manager monitored the service and planned improvements they said some of this was completed informally. As such there was not a comprehensive, formal quality assurance process in place. This could mean that not all aspects of the service was formally monitored to ensure good care was provided and planned improvements and changes may not be implemented in a timely manner. For example Medication Administration Records (MAR) were not formally audited to identify missing signatures.

Staff told us about the support they received from senior carers and managers. One member of staff said, "The registered manager is supportive, particularly with training." Another member of staff said, "I am well supported. I can ring the office or on call at any time if I need any help." The registered manager told us about the service's reward scheme. This recognised staff performance in areas such as punctuality, completing training or qualifications, professional behaviour and going the extra mile to ensure a quality service.

We spoke to three care staff who told us there were monthly supervision meetings. They found these meetings were productive, informative, helpful and staff were encouraged to discuss their needs, issues, training and future goals. Staff also told us that regular staff meetings took place where issues were discussed in an open forum. We saw the minutes of the October staff meeting and saw that staff had contributed to the meeting, offering views and opinions in regard to service delivery. The minutes also recorded that the registered manager had reiterated the Christmas gifts policy and provided a winter checklist for staff to ensure safety in the event of severe weather.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>Regulation 10 (1) The registered person did not protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to –</p> <p>(a) Regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and</p> <p>(b) Identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.</p>