



**Jersey Care
Commission**

INSPECTION REPORT

Orchid Care Services Ltd

Home Care Service

**2nd Floor
The Powerhouse
Queens Road
St Helier
JE2 3AP**

18 October 2022

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity 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 Limited. 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 Limited
Registered Manager	Carla Paula Perestrelo
Regulated Activity	Home Care Service
Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of personal care/personal support care hours to be provided 2250 (Medium Plus)</p> <p>Age range 18 +</p> <p>Category of Care provided</p> <p>Adult 60+</p> <p>Dementia Care</p> <p>Physical Disability and/or Sensory Impairment</p> <p><u>Discretionary</u></p> <p>Carla Paula Perestrelo registered as manager of Orchid Care Services Ltd must complete a Level 5</p>

	Diploma in Leadership in Health and Social Care by 31 October 2025
Dates of Inspection	18 October 2022
Times of Inspection	2 pm – 5.30 pm
Type of Inspection	Announced
Number of areas for improvement	One

The promotion of Deputy Manager to Registered Manager position was completed during the process of the inspection. This role is supported by the Managing Director (MD) and Operations Director. There is a discretionary condition on the service's registration for the Registered Manager to complete the Level 5 Diploma within three years.

Care packages vary depending upon the needs of care receivers and may include 2:1 support and 24/7 packages. There is delivery of a range of interventions to promote and enable optimum levels of independence to be achieved by care receivers. Interventions range from assistance in meeting personal care needs to welfare checks undertaken at different times of the day.

Since the last inspection, the Commission has had limited contact with the service with reference to routine notifications but has had some appraisals of the vacant manager position (now filled), as initiated by the Provider. There have been no issues arising from any of this communication and engagement with the Commission.

At the time of inspection, the service had 23 employees. Most of these were employed in care roles, with a small administration and management team also in place.

The service is well established and has a Statement of Purpose that records relevant and unchanged information about its operational remit, and approach to the support of care receivers with a range of needs as reflected in the categories of care.

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

It was noted at the time of the inspection as to the progression of deputy manager to the Registered Manager position following a period of working closely with both the CEO and Operations Director in a deputy manager role. During this time, their development and understanding of the business were acknowledged, and it was apparent that their ways of working aligned with other management skills relating to care, staff supervision and support. This development has led to a natural promotion to the registered position which provides an additional and expected part of the Provider's overall governance framework.

At the time of inspection, the service was supporting 23 care receivers in their own homes, with a primary focus for the adult 60+ category of care although the service also provided support to a small number of people living with dementia.

It was noted from the care plans which were reviewed, and the electronic recording system utilised, that these were instructive and would enable appropriate interventions to be followed in supporting care receivers. There was good evidence of best practice approaches being applied, with care receivers or relatives being directly involved in the planning of their care.

Professional approaches to ensure that all the Standards are consistently met was very well evidenced from discussions with both the CEO and the Operations Director, and who both participated in the office-based enquiries at the commencement of the inspection process. Safe working practices were noted, with robust administrative policies and procedures in place, including safe recruitment practices.

It was evident that there may have been some omissions in the submitting of notifications to the Commission. It was therefore apparent that some revision to internal reporting systems was required, and information was provided by the Regulation Officer to assist with this. This is an area for improvement.

Positive feedback was received from care receivers and relatives who were contacted for their views about the service. This was reinforced by feedback provided by independent healthcare professionals. This feedback evidenced that the Standards of care were being very well met and promoted by the service and with a number of areas for good practice noted.

INSPECTION PROCESS

This inspection was announced with a few days' notice, to accommodate the service's needs and to ensure that appropriate management representation would be available. The visit to the main office was completed on 18 October 2022 and follow up enquiries with care receivers, relatives, care staff and healthcare professionals were concluded within two weeks of the visit.

The Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

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

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer sought the views of the people who use the service, and/or their relatives, together with inviting any contact from members of the care team.

Additionally, two independent healthcare professionals were contacted as part of the inspection process.

During the inspection, policies, care records, incidents and clarification of any complaints logged were reviewed or discussed with reference to ways of working and operational capacity at this time. Recruitment and selection of new staff was also reviewed from an inspection of references and Disclosure and Barring Service (DBS) certificates.

At the conclusion of the inspection, the Regulation Officer provided feedback to the CEO, the Operations Director (OD) and the newly appointed Registered Manager.

This report sets out our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

At the last inspection, there was one area for improvement identified that required routine follow up on this visit. Good evidence was found for the system and analysis which is now integrated into ways of working for monthly reports. The high quality of data analysis which the OD has available to assist with the review of relevant information to best inform these reports, was noted.

The resources available to the Provider were explored with some attention given to how the service operates on a day-to-day basis over a 24-hour period. Reference was made to the unforeseen prolonged vacancy of the Registered Manager position which is now resolved.

Despite the gap in the management structure, in respect of which, the Commission had been kept updated, the Regulation Officer was able to note the clearly defined roles which were in place to ensure that the service has remained fully functional and working safely. Each of the CEO, the OD and the deputy manager had been directly involved in managing the service whilst there was no manager in place. Feedback from relatives indicated that there had been good lines of communication throughout.

A review of notification of incidents, death notifications and contacts made by the Provider with the Commission about operational issues, was made prior to this inspection. This provided evidence of the attention which the Provider gives in promoting safe working practices for the benefit of both care receivers and care staff. However, from discussion, some further analysis was indicated to establish whether any incidents i.e., falls or minor injuries that may have occurred in practice, had met the threshold for routine notification to the Commission. It was identified that some revision to internal reporting systems was necessary. This is an area for improvement.

The overall findings from this inspection highlighted the Provider's very positive approach in supporting care receivers, with strong leadership and a supportive team both apparent. This was well evidenced in communication with the Regulation Officer by some staff before and following the visit to the offices. It was stated by care staff their satisfaction as below:

“Really very lovely, hard work but feel supported. Last year had very good induction, made aware of phones and systems to use if any emergencies happen”

“I have worked for them nearly 3 years, have training on line courses and find all the care plans instructive and helpful”

Feedback from care receivers and/or relatives also provided a very positive endorsement of how the service operates and that included comments as below:

“Brilliant job, all of them absolutely amazing”

“I would normally contact Paula, always get good advice”

“Good as far as I can tell, happy with the care”

“Have had care for nearly 12 months, girls are brilliant, all of them are. All seemed well trained, and Paula will call to inform us of any changes”

“No criticisms of the service whatsoever”

Feedback from healthcare professionals also provided positive testimonies of how the Provider and staff conduct themselves in support of care receivers as below:

“Carers appeared to be able to provide appropriate information on their client’s individual needs and have a clear understanding of expectation of care visits”.

The overall findings from this inspection were of a well organised service with good layers of governance in place to oversee safe systems of working. The software which is used to monitor all care activity and other operational matters provides a good quality of data, and ensures that any themes or areas of concern are identified by senior management team, particularly the OD, and that remedial action is taken promptly if required.

Safety

<p>The Standards outline the Provider’s responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.</p>
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A discussion with both the CEO and the OD confirmed the quality assurance framework that is embedded into ways of working and which was an area for improvement recorded at the last inspection in 2021.

The integration of the “Birdie” system and a digital survey tool provides some helpful data which can be populated into monthly analysis and reporting systems.

Alongside this, the care plan systems also generate further data including any training reports or requirements.

Surveys are incorporated into the review and evaluations of service which also help to promote and ensure that the Standard is being met, and is an area of good practice.

Although robust and comprehensive systems were found to promote safe practice there were some possible gaps in the submission of notifications (notifiable incidents), which need to be provided to the Commission. This should occur through using the recognised communication channels which providers must comply with. While there was no indication that the number of notifications would be high or that any serious incidents had occurred, it was nonetheless indicated that a review of the internal reporting systems was required. Supporting guidance was duly provided by the Regulation Officer to assist with this review and the updating of systems. Accordingly, this an area for improvement as already mentioned earlier in this report.

The CEO demonstrated the applications which are used to ensure service continuity for all care receivers and to ensure both their safety and that of staff members particularly when they are lone working. The system includes a tracker for staff locations which corresponds with a built-in timeline which can alert management if there is an interruption to care packages i.e., missed or delayed visits. This app is viewed as a means of promoting a high level of oversight and protection for both care receivers and staff. This is an area of good practice.

The OD provided summaries of staff recruitment and selection records that demonstrated and evidenced best practice that is followed for safe recruitment and includes references and Disclosure and Barring Service (DBS) information. Recruitment and induction templates which are utilised, were also provided to the Regulation Officer. These confirmed the systematic and comprehensive approach that is taken to safeguard vulnerable care receivers.

It was noted from the inductions forms with which new staff are provided, that these include a list of helpful resources referenced as “Orchid Care is happy to provide

support with the knowledge or tools required for you to perform your role". These include clear instructions and advice on a range of subjects, with safety being a theme which runs throughout this document. The CEO and OD confirmed that new staff undertake shadow and induction shifts to ensure their competency prior to undertaking specific tasks independently or working as a lone worker.

It was confirmed that where any specialist equipment is used in a care receiver's home that relevant service records and training are provided by external agencies i.e., for use of specialist beds. In addition, to ensure safety needs are appropriately met, the Occupational Therapy Department (Health and Community Services), may be consulted for their assessment and contribution to any care plans for use of such equipment. A basic first aid kit and access to the necessary Personal Protective Equipment (PPE) is provided for all care staff to retain as they go about their roles.

Good practice was confirmed for medication management with competency assessments undertaken for care staff. Where any issues arise for medication concordance, storage or administration, the care receiver's GP is contacted in the first instance for advice.

Where any care staff are involved in supporting financial transactions e.g., the use of petty cash, a clear audit trail is retained with receipts retained on file.

Safe practice protocols and ways of working for lone worker shift patterns are monitored through IT systems and applications which assist with location and missed visits. Any such incidents are progressed through the on-call telephone system and senior management team.

Care and support

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.</p>

Positive feedback was received from care receivers and relatives which included confirmation that good systems of communication were in place to support care

planning principles and to facilitate a review and evaluation of care needs. Confirmation was provided of the ease of opportunity to speak with key members of the team including the deputy manager (now the Registered Manager). This reflected both a reactive and proactive approach to keeping care receivers and/or their relatives up to date or providing helpful guidance when indicated.

A review of the care record system used by staff indicated that these are accessible to care receivers and relatives if they request to view them. This demonstrated that a good quality of recording systems was in place. The Care Planner provides a range of documents to include assessments for care needs such as appetite, nutrition and hydration assessment, weight charts and specialist dietary requirements. Care plans are individualised and are generated by initial assessments which are carried out by the Registered Manager or deputy. This follows an assessment template that incorporates relevant information gathering to best inform the care plans that are then formulated.

The Regulation Officer noted the life histories which are a focus of the information gathering and which are used to inform care workers about the person, and their care needs. Such an approach, particularly where a dementia profile for some care receivers was noted, is considered a vitally important document to assist care receivers and care workers when this condition evolves (worsens) and is an example of good practice.

Other practice which is followed to ensure that this Standard is met, includes consultation with relatives and relevant healthcare professionals such as social workers to gather all the necessary information. Once all information is obtained, consideration is given to the allocation of an appropriate care worker.

Matching interests and personalities is also a feature of this process. Potential staff are rostered and introduced to the care receiver with priority given to a minimum of four staff being identified to support each care receiver/care package. This is intended to generate small teams to promote continuity of care and builds in cover for any unforeseen staff absences such as staff sickness. If a care receiver's first language is not English, efforts are made to ensure that staff members who have bilingual skills are incorporated into the small care team for that person.

In respect of one care receiver's care plan, it was highlighted that they are supported with some pictorial support by way of photos that identify which staff will be visiting them. This approach is particularly helpful in reassuring and orientating care receivers, especially when a degree of cognitive impairment is evident. This is an example of good practice. Furthermore, as above it was highlighted from a number of sources, the efforts which are made to limit the number of care staff involved with individual care packages to better promote good continuity of care. Printed rosters are also delivered to each care receiver routinely.

Positive feedback was provided by healthcare professionals which confirmed the approach and attention which is given in ensuring that care and support is appropriate and subject to review and evaluation as below:

"Care manager appears well involved with the running of the service and when requested was able to provide beneficial insight and information of clients during MDT discussions. When providing feedback/recommendations regarding client's support, care managers has made improvements/amendments to ensure the care and treatment needs are met effectively within the care being delivered".

The care plans are reviewed monthly, with any identified changes relating to a care receiver's presentation recorded for further review and evaluation, with actions being taken and referrals made as necessary to relevant agencies.

The overall feedback received from care receivers and relatives alongside the information provided by some care workers each demonstrated that this Standard was being well met.

Training

The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.
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Information and documents as provided to the Regulation Officer during the inspection, confirmed that an efficient and focussed approach is taken in ensuring

that the Standards for training and development of staff are met. The Provider has a positive working relationship with a local training provider which enables some bespoke training to be provided if required. Qualifications and Credit Framework (QCF) or Regulated Qualification Framework (RQF) level 3 is provided for topics including medication competency, with sign off of these competencies in place.

It was positive to note the Registered Manager's experience in dementia care that enhances the training modules for this particular issue, and that they model best practice interventions for new staff when supporting those living with dementia. One recent example of a family being reassured by the advice and experience of the Registered Manager led to confirmation and agreement of a care package being able to continue. This was despite there having been some concerns that had arisen due to the person's dementia and associated needs. That these needs could be met was a positive outcome and prevented the person needing to be admitted to a care home. This providing good evidence of advocacy for care receivers and that experienced staff were in place who could promote this.

New staff who are engaged in providing care are monitored by senior staff and/or the Registered Manager to ensure their competency. However, feedback is also requested from care receivers and their family as to how they find new and sometimes inexperienced staff, with any issues of concern being responded to within routine supervision (or prior to this if needed), by the management team.

Training and staff competencies were well demonstrated by the RQF Business and Technology Education Council (BTEC) framework, and it was identified that five staff had this qualification or were working towards its completion at level 2. Six have level 3 qualifications and three were working towards completion.

The Registered Manager had already commenced RQF level 5 prior to taking on this role and position, which is subject to a three-year discretionary condition. However, it was noted that advances had already been made to obtain this accredited training, with a local trainer in place to support this process.

The overall feedback received demonstrated that this Standard was being very well met and as evidenced by summary from one healthcare professional:

“When attending client’s homes, I have met a number of care staff. During each visit, carers have appeared to be well presented and to have appropriate skill sets to support individuals. During visit I have witnessed carers providing clients with appropriate prompts, encouragement to support undertaking activities of daily living”.

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 4.3 & Appendix 7</p> <p>To be completed by: with immediate effect.</p>	<p>A review of internal systems for incident reporting must be undertaken to ensure that all notifiable incidents are submitted to the Commission promptly.</p>
	<p>Response by registered provider: This area of improvement is noted, and a review of internal systems has been undertaken.</p> <p>Click or tap here to enter text.</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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