

Orbis Care Limited

# Orbis Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Orbis Care Limited is a domiciliary care service providing personal care to people in their own homes. The service provides support to older people, and those with mental health needs, dementia and physical disabilities. At the time of our inspection there were 31 people using the service. 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

Risks to people's health and safety were not consistently assessed with care plans to manage identified risks. Staff were given medicine training and their competency was assessed through observation and spot checks. Staff were recruited safely and were trained in safe infection prevention and control.

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. However, records relating to people's mental capacity needed to improve.

There was a variety of quality assurance systems and checks to monitor the quality and safety of care. However, improvements and time was needed to ensure these provided an effective means of identifying gaps and shortfalls in the service.

The provider assessed people's needs and choices before they began using the service. Staff received an induction and training and we received positive staff feedback about their training. Where required, staff supported people to eat and drink to maintain their health and wellbeing. Staff worked with other social and health care agencies to promote people's health.

People were well looked after by staff that were kind and caring. People and their relatives were involved in assessments and developing their care plans. Staff understood how to protect people's privacy and maintain their dignity when providing care.

Care was planned in partnership with people and, where appropriate, their families to ensure this was person centred, based on people's wishes and choices. People's communication needs were assessed and any aids they required to support communication such as hearing aids or spectacles was recorded in their care plans. There was a complaints process and people were informed of their right to complain. Plans were in place to provide all staff with end of life awareness training.

People, relatives and staff gave positive feedback about the management of the service. Staff felt well supported and had a positive approach to their roles and the people they supported. There had been limited events and incidents which needed to be notified to us, CQC. However, the provider understood what was required in terms of duty candour. The registered manager gathered feedback from people

through regular reviews and spot checks and worked closely with external health professionals to promote positive outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 20 January 2022 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was response.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Orbis Care Limited

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 3 inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 12 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 on 19 December 2022 and finished on 23 December 2022. We visited the location's office on 20 December 2022.

#### 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. We used the information the provider sent us in the provider

information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people, 4 relatives and 5 members of staff for feedback on their experiences of care and working for the service. This included the registered manager, nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at 3 people's care records, 2 recruitment files and a variety of documents relating to the management of the service. This included policies, procedures, training, and quality assurance.



# 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 of this newly registered service. This key question has been rated 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 safety were not consistently assessed. When risks to people were identified, it was not clear how the level of risk had been determined. For example, one person was at very high risk of falls, but records did not demonstrate how this level of risk had been reached.
- One person had a health condition related to their blood, which made them prone to bleeding if their skin became damaged. There was no risk assessment or guidance for staff to follow in the event that this person sustained an injury during a care call.
- Another person had a catheter but there was no information about risks to the person in the event of complications, or signs and symptoms of complications. However, records showed that staff recognised concerns relating to this person's catheter which prompted ongoing communication with district nurses.
- In response to our feedback, the registered manager and provider acted immediately during the inspection and implemented new risk assessments and care plans.
- People told us they felt safe with care staff and were confident in their abilities. One person said, "I feel safe with the staff. They know me and what they are doing." A relative said, "[Staff] know what they are doing and we are fully confident in their abilities."
- One person was supported to manage their diabetes. Guidance for staff included information on the safe blood sugar ranges for that person, and what foods to offer in response to certain blood sugar readings.

### Using medicines safely

- Staff were given medicine training and their competency was assessed through observation and spot checks.
- Staff administered medicines for some people and others had their own arrangements to manage their medicines.
- Some improvements were needed to ensure that staff were aware of medicines that needed to be administered with special instructions, such as being given 30 minutes before food or drink. The registered manager addressed this immediately. Information was added to the person's care plan and staff were notified of this change.

### Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding to enable them to identify and report safeguarding concerns when they arose. One staff member said, "I would call the office if I suspected abuse. We would not ignore any abuse. I would tell the social worker or CQC."
- The registered manager understood their legal responsibilities to protect people from harm. When

potential safeguarding concerns were identified, these were reported to the local authority and us, CQC.

#### Staffing and recruitment

- Recruitment processes ensured that relevant safety measures including references and Disclosure and Barring Service (DBS) checks were in place before staff could provide care to people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager recognised the importance of continuity in care and aimed to provide people with a team of regular care staff as much as possible.
- Feedback from staff and people was used to make changes to call times if the allocated amount of time was too much, or not sufficient.

#### Preventing and controlling infection

- Staff were provided with Personal Protective Equipment (PPE) and were trained in safe infection prevention and control.
- Spot checks monitored staff practice in relation to infection control and PPE, to maintain oversight of practice standards to address any identified shortfalls.

#### Learning lessons when things go wrong

- There had been no specific incidents which led to changes in the service. However, the provider was proactive and introduced additional safety measures. For example, due to a number of the care staff not being drivers, all staff were issued with personal alarms for when they walked to care calls.



# 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.

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 MCA 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.

- The registered manager understood the need for people to consent to care and treatment. However, records relating to people's mental capacity needed to improve. When care was provided in a person's best interests, there was no record of a mental capacity assessment to support that decision. The registered manager was receptive to our feedback and took action to address this.
- Where people needed assistance with making complex decisions, they had somebody who could support them to make those decisions, in their best interests.

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

- The provider assessed people's needs and choices before they began using the service.
- Pre-assessments enabled the provider to determine if the service was suitable for people and whether the staff team had the necessary skills to meet people's individual needs.

Staff support: induction, training, skills and experience

- The provider's induction procedures, ongoing training and spot checks provided staff with the skills and competencies to carry out their role effectively. We received positive feedback from staff about their training. One comment was, "I have completed good training, there is a focus on the practical side of the training and not just videos."
- Staff could describe how they used their training and knowledge of people's needs to care for them effectively. One staff member said, "One person had painful heels and when we hoist [person], we are careful not to bump their heels."
- People and their relatives spoke positively about staff skills. One relative said, "Staff seem trained, happy

and supported," and a person said , "Staff seem to be well trained and take care in what they do."

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

- Where required, staff supported people to eat and drink to maintain their health and wellbeing.
- When people needed specialised diets, this information was contained in people's care plans.

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

- Staff worked with other social and health care agencies to promote people's health. For example, the service worked closely with an occupational therapist to make a person's home situation safer and improve their outcomes.
- Staff told us they reported any concerns or changes in people's health to the office. Comments included, "One person had sore skin and we told office who arranged for a district nurse to come, they did and prescribed new cream. Now their skin is better." Another comment was, "Where there are worries or concerns the manager will contact the GP or nurses to get advice. I feel we respond to any changes quickly and this can happen quite often."
- We received positive comments from people about the support they received from staff. One person said, "I have had some changes to my health, and we have all learnt along the way how best to help me. They are very adaptable." Another person said, "They have really helped me and feel that they know what my health needs are."

# 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 were well looked after by staff that were kind and caring. Feedback from people, their relatives and staff supported this. One relative said, "Staff are always respectful, lovely really." Another relative said, "When they are here, they are kind and respectful." A staff member commented, "I talk to [person] about their likes and interests. It's important because they get anxious about things."
- Assessments and support plans recorded important information about people's diverse needs, including marital status, personal relationships, religious and cultural beliefs.
- One person attended their local church. The registered manager arranged call times so staff could support this person to get ready on time and arranged lunch visits ready for their return.

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

- People and their relatives were involved in assessments and developing their care plans.
- The registered manager carried out surveys and reviews of people's care, to enable people to express their views and identify if any changes or improvements were needed.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to protect people's privacy and maintain their dignity when providing care.
- Information about people's abilities was recorded in care plans and helped to maintain a focus on encouraging people's independence as much as possible.
- The provider implemented a list of useful contacts, local organisations and associations which was left in people's homes. This provided people with information on health and social care resources that might benefit them, promoting their independence and access to advice and information.

# 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

- Care was planned in partnership with people and, where appropriate, their families to ensure this was person centred, based on people's wishes and choices.
- One person liked their breakfast in bed before being supported to get ready for the day. The registered manager requested an increase in this person's care from commissioners, to ensure they could provide their support based on their wishes and preferences.
- We received positive feedback from people and their relatives. One relative said, "They have a flexible approach, for example we needed some changes to our care call times due to appointments and they accommodated our requests." A person commented, "They stay for the right time and do what I expect."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and any aids they required to support communication such as hearing aids or spectacles was recorded in their care plans.
- The provider was able to provide information in different formats to make it accessible to everyone who used the service.

Improving care quality in response to complaints or concerns

- People were informed of how to raise a concern or complaint about their care including how to contact us, CQC, to give feedback or concerns about care and their rights to refer their complaint outcome to the local government ombudsman.
- The provider had a complaints policy and procedure in place. At the time of the inspection there were no active complaints, but when complaints had been made previously these had been responded to according to the provider's policy.

End of life care and support

- At the time of the inspection, the service did not provide end of life care. However, plans were in place to provide staff with end of life care training, as part of the provider's ongoing improvement 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership did not always support high quality governance systems, to ensure effective assessment, monitoring and oversight of risks to people's health and safety.

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

- The registered manager operated a variety of quality assurance systems to monitor and improve the safety and quality of the service. This included spot checks in people's homes, care plan audits and medication audits.
- More time was needed to allow these systems and processes to embed and become an effective means of monitoring the service, to identify where improvements were needed. For example, systems had not identified the gaps we found in care plans and risk assessments.
- Care staff could only log in and out of calls using a one-time password contained in people's own homes. This enabled the provider to monitor people's call times and whether any changes needed to be made.
- Electronic systems provided the registered manager with information about people in real time. This enabled staff to report concerns they had about people, and for these to be responded to quickly. Concerns were rated using a traffic light system to highlight priority concerns.
- Staff could not log out of care calls unless they had recorded information in an electronic handover for the next care worker to read. This provided a system for staff to share key information.

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

- People and their relatives gave positive feedback about the management of the service. One relative said, "We can call the office at any time and they listen and take on board what you are saying." A person commented, "I had a problem recently so called the office and spoke with the manager and within 20 minutes they had someone here to help me – excellent."
- Staff were supported by management and had a positive approach to their roles. One staff member said, "I get really good supervision and feel well supported in my job." Another staff member said, "I am happy to learn about all the different people and the challenges, so I can do the job well."
- The registered manager and provider recognised that care staff could be isolated in their roles, and felt very strongly that treating staff well led to better outcomes for people. The provider said, "We're trying to create a team and community ethos in our organisation. We want to build that team spirit. If you have that, when working in a dispersed organisation, that team spirit, you come together. It can be isolating being a carer."

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

- There had been limited events or incidents which needed to be notified to us, CQC. However, the provider understood what was required in terms of duty candour.
- When incidents had occurred, these had been notified and records showed that, where appropriate, families were kept informed of significant incidents.

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

- The registered manager gathered feedback from people through regular reviews and spot checks. A 'Carer of the Month' initiative had been introduced where people could nominate care staff, recognising staff who had gone above and beyond and made a positive impact on people's lives.
- Surveys were being implemented as a more formal way of gathering feedback. The first annual survey had been sent to people and the provider was in the process of reviewing responses to identify areas for improvement.
- The provider and registered manager valued staff contribution. During team meetings, staff were given business updates, positive feedback and meetings ended with an 'open session' which encouraged staff to share their thoughts and opinions on the service, including areas for improvement.

Continuous learning and improving care; Working in partnership with others

- The provider worked closely with external health professionals to promote positive outcomes for people.
- Staff were encouraged to gain higher qualifications in areas relevant to their role.
- The registered manager attended networking meetings to keep up to date with new policies and updated guidance, and worked closely with commissioners to access training and development opportunities for staff.