

Orchard Homecare Services Limited

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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?	Good ●

Summary of findings

Overall summary

The inspection took place on 16 and 17 May 2017 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The service was last inspected by CQC in August 2014, at which time it was compliant with the regulations and rated Good. At this inspection the service remained Good.

Orchard Home Care Services provides personal care to people who live in their own homes in Chester-le-Street and surrounding areas, including Consett and Durham. There were 250 people using the service at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service felt safe. The provider operated an out-of-hours phone line in case of unforeseen circumstances. Staff had received training in safeguarding and displayed a good understanding of what signs could indicate someone who used the service was at risk of harm.

Risks were assessed and managed through pre-assessment and ongoing review, with the involvement of people and their relatives.

We saw there were sufficient numbers of staff on duty to meet the needs of people who used the service. Pre-employment checks, including Disclosure and Barring Service checks, were in place.

We observed no errors in the documentation pertaining to medicines administration. Staff displayed a good knowledge in this regard and regular auditing was in place.

Training was a blend of face-to-face and distance learning, and included safeguarding awareness, moving and handling, infection control, health and safety, first aid and dementia awareness. The registered manager kept a record of when staff were due to refresh training courses.

Staff at all levels liaised well with external healthcare professionals, from who we received positive feedback about the service.

Staff were supported through regular supervision and appraisal, as well as ad hoc support from care coordinators regarding whom we received consistently positive feedback.

People who used the service, relatives and healthcare professionals told us staff were compassionate,

caring, and treated people with dignity and respect. People confirmed staff were encouraging in helping them retain their independence.

People who used the service and staff confirmed they generally received good levels of continuity of carers. They confirmed they were introduced to staff.

We saw people were encouraged and supported to contribute to their own care planning and review, with family members also involved. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We saw that personal sensitive information was stored securely.

People who used the service and healthcare professionals told us staff were accommodating to people's changing needs and preferences.

People who used the service knew how to complain should the need arise and we saw this information was provided to all people who began using the service.

The registered manager and care co-ordinators were described in positive terms by people who used the service and other staff. We found the leadership of the service was strong.

We found auditing and quality assurance systems were in place.

The culture of the service was in line with the goals of the statement of purpose and the customer service guide, focussed on ensuring people could maintain their independence whilst receiving dignified support from staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Orchard Home Care Services Limited

Detailed findings

Background to this inspection

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

The inspection took place on 16 and 17 May 2017 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The inspection team consisted of one adult social care inspector and two experts by experience. An expert-by-experience is a person who had personal experience of using or caring for someone who used this type of care service. The experts in this case had experience in caring for older people.

Before our inspection we reviewed all the information we held about the service. We examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We spoke with the local authority commissioning and safeguarding teams. We also spoke with the local Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

We asked the provider to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. This document had been completed and we used this information to inform our inspection.

During the inspection we reviewed six people's care files, looked at a range of staff records and policies and procedures. We spoke with 14 people who used the service and 7 relatives. We also spoke with nine members of staff: the registered manager, one of the directors, a care co-ordinator, two senior carers and

four care workers. We also spoke with two external health and social care professionals.

Is the service safe?

Our findings

All people who used the service we spoke with told us they felt safe, and that staff ensured they were protected from harm. One person said, "They look after me really well. I trust them and they are kind." Another person told us, "I feel safe enough – no one gives me any bother and I like being in my own place," whilst one relative told us, "My [relative] is very safe with them. More importantly, they are happy and look forward to the carers coming."

People who used the service consistently told us they were confident in the ability of staff to keep them safe, whether through helping them to mobilise or ensuring they were informed if there was to be a delay on a care visit. One person told us, "They ring if they get delayed" and there was a strong consensus of opinion that staff arrived on time. Another person told us, "They've never been late or missed appointments and I always know who is coming and when they're coming". People who used the service also confirmed that, if two staff were required, two staff arrived. We saw that staff were required to log in and out of each care visit, meaning there was a clear record of whether they had arrived and when they left. Where a staff member had not logged into a call within the agreed time, office staff rang them to establish their whereabouts. Care co-ordinator staff demonstrated the rota-planning system and we found it to be efficient and flexible. This helped ensure people were not at risk of neglect but also helped ensure the safety of staff.

We noted a number of staff walked from care visit to care visit, sometimes late at night. The registered manager agreed more could be done to offer staff support to ensure they were safe, such as torches and personal alarms. During our inspection they ordered this equipment for staff. Staff did confirm they had access to an out of hours number for any concerns or emergencies and that this was always staffed. One staff member told us, "They care about the staff, which is one reason I've stayed so long. You can ring through to the office for help and if it's closed it diverts to the mobile number."

People who used the service confirmed they knew who to contact in an emergency and we saw this information was made available to people in the files they were given.

The risks people faced were assessed prior to care staff providing support to people. We saw these risk assessments covered a range of core areas, including mobility, medicines and environmental factors. When we spoke with staff they were able to describe the particular risks people faced and how they supported people to reduce those risks.

Safeguarding training had been delivered to all staff we spoke with. Staff knowledge in this regard was good and staff were able to describe what they would do in a range of scenarios. Staff we spoke with were clear about how to raise concerns they might have about people's wellbeing and how to escalate concerns by whistleblowing (telling someone) if they had concerns about the organisation.

With regard to infection control, people who used the service confirmed staff used personal protective equipment (PPE), such as gloves and aprons, when delivering personal care. One person said, "They are champion. Very careful about cleanliness as well. I tell them they'll wash me away but it's all in fun." During

our inspection we saw there were ample supplies of personal protective equipment, whilst visiting staff confirmed they received the necessary supplies. We also saw infection control refresher training was taking place during our inspection visit. This demonstrated the registered manager ensured staff were aware of the importance of infection control practices and that people were not at risk of acquired infections.

We saw a range of pre-employment checks were in place, such as Disclosure and Barring Service (DBS) checks. The DBS restrict people from working with vulnerable groups where they may present a risk and also provide employers with criminal history information. It also stores and shares criminal history information for when relevant employers request this. Other pre-employment checks included gathering references from previous employers and exploring any gaps in employment. During our inspection we observed the registered manager speaking to a prospective member of staff and requesting further information be provided about their work history. This demonstrated that staff were subject to suitability checks prior to working with potentially vulnerable individuals.

When we spoke with people who used the service and their relatives, they confirmed they had never had concerns about their administration of medicines by care staff, nor could they recall any errors. One relative told us, "They always give him his regular medication and any antibiotics if he's on any. They write it up in their notes and their notes are very detailed and accurate". We saw all staff had received the appropriate medicines training and were subject to regular competence checks via spot checks undertaken by senior carers and the provider's quality assurance officer.

We saw key messages and reminders regarding the safe handling of medicines, infection control, care plan documentation and other topics were shared via the care co-ordinator's and registered manager's newsletters to all staff.

We saw that accidents and incidents were recorded. We saw accidents were infrequent and there were no evident patterns but that systems were in place to record and analyse such incidents.

Is the service effective?

Our findings

People who used the service and their relatives told us they were happy with the levels of support they received from staff, and the timeliness of care visits. People also expressed confidence in the knowledge and ability of staff, with one person saying, "They use a mobile hoist and they seem to know exactly what they're doing," whilst another said, "I think they are really well trained and know what they are doing. My relative is getting more frail now but they do keep a close eye on them and let me know if they are particularly worried."

When we spoke with external professionals they were consistent in their confidence regarding staff training and their ability to successfully meet people's needs. One told us, "They're kept up to date with their knowledge so I think training is sound."

Where people had a specific condition, for example catheter care or the requirement of a percutaneous endoscopic gastrostomy (PEG) tube, we saw staff had been trained in these areas. A PEG is a tube passed into a patient's stomach through the abdominal wall as a means of feeding when oral intake is not possible or adequate. These training sessions had been delivered face to face by visiting nurses. Other courses such as moving and handling were also delivered face to face, with a range of other courses completed online. Staff told us they felt the balance was appropriate to their learning needs.

New staff received a range of introductory training as part of their induction, such as dementia awareness, diabetes awareness, health and safety, moving and handling, infection control, safeguarding and dignity. Where staff were new to the caring profession we saw the provider's training co-ordinator had ensured they had completed the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. Staff also confirmed they were supported to complete vocational qualifications, such as NVQs.

The registered manager used a training matrix to monitor who required what training, whilst individual staff were able to raise any further training needs at regular supervision meetings. We saw these happened, on average, quarterly. Annual appraisals were also in place to ensure staff and their managers had the opportunity to review staff performance, and whether any additional support was required. This meant staff were consistently supported on a formal basis to ensure they had the necessary skills to perform their role.

We reviewed a sample of daily notes and found them to be sufficiently detailed regarding the tasks the carer had undertaken, such that other professionals could use the information to refer to if needed. Communication between members of staff was good, with clear accountabilities set out for care staff and co-ordinator staff alike. All staff we spoke with gave a consistent overview of how they would be introduced to a person and their needs, and how they would document changes in people's care needs.

Staff communicated effectively and efficiently with health and social care professionals to provide care that met the needs of people who used the service and to ensure good health outcomes were met. During our inspection we observed care co-ordinators liaising with a range of external professionals to ensure people

were properly supported. We saw evidence in care plans of regular input from external healthcare professionals such as GPs and nurses. When we spoke with external professionals they told us, for example, "Orchard Care are particularly good. The staff and the co-ordinators have a good understanding of people's issues. You know that they know them when you talk to staff. We do a lot of work with them because of that."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had received training in the MCA and displayed a good understanding of capacity.

In the care files we reviewed we saw people had consented to the care planned. When we spoke with people they confirmed this to be the case and that staff asked for their consent when performing individual aspects of care, such as administering medicines or helping someone to mobilise.

With regard to nutrition, we saw each care file had a specific section detailing people's preferred meal choices, although this was sometimes left generic, for example, "Sandwich and a cuppa." Whilst this side of care plans could be made more detailed and person-centred, people who used the service gave consistently strong feedback about how staff helped them to have the food and drinks of their choice.

Is the service caring?

Our findings

People who used the service were consistent in their praise of the carers they got to know. One person told us, "They are really kind people and work ever so hard." Another person said, "They do their very best, I can't say more than that." One relative told us, "They're great; they're my Dad's lifeline".

When we asked people who used the service about their experiences, the ability of staff to support their independence was a key theme. One person said, "It's not nice being dependent on other people. At first I didn't like asking them to do things for me and I still only really let them do the meals and empty the commode because I like to be independent. I'm getting more used to it now and they are good with me." Other people told us how staff supported them to undertake day-to-day activities to ensure they could maintain levels of independence. For example, one person said, "I have a long call on a Tuesday when they take me out and I get to do some shopping and such." Another said, "I really want to be as independent as I can and continue to do as much for myself as possible. The carer understands that and she will let me try to do things even if it takes me a bit longer." Another person said, "I've arranged for a carer to accompany me to a family celebration so it means that I can go, I think that's great."

People we spoke with confirmed they were treated with dignity and relatives confirmed staff achieved a balance of encouraging people to retain their own independence whilst also helping with core tasks. One relative for example told us, "It's the showering that's the best thing. They really do encourage her but they do it in a gentle way. They can get her to do things that I can't." Another told us, with regard to staff when they helped a person with personal care, "They draw the curtains and maintain dignity that way." Another person who used the service said, "None of them rush me at all which is important because if I'm rushed I get flustered." This demonstrated staff took seriously the need to provide care and support to people in a manner that respected their preferences.

Professionals we spoke with agreed that staff treated people in this manner, with one saying, "They are professional but not distant. They know what's important to people. One girl knew the client's Hoover had broken so took her own along to make sure she could do all the jobs."

One person's relative told us, "It's not even just what they do for her. It's lovely for her to see a nice friendly face and somebody else to have a chat with." The majority of people we spoke with were complimentary about staff spending time getting to know them. The registered manager and care co-ordinator were aware of the benefits of providing a continuity of care to people who used the service and this was factored in to planning the weekly rota. Staff acknowledged that it was not always possible to ensure people had the same carer (for example when annual leave or sick leave occurred) but that care co-ordinating staff tried to ensure people received a continuity of carers wherever possible. People we spoke with confirmed they had the same carers consistently the majority of the time.

We saw recent thank-you cards which provided further evidence of the caring attitudes displayed by staff. One card read, for example, "We have always found care staff so helpful...they helped us settle down with confidence," whilst another stated, "We wish to thank you for the care and support. Without their

exceptional care [Relative] wouldn't have been able to stay at home for so long."

We also saw recent surveys completed by people who used the service. They were consistently positive in response to questions about staff. For example, one question read, "If you could, would you change your care worker?" and all respondents stated they would not. People who responded also confirmed unanimously that someone from the service introduced themselves to them before they started using the service. This again meant there was a focus on people receiving care from staff they knew and that they understood how the process worked.

Whilst no one using the service at the time had an advocate in place staff liaised well with people's relatives to ensure they were supported as fully as needed to make decisions.

We saw sensitive personal information was stored securely and the entrance to the service's office was via a secure door. This meant people's sensitive information was treated confidentially.

We found the culture to be a genuinely caring one. The service's Statement of Purpose outlined in its philosophy of care a focus on people's privacy, dignity and independence and we found staff had consistently delivered in this regard.

Is the service responsive?

Our findings

People we spoke with and their relatives felt their needs were well met and their preferences listened to and acted on through regular review. One person told us, "I was involved in organising my care plan and I get a regular review. I wouldn't hesitate to let them know if I thought I needed anything else. I'm pretty confident that they'd help if they could." Another person told us, "Communication is pretty good. The office staff are all very nice to me and I know that messages get passed on."

People who used the service and staff confirmed that if their circumstances changed, care co-ordinators were able to meet their needs promptly through re-allocating care visits. One person said, for example, "If I have any last minute changes I can just phone, as long as they get 2-3 hours' notice and they're great if I need a favour".

We saw that care files were reviewed regularly and care plans contained sufficient information for carers to undertake the necessary tasks. The registered manager acknowledged that the person-centred content of the care plans could be improved. They had introduced a questionnaire to gather more specific information from people who used the service. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. This questionnaire included questions about what hobbies people enjoyed, their religious preferences and other areas of interest. This meant the registered manager recognised the importance of person-centred care and had taken steps to improve this area of service planning and provision.

When we spoke with staff they demonstrated a good understanding of people's basic care needs but also their individualities. Staff also confirmed that care co-ordinators gave care staff a full overview of each person and their needs prior to giving care. When we spoke with people who used the service, they confirmed staff knew about their likes, dislikes and acted on their preferences. For instance, in recently returned surveys, one person made it clear their preferences with the support they received to shower were not always consistent. We saw the registered manager addressed this immediately to ensure that person was comfortable with the care delivered.

We found evidence regarding a specific risk in one person's care file regarding their history of suffering pressure sores. This information was kept in a separate document at the back of the file and there was no updated risk assessment regarding this person. The registered manager updated the records on the first day of our inspection to ensure the details regarding risk were more readily available to staff. Staff we spoke with demonstrated a good knowledge of the causal factors of pressure sores and how to prevent them. Similarly, when we spoke with external professionals, they were complimentary about staff knowledge in this regard. During our inspection the registered manager also downloaded 'React 2 Red' resources and incorporated these into the in-house pressure sore awareness refresher training. React 2 Red is a campaign to raise awareness with patients, relatives and carers about how to minimise the risk of pressure sores.

We saw there was a complaints policy in place, which was made available to people when they began using the service. We found there had been two complaints recently and that both had been responded to the

satisfaction of the complainant. The registered manager agreed to use a standardised complaints form to record future complaints to enable more detailed analysis of any patterns or trends to complaints. There was agreement from all the people who used the service and relatives we spoke with, that the provider encouraged people to raise concerns and queries, and reacted to them effectively. For example, one person told us, "There was one [carer] used to come, maybe a year ago. They got me depressed. I asked them not to send her anymore and she never came back again. They were very nice about it."

People who used the service were routinely asked for their views on how the service performed and whether any improvements could be made. These surveys were currently undertaken approximately every six months and we saw evidence the registered manager acted on the comments made in the surveys.

One external professional told us, "They dealt with one particularly difficult case really well. The person was being quite aggressive and they were calm, patient and made sure they worked with us and the person to get a solution they were happy with. They have been very flexible to make sure the person could stay at home." This demonstrated that staff were able to act flexibly to ensure people's changing needs could be met.

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place. They had been at the service since 2011. They had significant experience in adult social care and were supported by an experienced office staff team and enthusiastic care staff who knew the people who used the service.

People we spoke with were complimentary about how the service was run and the levels of accountability they felt were present throughout the service. One person told us, "They came to see us and they went through everything. The top person comes from time to time and we get phone calls asking if everything is alright. They are good at keeping in contact with us." One person's relative said, "The office staff and management are great, there's great interaction between the office and myself. They're always willing to listen and help you".

We found morale to be good and staff consistently told us they were made to feel part of a team. For example, we saw regular team meetings were held and, when staff could not attend due to other commitments or working nightshifts, they were given access to the minutes of the meetings. The registered manager and care co-ordinators also produced their own 'newsletters' which contained pertinent updates for staff. These included reminders to log in on arrival at a care visit, and instructions to staff where people had given feedback, for example if a previous carer had forgotten to empty a bin. These newsletters were affixed to the weekly rotas which staff received. This meant the registered manager ensured staff received timely and pertinent updates regarding their practice and people's needs through a range of means.

One staff member told us, "They genuinely care about their staff and the people we're supporting. They are fair and have been flexible with me." They explained their personal circumstances and how care co-ordinators and management had been accommodating in terms of ensuring they could continue in their role but also meet personal commitments. Another member of staff said, "I took the role as an interim thing but I love it. The co-ordinators are really switched on and the manager is supportive." We spoke with staff at all levels, who all spoke positively about the levels of support they received from the registered manager and care co-ordinators.

The registered manager displayed a sound understanding of CQC regulations and had made appropriate notifications. During the inspection we asked for a variety of documents to be made accessible to us. The registered manager was able to provide all the relevant information and we found records were clear, easily accessible and contemporaneous. We saw the previous CQC report displayed in a communal area, whilst people who used the service received a comprehensive file of information about how the service worked and what they could expect from staff.

The registered manager demonstrated a willingness to keep abreast of best practice and was reviewing the National Institute for Care and Health Excellence (NICE) guidance on medicines administration for adults in receipt of social care. We also observed the registered manager liaising well with external healthcare professionals to ensure they benefitted from local specialist advice.

External professionals we spoke with confirmed they found the registered manager approachable and staff to be helpful in terms of their own professional queries but also in terms of meeting people's needs. One told us, "I've always held them in high regard – they're always flexible and you can't really fault them. We do a lot of work with them and they are always flexible."

The registered manager showed us the governance systems in place that monitored staff performance and ensured they were accountable and subject to scrutiny. The registered manager delegated auditing work to senior carers, co-ordinators and others, whilst maintaining oversight of it. Audits included medicines audits, financial audits, hand hygiene audits, care records audits and audits of complaints. We saw instances of where errors had been identified and corrective actions put in place. This demonstrated the registered manager ensured there was adequate oversight of care practices to identify where improvements could be made.

We saw surveys were undertaken every six months to establish if there were consistent areas of negative feedback from people who used the service. We reviewed a range of surveys and found the feedback to be consistently positive regarding the timings of care visits, staff attitudes and practice.

All staff we spoke with displayed a positive attitude and outlook regarding how they could help the service maintain levels of care delivered to people.

All staff we spoke with described their role in line with the ethos of the organisation and as described by the registered manager. This demonstrated the registered manager had sustained a culture of delivering high quality care that focussed on people's needs and their desire to remain independent.