



**Jersey Care
Commission**

INSPECTION REPORT

Orchid Care Services Ltd

Home Care Service

**2nd Floor
The Powerhouse
Queens Road
St Helier
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10 June 2020

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

ABOUT THE SERVICE

This is a report of the inspection of Orchid Care Services Ltd. The service has an office located at The Powerhouse retail facility and became registered with the Commission on 1 August 2019.

Registered Provider	Orchid Care Services Ltd
Registered Manager	Gary Hedgecock (pending)
Regulated Activity	Home Care Service
Conditions of Registration	Maximum number of personal care/personal support care hours to be provided 2250 (Medium Plus) Age range 18 + Category of Care provided Adult 60+ Dementia Care Physical Disability and/or Sensory Impairment
Dates of Inspection	10 June 2020
Times of Inspection	3pm – 5.45pm
Type of Inspection	Announced
Number of areas for improvement	One

The Home Care Service is operated by Orchid Care Service Ltd and the Registered Manager position has recently changed with Gary Hedgecock (registration process to be completed in due course), now responsible for managing this service.

At the time of this inspection, there were 50 people receiving care from the service but with some hours of support significantly impacted by the current Covid-19 pandemic. Due to this issue, the service has remained fully operational albeit but with some necessary and acceptable refinement to working practices and protocols in the past 10 weeks.

SUMMARY OF INSPECTION FINDINGS

This inspection visit was undertaken over the course of two and a half hours and was completed on 10 June 2020 with some engagement having taken place with the manager and service users by telephone prior to the visit. The Home Care Standards were referenced throughout the inspection.¹

The Regulation Officer focussed on the following areas during the inspection:

- the service's Statement of Purpose (SOP) and Conditions on registration
- safeguarding (adults and children)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

Overall, the findings from this inspection were most positive with evidence of care receivers being provided with a service that is safe and that takes their wishes and preferences into account. Due to the Covid-19 restrictions, some modification of the inspection process was necessary, however this did not limit the scope of enquiry for operational matters that was undertaken.

The service's registration conditions, as set out in the certificate and the provider's aims and objectives as defined in the SOP were both clearly evidenced and discussed with the manager and managing director who was also present during this visit.

The service's arrangements for recruiting staff were satisfactory with clearly defined systems and IT in place for recording information in a timely and easily referenced format. Engagement initiated by the manager with the Commission outside of this inspection process was considered and provided further evidence of this. Records reviewed supported the adequate supply and deployment of staff in the service.

Safeguarding principles are established within the training format and with oversight of this by the manager. However, as was highlighted at this time by the manager, due to Covid-19 restrictions there have been some limitations for the quality of training which would normally be undertaken. This has restricted such training to an online format over the course of the past three months.

It was noted that the provider has been fully operational for approximately six years pre-dating registration with the Commission and has engaged positively with the Commission in respect of any safeguarding concerns as they have arisen.

¹ Home Care Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.ie/standards/>

It was clearly apparent from the inspection process that there are systems already in place to support care needs and to ensure they will be appropriately prioritised and managed. Alongside this, plans to further enhance systems were also identified and it is anticipated that these processes will add further layers of safeguarding to care delivery, for example the “real time” care records available to review remotely by management team.

It was acknowledged that while quality assurance checks and records are central to operational matters, these are not currently in a format that is consistently or easily referenced and/or clearly aligned with Care Standards. This was agreed as an area for improvement which is likely to include the nominated deputy manager and administrator roles being reviewed and developed further.

INSPECTION PROCESS

Prior to the inspection visit, information submitted to the Commission by the service since registration was reviewed. This includes any notifications and any changes to the service’s Statement of Purpose.

Due to the Covid-19 infection control principles, any footfall into a care receiver’s own home as would normally be intended was not practical. The Regulation Officer used telephone calls to seek the views of four people about their experience of using the service, three of whom responded.

Also due to Covid-19 restrictions, only a limited review of care records was possible on this occasion as hard copy care plans are utilised and stored in clients’ own homes. A very small sample was therefore provided for review which demonstrated the practice which is applied for all clients. The anticipated benefits of a new electronic record system that is to be introduced was discussed in detail. This will enable real time monitoring for care interventions and associated review processes for care planning.

Records including policies, incidents and complaints were examined and/or discussed. Observations were also shared between the management team and Regulation Officer about recent correspondence between the service and the Commission regarding operational matters. This elicited further clarification and confirmation of good systems of governance that are in place to include responding to complaints and safeguarding concerns.

Review of Human Resources files provided some clarification and evidence of the approach and attention that is given to the supervision of care staff. This was explored with the manager who has extensive experience and working knowledge of this in practice.

Opportunity was not taken to speak with members of the care team due to the need to limit unnecessary contacts at this time.

Examination of two HR files established the due diligence, induction process and training that is provided for new staff. Supporting information of the attention given to this was illuminated from discussions initiated by the manager prior to this inspection visit.

At the conclusion of the inspection, the Regulation Officer provided feedback to the manager and managing director about the findings and practice issues which had been raised during discussions. This highlighted areas of good practice and development opportunities which could be considered moving forward, some of which had already been identified by the management team as part of this inspection process.

This report sets out findings and includes the areas of good practice identified during the inspection. There was one area for improvement identified at this inspection.

INSPECTION FINDINGS

The service’s Statement of Purpose and Conditions on registration

The Standards outline the provider’s responsibility in ensuring that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The Statement of Purpose was reviewed prior to the inspection visit.

The Statement of Purpose continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the provider/manager fully understands their responsibilities in this regard.

The home care service is, as part of the registration process, subject to the following mandatory conditions:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of personal care/personal support care hours to be provided 2250 (Medium Plus) Age range 18 + Category of Care provided: Adult 60+, Dementia Care, Physical Disability and/or Sensory Impairment.</p> <p><u>Discretionary</u></p> <p>There are no discretionary conditions.</p>
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Discussion with the management team provided confirmation that these conditions of registration were being fully complied with and are intended to remain unchanged. There was, however, some clarification given about the scope of support which the provider may provide to care receivers whose needs relate to other categories of care such as mental health. At this time the primary categories for care (and referral pathways), remain as stated in the mandatory conditions. The provider may consider adjusting this accordingly through the ongoing routine review of all clients' needs and will discuss any potential changes with the Commission.

There was one discretionary condition applied to the manager's registration at the point of registration in 2019. This no longer applies however as the current manager (registration pending) has the necessary Level 5 Diploma in Leadership in Health and Social Care.

The Regulation Officer was satisfied that all conditions are currently being met.

Safeguarding (adults and children)

<p>The Home Care Standards set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.</p>

Due to the Covid-19 restrictions, the delivery of training for safeguarding was limited to an online syllabus which the manager regarded as being adequate in the short term, but not reflecting the quality of training they would be comfortable to maintain. The manager agreed that discussion and face to face training by skilled and experienced practitioners is the standard expected for such an important aspect of staff training and care delivery.

From review of practice and issues arising in routine care delivery, it was evident that safe systems are in place for staff to raise any concerns by reporting them immediately. This ensures that concerns are escalated to colleagues and if necessary, to relevant management or external agencies as outlined in the policy, for example, referral to the safeguarding team.

The manager identified some plans for deputy roles in the service and for practice review systems, which will further enhance the existing policy and protocols for safeguarding vulnerable adults receiving care. It was demonstrated from some recent engagement with the safeguarding team that the provider takes a proactive approach to any such matters of concern. The provider aims to comply with and promote transparency and risk management which are integral to safe systems of working. This in turn can lead to changes to care delivery or management of care if so indicated.

The planned electronic recording system which the provider is to introduce operationally will alert the management team to "red flags".

These will automatically generate some further scrutiny of care records made by staff in real time. This is expected to further promote safeguarding of the client group by enabling risk assessment and care planning to be reviewed in a timely manner.

Examples for this in practice will include mobile apps being made available for use by all care staff which will alert the management team of any missed visits. The current on-call system for consultation with senior managers about any practice issues will be supplemented by the introduction of the deputy manager role.

Staff training and induction includes a safeguarding syllabus, and this was demonstrated from sight of the staff training log. It was noted however that capacity and self-determination was not referenced, and this may be a subject which should be incorporated into this framework.

Discussion with a sample of care receivers (by phone contact), provided positive feedback about staff and their conduct. Care receivers also highlighted the quality assurance initiative of the provider to elicit feedback routinely by way of questionnaires for example. Care receivers were able to confirm how or who they would approach if they had any concerns about the care or support they receive.

Complaints

The Home Care Standards set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

Reference was made to any recent complaints received from clients and/or significant others which provided evidence of systems that the provider has in place and that will be followed to resolve issues that may arise.

It was noted that the provider has arrangements in place for the escalation of informal issues arising to matters which may include some legal framework for involvement based on the issues to be addressed. The provider's engagement with the Commission in relation to a specific complaint provided assurances that there are appropriate procedures in place, and these were followed to address the matter in timely and proportionate way.

The Regulation Officer reviewed correspondence and supporting information from files and this evidenced the approach and decision-making process which the provider will follow to try and resolve or conclude formal complaints which are received.

Policy and protocols are in place which include Finance and HR staff to address any relevant issues raised by clients/relatives to be recorded and responded to accordingly.

Contracts are drawn up and set out the appropriate responses and actions that will apply to both provider and care receivers, for example, the notice period for a care package provided/received.

It is anticipated that Quality Assurance monthly reports to be introduced will incorporate a review of the actions taken for all informal/formal complaints received. This will provide a clear audit trail and any learning to be identified after this process is completed.

In communication with three clients by phone, some of their feedback about their care included “find her absolutely superb”, “they will always ask if there is anything else we can do” and “I have had a very good year with their support”.

Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)

<p>The safe recruitment of staff is an important element of contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider’s responsibility in ensuring that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.</p>

The manager has a very clear understanding of the safe recruitment practices which are expected and for which they have accountability and a primary role for overseeing. Following recruitment, the supervision of care staff is given some priority as an operational need and is an area in which the manager has extensive experience and working knowledge of in practice. This will be shared within the team as part of ongoing development of all staff as supervisees and/or supervisors.

With consideration of best practice in the recruitment process, the manager is revising the interview process and format of the application process to elicit the most useful information that might best capture an applicant’s suitability for a role in home care.

As outlined above, the staff training and induction could be enhanced by the inclusion of capacity and self-determination training.

It was noted from a review of the training syllabus following the inspection visit that some areas of training are not clearly aligned with the Home Care Standards Appendix 6 “Minimum Statutory and Mandatory Training Requirements”. This should be reviewed and revised as indicated.

An induction and shadowing period are set out as part of a new employee’s training and this is overseen by experienced staff. It was noted that the service was recruiting staff at the time of the inspection with a focus on carers who will have QCF level 2 accreditation. There is a three-month probation period for new staff and a code of conduct which new employees are provided with at the commencement of their duties and contract.

A review of a random sample of recruitment records evidenced best practice and some reference was also made to recent communication with the manager which demonstrated the scrutiny and focus that is given to safe recruitment practice. This also highlighted the due consideration given to all information that may be received from referees and/or DBS certificates.

As referenced earlier, at an operational level, carers have access to the management team during their working hours if necessary for consultation and enquiry about any issues concerning care delivery, for example, medication management, safeguarding. This will be further enhanced by the introduction of the electronic record system which will integrate the staff rota with care records made in real time.

Care planning

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility in ensuring that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

At the time of the inspection, the provider's care planning system was noted to rely on 'hard copy' records for which a limited review was available due to Covid-19 restrictions. While this system adequately applies the principles to be expected for care planning, the benefits of introducing the electronic recording system have already been identified by the provider.

The manager has extensive knowledge of the system which is to be adopted and for which the training and development of all staff in its use will be given some priority by the management team. This will ensure that the new system is safely and consistently integrated into new ways of working and when established is expected to improve the quality of record keeping by enhancing ease of access and monitoring of the Standards for all clients.

With the current restrictions on footfall into clients' homes, the Regulation Officer was advised that "spot checks" and review of care plans has been challenging with some refinement and reduction in this quality assurance measure. However, it was positive to note that some review has nonetheless been ongoing with no issues of concern identified other than to further highlight the potential benefits of the new electronic system expected to come online late July.

Current records however remain contemporaneous and with review and evaluations carried out and recorded routinely. It was noted from those reviewed that there was in some cases, limited information within the plan of care. For example, a dementia care plan lacked detail or relevant instruction for a care worker to follow.

From discussion with the manager, it is fully expected that individual care plans will be formulated to include more person-centred information and clear instruction for interventions within the new electronic system.

The Regulation Officer was advised that the new recording system will set out the minimum date for care planning and that protocols will set out timescales for generating new care plans, within five days, for example.

This is consistent with current practice, with a full assessment undertaken by the manager or their deputy in the client's own home or while in hospital awaiting discharge home with a care package in place.

Some other innovative approaches which are expected from the new recording system will include individual log-in facility for relatives (with client consent), that will allow them to be actively involved in monitoring and seeing the support that is being provided. This open and transparent process is to be commended.

For the current client group and new referrals pending there is routine engagement with referring agencies for example, the social worker, and thereafter packages of care are clearly defined and recorded. This includes timelines, duration of visits, carers, payment and schedule of fees.

It was confirmed that the services' care receivers have a range of needs (as detailed in the mandatory conditions), and that regular referrals are being received from the usual pathways. Where necessary, a Single Point of Referral (SPOR) will be made by the provider if care needs significantly change and where they may fall outside of the ability or qualification of care workers and provider.

The current staff group is adequate in number to provide the care packages required to clients. However, it was reported some changes in demand have occurred in recent months directly attributable to Covid-19 pressures and family availability to support or shield their relatives during this time

Monthly quality reports

The quality of services provided by this service should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

From discussion with the manager and managing director, it was demonstrated that systems are in place and followed for monitoring of the quality of care. These include questionnaires provided regularly to screen clients' satisfaction. However, it was highlighted that there is not a system currently in place that will compile reviews of all Standards that should be monitored and recorded routinely in a succinct format as a monthly "Quality Assurance" report.

The Regulation Officer discussed the principles and process that should be followed to incorporate a relatively independent review system that addresses the Home Care Standards. The Regulation Officer advised this should be prioritised and for identified personnel other than the manager to be given this responsibility. The

manager should remain accountable in addressing any actions that may arise from the monthly audit, the records of which will be retained for reference and inspection.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 9</p> <p>To be completed by: 2 months from the date of inspection (10th August 2020).</p>	<p>The quality of services provided by this service should be kept under regular review. The provider has a responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.</p>
	<p>Response by registered provider: Monthly reporting was an area identified before the inspection and was discussed in detail with the Regulation Officer at time of inspection.</p> <p>We are currently implementing a new effective reporting process as part of our transition on to our new digital care management platform.</p> <p>Due to COVID-19 we have had a reduction in personnel who would meet the criteria of independent person to complete reports. This is now changing as staff are returning to work and we are able to progress with our strategy to successfully implement effective reporting.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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