



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Orchid Care Services Limited**

**Home Care Service**

**9 Bond Street  
St Helier  
JE2 3NP**

**12 and 17 July 2023**

## 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 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) 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's offices are in St Helier and provide a base from where the Registered Manager and Directors work from. It provides personal care and support to people in their homes across the Island, and the type of service delivered is variable, depending on care receivers' needs. The service has a Registered Manager in place, supported by a team of care staff. Both service directors are actively involved in the operation of the service, with their primary focus on quality assurance.

According to the Statement of Purpose, the main objective of the service is to "provide the highest quality of care to clients to ensure they can live comfortably and safely in their own environment".

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u>  Type of care: personal care, personal support,  Category of care: adult 60+, dementia care, physical disability  Maximum number of hours of care that can be provided in total: 2250 hours per week

	Age range of care receivers: 18 years and above  <u>Discretionary</u>  The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 31 October 2025.
Dates of Inspection	12 and 17 July 2023
Times of Inspection	1.30pm – 5.00pm and 10am – 11.30am
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	24

The Home Care Service is operated by Orchid Care Services Limited and has a Registered Manager in place. Since the last inspection on 18 October 2022, the Registered Manager has submitted notifications of incidents, accidents, and other events as required by the Regulations and Standards. The Commission has not received any information or been made aware of any concerns about the service since the last inspection.

## **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.

The management and staff team have continued to develop the good standard of practice seen at the last inspection. The support provided to care receivers were considered person-centred, well-organised, and responsive. The management structure, systems in place, and staff team in collaboration help ensure an efficient and safe service. Care receivers expressed that they were very happy with the standard of service provided and felt their lives were improved by having the staff team support them. Care receivers described the level of consistency and continuity as very good, and they appreciated this.

The service safely recruits staff and provides them with a detailed induction and opportunities for training after that. Arrangements are in place for staff supervision and appraisals. The Standards relating to these areas were found to be well met. Staff felt valued by the service and had confidence in the Manager's abilities. The Registered Manager monitors the number of care hours provided weekly to ensure the service works within the conditions of registration and cross-references against staff availability.

Areas of good quality were identified regarding care planning, which evidenced the service communicates with, listens to, and values the views and wishes of care receivers. The service's quality monitoring and governance systems were exemplary and consistently in line with the Regulations and Standards, which showed the service continually reviews its operation and identifies improvement opportunities.

Health professionals commented favourably on the service. Where there are changes in care receivers' needs, health professionals are informed, and the Manager works in close partnership with external agencies.

There are no areas of improvement from this inspection.

## **INSPECTION PROCESS**

This inspection visit to meet with the Registered Manager at the service's office was announced on July 12, 2023. A further visit was arranged to meet with the Operation's Director and Registered Manager, which took place the following week. Follow-up telephone calls were made to five care receivers and one family member representative between 19 and 21 July 2023.

The Home Care Standards were referenced throughout the inspection.<sup>1</sup>

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

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

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

The Regulation Officer contacted four health professionals and five members of care staff by email during the inspection; six responses were received.

Policies, care records, staff files, supervision records, quality monitoring reports, staff competency assessments, and induction records were examined during the inspection. After the inspection, the Regulation Officer provided feedback to the Registered Manager.

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

## **INSPECTION FINDINGS**

At the last inspection, one area for improvement was identified, this related to the timely submission of notifications to the Commission. The Provider submitted a response describing how they would comply in this regard, and the evidence shows that this has been adequately addressed.

### **Management of the service**

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size and complexity of the service.

The Registered Manager explained that they work closely with both Directors of the service, and collectively their combined skills, knowledge base, and clear vision for

the service contribute towards the common goal of providing the highest quality of care to clients as described in the Statement of Purpose. The Manager clearly understood their statutory responsibilities and the expected Standards and explained their daily role within the management structure.

The Registered Manager's day-to-day role included supervising staff, assessing care receivers, monitoring care practices, visiting care receivers, tending to staff issues, and ensuring the service is being led in line with expected Standards. While the Manager holds a managerial role, they still retain contact with care receivers and this was confirmed by both members of staff and external health professionals. Health professionals commented positively on the responsiveness of the service and described that they had built good relationships with the Manager. One care receiver representative also reported this and explained that the Manager had responded immediately to their request for help and "pressed the buttons to take over X care."

The Manager explained how the service ensures it adheres to its registration conditions, explicitly monitoring the number of care hours provided each week and ensuring sufficient capacity within the staff team to provide the right level of care and support. The Registered Manager considers this when assessing admissions into the service. Records show that the variation in care hours provided is closely monitored. The service has recruited a Deputy Manager to strengthen the team, and they are due to take up their post soon.

Arrangements are in place so that staff receive supervision and appraisals in line with the Standards. Supervision records were seen in staff files, and planned dates of forthcoming supervisions were scheduled. The supervision framework has recently been reviewed and enhanced, strengthening the process to evidence continuous improvement and staff performance. Staff described supervision as positively impacting them and their overall morale and well-being.

The formal supervision arrangements enhance the 'spot visits' carried out by the Registered Manager where staff practice is observed and care receiver feedback is

sought. This gives the Manager an indication of the standard of care and support provided, and they can gain assurance that standards remained consistent.

Samples of quality monitoring reports were reviewed, and the Operations Director described the approach to governance and safety. It was evident that the service has worked very hard to develop its quality assurance systems further, providing a continuous review of the service to make improvements where necessary. The quality of information and detail captured within the monthly reports exemplifies excellent practice.

One key strength of the service is the care receivers' engagement, participation, and inclusion. Care receivers told the Regulation Officer that their views and opinions were always respected, and they were always involved in making decisions. The service seeks and is responsive to care receiver feedback, demonstrating that their experiences are critical in helping to assess and improve the quality of care provided.

Care receivers are given an information pack which contains a variety of guidance and contact details; information on how to raise concerns or make a complaint is included in the pack. There have been no complaints received since the last inspection. Care receivers told the Regulation Officer that they had confidence in the service should any issues need to be addressed, and they said minor problems had been dealt with promptly and well, and their satisfaction was high.

Service level agreements are given to care receivers, which detail the fees payable, provide details about care planning arrangements, and assure care receivers that staff are safely recruited. Invoicing systems are clear with details of care hours provided so that care receivers can cross-reference them against the staffing rosters.

The Statement of Purpose is being reviewed as the service recognises some aspects need an update. A revised version will be submitted to the Commission accordingly.

One health professional described their experience of working with the service and said, “the management team shows and demonstrates professionalism whenever engaging with Orchid Care Services”.

### **Care and support**

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.

The inspection process gathered information from a wide range of sources which found strong evidence to confirm the service provides a consistently good standard of care and support. Care receivers, representatives, and health professionals said the service provides a high standard of care and support; that staff members are responsive and always strive for continual improvement. Comments provided to the Regulation Officer about the service included:

“All the team were incredible, kind, professional and empathetic. Absolutely faultless, the Manager was in constant contact helping me and advising on what to do throughout to ensure X got the absolute best. Truly outstanding service”.

“They [the staff] are always cheerful when they come and they do what I ask and what I need. I feel everything is going well and I’m happy with them”.

“You’ve got no idea how good they are, I know all the staff and who’s coming. They come on time and they help me, in fact I couldn’t be at home without them. They’re wonderful and a really good company. I’m really happy and I’ve got no problems. The Manager always checks in on things”.

“I’ve got nothing but praise and I’m looked after very well. They keep my place lovely as well and the girls are lovely. The Manager pops in and I get a text telling me whose coming in and I can always ring if I had a problem but I’ve never had to do that. They’ve got it sorted”.



“It’s terrific and nothing is a problem. It’s a cracking service and X is really happy with them. They really do bend over backwards to make things better”.

“The staff coming in have given me a boost and I feel better since I’ve had them visiting. They take me for walks and to places I’ve not visited in years and they’ve given me new opportunities and they’re great company and help me with everything”.

Samples of pre-admission assessments were examined, which demonstrated that the Registered Manager assesses care receivers' needs before accepting them into the service. This evidenced that the service operates within its Statement of Purpose and only cares for people whose needs have been assessed. The service has developed its criteria when accepting care receivers from the hospital, which requests that relevant information is shared to enhance communication. An example was provided whereby one care receiver was moving into a care home; the service had worked collaboratively and shared information with the care home as part of the transition arrangements.

Care receivers said they had been fully involved in developing their care plans and described how they discuss their support needs daily with the staff during their visits. The service promotes a person-centred approach to care, as evidenced by a review of care records. These showed that a bespoke service is delivered; staff took the time to get to know the care receiver's wishes and preferences in great detail and recorded them in their care plan. Examples included information relating to their life history, laundry preferences, housekeeping arrangements, music tastes, and leisure preferences. The quality of care planning was exemplary and was an area of good practice.

Care staff have access to care records through their electronic devices, and the system can allow family access, providing consent has been provided. Where specific equipment is required, direction on the use of each is included in the care plan.

Where care receivers require nursing interventions, relevant training has been provided, and registered nurses have assessed staff as part of the delegation process. A review of training records showed that some staff had recently been trained in oral care and disease prevention, an area of good practice.

Systems in place alert the management team to any potential missed visits. The accuracy of carer visit times is routinely monitored as part of governance and quality monitoring; the results showed that care staff essentially meet their visit schedules. Care receivers confirmed to the Regulation Officer that this was the case.

### **Choice and safety**

<p>The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People's rights will be supported and protected.</p>
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At the last inspection, it was identified that the service was required to submit all notifiable events to the Commission. The service addressed this immediately, and all notifiable events are now submitted.

Samples of personnel files showed excellent processes and procedures for safe staff recruitment, which aligned with the Standards. The staff files were well organised, and pre-employment checks were completed before employment commenced, which showed that the service places a great emphasis on safeguarding care receivers through this process.

New staff are provided with a comprehensive induction before commencing their roles. They told the Regulation Officer that they felt they were given adequate support, were sufficiently informed about the systems in place, and had a clear understanding of their roles and responsibilities. They had received training before commencing work, and the Registered Manager was able to evidence that training had been provided, competency to deliver safe care had been assessed, and probationary review records were in place in tandem with 1:1 staff supervision. The staff told the Regulation Officer they enjoyed working for the service, and felt valued, and their comments included:

“I have had a great welcome from the management and the company’s open door policy makes it easier to express any grievances. I was inducted by the Manager and Operations Director who welcomed me into the company and took me step by step through how the company works”.

“I believe Orchid Care Services thrives because of the good rapport which the management team has built with employees and clients alike. The environment is warm and cheerful, and I am at ease knowing that I can do my job with utmost confidence because I am fully trained, fully supported and fully heard”.

“I only have good things to say about Orchid Care, the management are so nice and they are thoughtful regarding their employees and they’re always there to find a solution. We all have a great connection and make a great team which allows us to provide the best for our clients”

Samples of staff supervision, appraisal records, and competency sign-off records were seen, which showed that they were carried out at the required intervals. Care worker competency records were detailed, and their understanding and application of the Home Care Standards in practice were assessed; this was an example of excellent practice. Care worker performance records were also noted, which confirmed the Registered Manager is committed to ensuring supervision and monitoring of staff performance.

The Registered Manager provided information about the systems in place to plan and manage staffing rosters, staff performance and monitor their working hours. It was recognised that some staff had worked beyond the recommended weekly limit on occasions to support one care package effectively. The Manager explained that this has been rectified and corrective actions taken to ensure staff work within the recommended limits.

The Provider invests in and develops the staff team through ongoing training. This includes a blend of e-Learning and practical face-to-face training in mandatory subjects and other topics appropriate to the needs of care receivers. Training records included; oral hygiene, capacity, self-determination, safeguarding, dementia

awareness, and stoma care. Care staff are provided with opportunities to complete vocational training in Health and Social Care; six have completed a Level 3 Award, and four have a Level 2 Award. Staff have also completed stand-alone modules at Level 3 in medication management which the Standards require.

Feedback from one health professional commented favourably about the service's approach to training and said, "Orchid takes their training very seriously and appreciates the importance of face-to-face training, which reflects in the quality of their staff. The staff are commenting on their investment in their learning and development".

Staff can access various policies to guide them in their work; samples reviewed during the inspection included; safe recruitment, safeguarding, management of client finances, gift and lone worker policy. How staff are informed about the application of policies into daily practice was explained during the inspection, which was considered good practice. Managing client finances, social media, and gift policy have been focus areas in response to the service, emphasising care receivers' rights to privacy, confidentiality, choice, and freedom and protection from harm. The service recognises that, in some cases, care receivers may require help from staff to handle their money; this is managed within a clear and agreed framework, with safeguards in place to protect the interests of care receivers.

Feedback from care receivers identified very good continuity of staff and high levels of satisfaction with the staff team. Staff rotas are issued to care receivers which indicated which staff are scheduled to support them; several care receivers commented favourably on this. They also said there was good communication with the office-based staff, and they would be routinely advised of any changes to the planned staff rotas. Care receivers, also through discussions with the Regulation Officer, described the service as reliable and said they felt safe with their care workers.

The care records, discussion with the Registered Manager, and feedback from care receivers confirmed that they can communicate their views about the service and express choices daily. While the care planning systems guide staff in providing care,

care receivers said they could request or ask for various other support dependent upon their needs when care workers visit. This showed that care packages are tailored around individual needs and preferences.

Two health professionals highlighted that the service quickly identifies changes in care receivers' needs and escalates them to the relevant health agencies. One person said that the Registered Manager requested the input of health professionals to ensure care receiver safety and understands the service's limitations.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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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