

Zamss Limited

Orchid 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 ●

Summary of findings

Overall summary

About the service:

Orchid Care is a domiciliary care agency. It provides personal care to adults living in their own homes, with a range of disabilities. At the time of this inspection the service it was providing care to 42 people.

Since the last inspection there has been a change in the provider's trading company name. At the last inspection on 20 November 2018 (report published 17 January 2019), the trading company was called Kare Plus Enfield. On 20 March 2019 the trading company changed name to Orchid Care. This means the agency has been registered as a new service but there is a clear link between an archived provider and the currently registered one.

People's experience of the service

Relatives told us they were very happy with the service and staff were kind to their family member. They also confirmed the management team were responsive when issues were raised.

Quality assurance audits were taking place, but systems for checking staff arrived on time were not always effective and this was identified as an issue by a number of relatives. We have made a recommendation in relation to care quality auditing processes.

Care records were up to date and comprehensive and included information for staff on how to manage risks.

People were safeguarded against the risks of abuse and harm by the systems and by the staff. There were enough staff to meet people's needs and provide responsive care. Safe recruitment practices took place so staff were considered appropriate to work with vulnerable people.

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 were supported to access external health professionals to help promote good health and wellbeing.

Staff were supported in their role through induction, supervision and training, and people and their relatives told us staff were effective in caring for them.

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

Rating at last inspection:

The last rating for the service was requires improvement (published 17 January 2019).

Why we inspected:

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our Safe findings below.

Good ●

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 responsive.

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 ●

Orchid Care

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors and an Expert by Experience who made telephone calls to people and their relatives to get feedback on the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses. The service had a manager registered with the Care Quality Commission. 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:

This inspection was announced. We gave the registered manager 24 hours of our inspection to ensure they were in the office when we visited. Inspection activity started on 18 December and ended on 20 December 2019. We visited the office location on 18 December 2019.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection:

We spoke with one person who used the service and fourteen relatives. We spoke with the registered manager, the director of the service and three members of care staff.

In addition to talking with people, we reviewed recruitment records for three staff members, including training and supervision records. We checked complaints, accidents and incidents, quality assurance processes and minutes of team meetings. We viewed the electronic call monitoring system and looked at five care records.

After the inspection:

We asked for additional information regarding training and supervision across the team, and additional team meeting minutes and communication with staff.

We also received feedback from one health and social care professional who worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. Good: This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection we had concerns that not all risk assessments were in place to provide guidance to staff. At this inspection we found risk assessments were embedded in detailed care plans setting out how to support people. There were also separate risk assessments for specific areas including the home environment, and medicines management.
- Risks identified covered a broad range of areas including nutrition, mobility, personal care, mental health and fire risks.

Using medicines safely

- At the last inspection we were concerned that paper documentation did not always set out clearly the medicine support staff were to provide to people.
- At this inspection we were no longer concerned as care records set out clearly people's needs in relation to medicines and what tasks staff had to undertake.
- People and their relatives confirmed that where this was a task for care staff, medicines were given as required. One family member told us "We have system in place with a locked case and they give it to her and if they are short of some medication, they are straight on the phone to me and I sort it out."
- The service carried out an audit of medicines and assessed staff competency at regular intervals in line with best practice, as part of a quality spot check process which was recorded.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection we noted staff had not notified the management team of a safeguarding incident. At this inspection we were no longer concerned as staff were able to speak confidently about abuse and the actions they would take if they had any concerns. Comments from staff included "We call the office straight away. We also have body charts and record any concerns." Staff also understood how to whistleblow if they had any concerns.
- In the last year we had been notified by the service of any safeguarding concerns, and appropriate action had been taken by the service.
- People were protected from the risk of harm, abuse and discrimination. People and their family carers told us "Yes, she feels safe" and "She thinks they are charming."

Staffing and recruitment

- Staff recruitment was safe. References and checks were completed prior to staff starting work. This meant staff were considered safe to work with vulnerable people.
- We asked people and their family members if staff were consistent and arrived on time. The staff team

was consistent. We were told "We get quite regular ones we seldom get a stranger" and "We get the same carers which is important for us." However, we found that not all care staff notified people if they were running late and the lack of contact, rather than the lateness was identified as an issue. This is discussed further in the Well-Led section of the report.

- People and their relatives told us staff generally had enough time to complete the tasks required. "Yes , they make sure she is ok before they leave" and "Yes, as it stands at the moment." One relative told us "Yes, because most of the time they finish early some talk to mum."

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as gloves, aprons and over shoes. Everyone told us care staff used gloves and aprons.

Learning lessons when things go wrong

- No incidents had occurred since the last inspection, but the registered manager could tell us of learning from safeguarding incidents that had occurred over the year, and how this information had been shared with staff. For example, following one safeguarding the service confirmed they will always make contact with health professionals if they are concerned, rather than leave this to relatives to ensure their responsibility to share information is fulfilled.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 guidance standards and the law

- The registered manager assessed potential new referrals to ensure people's care needs could be met by the service. The registered manager integrated the views of the person, family and professionals who were familiar with the care needs of the person.
- The registered manager worked to deliver care in line with best practice standards and the law.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- Care records showed the involvement of other health professionals, and the service worked with local health professionals to support people's health and well-being.
- Relatives told us "The regular ones are very good and they will ring me if she is not well instantly. They are quite practical if she is hot in summer they put an extra drink out to make sure she is ok. They are quite sensible" and "Oh yes definitely, they are very good, she gets bed sores and is under the district nurse, but the carers check on them and if she needs to see them, they ring the district nurse up, they are good like that."

Staff support: induction, training, skills and experience

- People and their relatives were very positive about the skills of the staff in caring for them or their relative. Feedback included "I would say definitely; my carer is 10 out of 10."
- Relatives told us "One of them in particular is very good, but all the ones I have met are experienced" and "Sometimes my [family member] can be a bit aggressive as she feels she doesn't need care. When they came to discuss the care plan, [named office staff] was so patient as she explained to mum how they could support her and she was excellent."
- Records showed staff were inducted through shadowing experienced staff and training, and staff confirmed they received regular supervision and spot checks to ensure they were providing effective care to people. The service had a matrix which set out when spot checks and supervisions were due.
- Staff told us they received spot checks "They come to check on us, if we are wearing uniform or a badge and how we interact with the clients and give medication." Also, "Supervision every three months is useful. We talk about the rota, clients who have passed away and discuss new clients. They asked me if I am interested in promotion."
- Staff told us "Training is good on line and face to face. First aid and manual handling is face to face."
- Staff told us there was a supportive team at the service, and staff enjoyed working at the service as "The organisation is very good. They are flexible and the work fits around the family." Also, "They are always available for us to contact 24 hours a day."

- The registered manager told us they were recruiting a third care co-ordinator in the coming month who would be available to work at weekends to carry out reviews around family member's schedules and spot checks of weekend staff.
- The service ensured staff received refresher training in key areas including manual handling, safeguarding, infection control and behaviours that challenge.

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

- People received the assistance they required to keep hydrated and fed. Feedback included "Yes, they give her microwave food, they do her breakfast as well. They help her if she is being stubborn and won't eat" and "Yes, they heat up frozen food and they stay and watch her eat and then wash up for her and make her a cup of tea."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no people using the service that were subject to a judicial DoLS.

- People's rights were protected. Staff knew to ask consent before providing care. Relatives told us "Yes , they speak to her, but she doesn't respond , they talk to her and then she knows what is happening" and "Oh yes, they ask permission."
- Care plans noted people's capacity to make decisions but we noted for some people with variable levels of capacity, more detail was required on mental capacity assessments. We spoke with the registered manager who told us they would review all capacity assessments in the coming months.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People receiving the service and their relatives told us staff were kind and caring. Feedback included "Yes, they see to him and then tell me what is going on. They all chat to us they are like a big family. They are very good, very nice people" and "One was singing Christmas carols to mum as she changed her. If she isn't well, they stay longer to make sure she has a drink. Yesterday she was sick, and they cleaned her up and were very gentle with her. They phone me if there is anything out of character."
- Staff were able to tell us how they supported people with their religious or cultural needs and the staff team were from a range of religions and cultures. Staff spoke comfortably about working with people of all sexualities, cultures and religions and care records documented people's differing needs. People were asked if they had a preference of gender for their care staff.

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

- At the initial assessment people and their relatives were involved in the setting up of the care plan and discussed how they wanted their care provided. People were asked at review and when the care staff were spot checked if people were happy with the care.
- Care records were signed by people or their relatives to show they had been involved in discussions regarding care.

Respecting and promoting people's privacy, dignity and independence

- Care records promoted people's independence. One care record noted "I like going to the cinema, bowling and shopping" and another noted the care staff were to support the person to the gym to maintain as much fitness and movement as possible.
- Staff told us "When doing personal care, I tell them and explain everything to them. For example, for a strip wash, I get everything ready and cover them whilst doing that. We will give people flannels so they can wash themselves. I ask them on a daily basis whether they want to do it themselves or for me to do it."
- People's care records highlighted what they could do for themselves and relatives told us independence was encouraged by staff. Comments included, "Yes, she likes feeding herself, they give her the meals. They start feeding her and she takes over and does it herself" and "Yes, I think so. They ask her what she would like to wear and ask if she wants to come to the shower now. They do want her to make some decisions for herself."
- The service ensured people's care records were kept securely. Information was protected in line with the General Data Protection Regulations.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We found a generic quick overview of people's care needs followed by detailed care records setting out people's needs, preferences and routines.
- People and their relatives told us their needs were met and, in a way, and time that suited them. Comments included "Yes, they do they come quite early as my mum is an early riser and they don't come too late at night" and "Yes, she gets up late as she had a stroke and that is what they do."
- Details such as people's food preferences and where equipment was stored were set out on care records so staff understood what people liked and how best to support people.
- Care records had a section on 'what is important to me' this was particularly helpful for people who had memory problems and who were no longer able to hold detailed conversations with care staff.
- The service had an electronic system which detailed people's care needs as well as paper, signed copies of care records. We found both tallied and were up to date. This had been an issue at the last inspection as there was a disparity between paper and electronic care records.
- The electronic system also set out what tasks to complete at each visit which meant there was clarity when working with people with memory problems or when staff were new to working with a person.

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

- People were supported to maintain family relationships and relatives spoke highly of the staff and their interactions with them. People were supported with their care so they could then continue with activities that were important to them.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. Complaints had been dealt with in line with the policy.
- Everyone we spoke with told us they knew how to complain; most had not made a complaint as they were happy with the service, and were confident the registered manager would deal with any issues that arose.
- Comments included "I would just phone them up, but I have never had to complain" and "If I had one, I would ring the supervisor as I have her number and she said if I had any problems to ring her. I have no complaints." Also, "Yes, I have complained few times and they call me back to say what has happened." The only issue people commented on, was the lack of contact regarding late visits which is addressed in the Well-Led section of the report.

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.

- People and their relatives had no complaints regarding the way staff communicated with them, and most care records contained detailed information on people's communication needs.

End of life care and support

- The service did not provide end of life care to people, but were aware that if they did they would need to complete these sections of the care documents with personalised relevant information.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At this inspection we found there were significant improvements in the way the service was managed. For example, care records were comprehensive, up to date and risk assessments were in place.
- Staff understood safeguarding and we had dealt with the service in the last 12 months regarding safeguarding issues. The registered manager was aware of their role, responsibility and had acted with transparency and candour.
- However, we found the management team had not identified and dealt effectively with care staff being late for some visits and more importantly, not phoning people to let them know this was the case.
- We also found that whilst the registered manager was reviewing the electronic system weekly to check on care staff activity it was not always clear what action was taken. Whilst spot checks took place, we found random reviews to check quality of care took place, rather than risk based.

We recommend that the service reviews auditing processes to ensure they are effective in monitoring all aspects of the care service and ensure there was a system in place to notify people if the care workers were running late.

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

- The registered manager and staff team demonstrated a commitment to providing person-centred care to people. People's wishes were respected, staff understood people's needs well and care was arranged around people's preferences and requirements.
- People and relatives spoke well of the service provided to them and this helped people achieve the best outcomes.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked proactively in partnership with people and their families. People and their relatives told us "Yes from what I have seen of it , it is well organised" and "Yes from the point of view, I have good access to the agency if there are problems , as far as it works for us, it is fine."
- The majority of people and family carers we spoke with, said they would have no hesitation in

recommending the agency. One relative told us "They have been positive super brilliant with mum and I could ring them for help anytime, they have been fantastic." The service gained the views of the people they supported and families through reviews informal discussion and through reviews of care.

- Staff told us their views were listened to, and we saw team meetings took place approximately three to four times a year. "We do have meetings they ask us to choose a day over a three-day period" as meetings were held at different times to accommodate staff.

Continuous learning and improving care

- The registered manager had made changes following the CQC inspection last year and following a visit by local authority quality staff in autumn of 2019, made further improvements.

- The service had reviewed all care documentation in the last 12 months and had improved systems for monitoring staff training, supervisions and spot checks.

- The registered manager and director were keen to further improve the service and following the inspection had made further improvements with plans to carry these on into 2020. The registered manager and director acknowledged that they needed to further improve quality audits as they should have been aware of issues of staff lateness.