

Orchard Home Care Services Limited

Orchard Home Care

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

We undertook an announced inspection to Orchard Homecare Services on 12 and 18 August 2014. We told the provider two days before our visit that we would be coming. Orchard Home Care Services Limited provides

personal care services to people in their own homes. At the time of our inspection 260 people were receiving a personal care service. Some people were funding their own care through direct payments. Other people had their care purchased by Durham County Council.

At our last inspection in 5 June 2013 the service was meeting the regulations inspected.

Summary of findings

The service had a Registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People using were safe because there were appropriate numbers of staff with suitable skills and experience to ensure the risk of harm to people was minimised. We saw that where last minute changes to care were required the service had a system in place that allowed them to be flexible to ensure people's needs were met.

Staff received training relevant to their job role and where additional specialist training was required the service sought the support from relevant health professionals such as district nurses. Staff had the skills, knowledge and experience required to support people with their care and support needs.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Care plans were kept in

people's own homes so staff always had access to the correct and up to date information. People using the service spoke positively about the people who cared for them although we did receive some comments that we brought to the attention of the provider to address.

Staff supported people to make healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

The registered manager was professional and had a good detailed understanding of the service and the people who used it. Staff, people who used the service and relatives told us they felt able to speak with the registered manager when they were concerned and shared examples of when things had gone wrong which needed to be put right. People took part in annual surveys which meant they were able to express their opinion on the quality of care provided. To ensure people received good care the registered manager and senior care staff undertook spot checks to review the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The service had a system in place for reporting incidents and responding to concerns. Staff we spoke with were aware of how to identify and respond to possible abuse because they had received appropriate training.

Where people had cognitive impairments staff were aware of the requirements under the Mental Capacity Act 2005 and how to access appropriate support.

Assessments of people's needs were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were appropriate staffing levels to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective

Staff had suitable skills, knowledge and experience to meet people's needs. There was regular on-going training to ensure they had up to date information to undertake their roles and responsibilities. Where staff required specialist training this was provided.

People who required support with eating and drinking had care plans in place so staff knew what to do.

People who had changes in health conditions staff contacted relevant health professionals to ensure people received the care and treatment they required. Staff also followed the advice of health professionals whilst delivering people's care.

Good



Is the service caring?

The service was caring

People who used the service spoke positively about the staff who cared for them.

People told us staff were respectful of people's privacy.

People were involved in the planning of their care and the support they received.

Good



Is the service responsive?

The service was responsive

Care plans were in place outlining people's care and support needs as well as likes and preferences to ensure a person centred approach to care was adopted.

People knew how to make complaints and where these had been made the service had responded to people's concerns.

Where people had changes in their care needs or where people required immediate support the service had a system in place to ensure care was delivered.

Good



Summary of findings

Is the service well-led?

The service was well-led.

Staff told us they were supported by their registered manager . The office was well organised with information for staff in relation to training, meetings and notices clearly displayed for staff to see.

The registered manager regularly checked the quality of the service provided and ensured people were happy with the service they received through the use of audits and questionnaires.

There was a system in place for recording and reporting incidents and where necessary the service provided notifications to relevant authorities.

Good



Orchard Home Care

Detailed findings

Background to this inspection

We undertook an announced inspection to Orchard Home Care Services Limited on 12 and 18 August 2014. We told the provider two days before our visit that we would be coming. A single Adult Social Care inspector undertook the inspection with the assistance of an expert by experience who contacted people via telephone on our behalf following the visit. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR). The PIR includes information from the provider about areas of good practice and areas for future improvement under each of the five questions.

At the last inspection on 5 June 2014 we found the service met the regulations we inspected.

During our inspection we went to the provider's head office and spoke with two registered managers, reviewed the care records of 20 people that used the service, reviewed the records for nine staff and records relating to the management of the service.

After the inspection visit we undertook phone calls to four care workers, 48 people who used the service and their relatives. We also sent surveys to 50 people who used the service to ask for their views about Orchard Care

We spoke with a social worker and Durham County Council to obtain their views on the quality of care provided.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person told us, “I feel comfortable that I am safe and my things are safe, they always treat me as a person, a human being”. Another person said “I know most of the people that come out. I get one regular and only have to have someone different when they are on holiday. They know me and I know them and we get on well together”.

Other comments included “We are never really out of each other’s sight’ but on the whole he said “Oh yes, I trust them”.

However some people did not talk positively about the service and said “some staff lack common sense”. They gave examples such as “the smoke alarm is placed over the cooker and regularly goes off if you cook sausages. The carer said to take the batteries out”. We reported the comments to the registered manager to investigate.

People using the service did not always feel staff were well trained but were not able to articulate why they felt that way. We looked at the staff training records and spoke with staff who told us they had received training in safeguarding vulnerable adults, health and safety as well as lots of other topics.

A safeguarding policy was available and this was part of the induction pack which was given to staff to read. Staff we spoke with were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One member of staff we spoke with told us “we get lots of training both in mandatory things, such as health and safety, and other things. I go on as many courses as I can and they pay me for my time”.

The registered manager informed us any concerns regarding the safety of a person were reported by the care staff team to the main office and if necessary the concerns were raised with the person’s social worker or other health professionals where necessary.

We saw the service had a system in place for recording and reporting incidents which occurred. We also found where incidents had happened these were reported to CQC and

other agencies such as the local authority safeguarding team. This meant other organisations had oversight of the incidents that happened in the service and the actions that had been taken to keep people safe.

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. We saw in people’s records where they were not able to make decisions regarding their care and treatment the service had met with professionals, family members and others advocating on people’s behalf to ensure care was delivered in accordance with people’s best interests.

Assessments were undertaken at the time and prior to care being started to assess any risks to the person using the service and staff supporting them. The assessments included environmental risks and any risks due to the health and support needs of the person. The risk assessments we viewed included information about action to be taken to minimise the chance of the risk occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed with the use of equipment if necessary. The provider was ensuring any risks to people were identified and minimised.

Where people required the use of a hoist. Training had been provided to staff from relevant health professionals and trainers to enable staff to know how to use the hoist safely, however where people had conditions which could lead to declining mobility care records were not always comprehensive to inform staff of changes to people’s needs. . The registered manager informed us they would update the information in people’s records so that any new staff supporting this person would have access to the required information.

We also found the service had a computer system that staff used to input information relating to people who had known risks such as poor mobility or a deteriorating health condition. The system flagged up to staff when to review records to ensure people’s care plans were always up to date which added to ensuring people using the service had appropriate risk assessments and care plans in place.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using

Is the service safe?

the service and we saw that the number of staff supporting a person could be increased if required. However one staff member told us "Things can get very stressful around holiday times, and I sometimes have a 12 hour day". This meant staff were often working longer hours than usual to cover absences.

The registered manager had a system which reported on the number of late and missed calls on a weekly and monthly basis and following the report if required the service implemented an action plan to ensure each person received the care they required.

The registered manager informed us the service had not had any missed appointments and records we looked at confirmed this. If staff were unable to attend an appointment they informed the registered manager in advance and cover was arranged so that people received the support they required.

We received information from a person who did not wish to be identified that the service employed people without the

appropriate checks in place. We looked at the recruitment records of all recent people employed by the service and found there were suitable recruitment procedures in place and the required checks were undertaken prior to staff starting work.

The registered manager informed us applicants attended an interview to assess their suitability and interview records showed this from the details recorded. The records we looked at contained notes of the interviews and a signed employment contract where people had been offered a job.

The staffing records we looked at showed that staff had previous experience of working in health and social care settings. The registered manager told us they always tried to recruit people who had relevant experience. This meant people were cared for by skilled and experienced staff which prevented them from being placed at risk of harm.

Is the service effective?

Our findings

We looked at staff training and induction. Some of the comments we received from people were “Oh aye, they know what they are doing”. The person then told us “The lad who comes is about 6ft tall and he puts me at my ease. They never seem rushed or make me feel that they are rushing”. Other comments included “We have two wonderful young ladies coming in and they are brilliant and most professional”.

Staff had the knowledge and skills required to meet the needs of people who used the service. Training was provided on an on-going basis and there was an on-going training programme for all staff working in the service which included some specialist training where it had been identified. The training records we looked at confirmed that staff had completed the required training.

Additional training in areas such as catheter care and diabetes had been delivered from health professionals such as district nurses where it was identified staff required further knowledge and skill.. Records we looked at confirmed staff had received training in areas they required to ensure people they cared for received appropriate care.

In addition to the mandatory training all staff were completing vocational courses in health and social care which increased their skills and knowledge in how to support people with their care needs but also in a respectful and dignified way. One person told us “They treat us with respect and we don’t know how we would manage without them”.

Staff received regular supervision and appraisal from their registered manager . These processes gave staff an opportunity to discuss their performance and identify any further training they required as well as any other concerns or issues they had

We looked at the care records of one person who had a learning disability and needed to develop and build good relationships with staff to ensure their care needs were

met. The person had a specific team of staff that were knowledgeable in their communication needs and also aware of the person’s complex needs. The structure in place allowed staff and the person to build trusting relationships but also develop good understanding of the person’s needs.

Where people needed support at mealtimes to access food and drink this was documented in the person’s care plans. Care plans detailed instructions on types of food and drinks the person liked. Training records showed staff who received training in food safety and were aware of safe food handling practices.

We also found where a person had specific dietary requirements these were detailed in people’s care records to ensure people received safe and appropriate nutrition.

Office staff we spoke with confirmed before care staff left their visit they were to ensure people were comfortable and had access to food and drink. This meant people were supported to access adequate nutrition and hydration. People during our telephone interviews did not make any comments about the support they received from staff in relation to nutrition and hydration.

People using the service did not make any comments about how they accessed health services but staff working in the service told us they supported people to make appointments or liaised with family carers where required to ensure people received appropriate health care.

However one person did tell us “I was admitted to hospital recently with pneumonia. the Dr said I should have been there earlier, but my carer had told me it was just a common cold”. We informed the registered manager of the comments we had received to ensure this was investigated.

People’s care records included the contact details of their GP so staff could contact them if they had concerns about a person’s health. Staff told us where they had more immediate concerns about a person’s health that they called for an ambulance to support the person and support their healthcare needs.

Is the service caring?

Our findings

Most of the comments we received from people were positive, with the exception of the time allowed for the visit. One person said “We would give these carers a 100% compliment, they are really nice and we couldn’t wish for anyone better to come into our home and do this for us”.

Other comments we received were the staff are “good at what they do and really kind”, “I get on great with all the girls who come”, “marvellous, they are all very, very good. I have a bit of crack with them”.

One person’s relatives told us “Two lovely young boys come in and they are really kind, they do a very good job”.

People told us they were invited to make comments and suggestions about the service and also were supported to make contact with registered manager s should there be a problem. One family told us they were not “satisfied with what was happening” and they got in touch with the office and “a registered manager came out to discuss our concerns and the service improved”. ‘

One person’s relative told us “We have the same carers as we had when the plan started in 2009. One of them in particular is extremely good and, talk about go that extra mile, she would go that extra 20 miles for us”.

We were told by the registered manager the majority of people who received personal care from Orchard Home

Care Services Limited had capacity to make their own decisions at the time of our inspection. Those funding the service through direct payments had made the choice to use Orchard Home Care Services Limited and had a contract in place outlining the expectations of both parties.

People using the service were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. We saw care plans had been signed by individuals or their carers to suggest they agreed to its contents.

For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their ‘best interest’ in line with the Mental Capacity Act 2005.

The registered manager told us that if they had any concerns regarding a person’s ability to make a decision they would contact the relevant local authority or social worker to ensure appropriate capacity assessments were undertaken. We did see in some people’s records where this had happened.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people who used the service in a welcome pack which had been put together by the provider.

Is the service responsive?

Our findings

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks such as taking medication or making drinks for themselves rather than doing it for them. We also found where advice and guidance had been given to staff regarding physiotherapy exercise this was carried through. One person told us “they try ever so hard to get her to walk, so she doesn’t lose the use of her legs and they do stretching exercises with her”.

Staff we spoke with were knowledgeable about the people they supported. Care records detailed people’s preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. A file was kept in the person’s own home and was up to date so staff were always aware of people’s current needs. We looked at a sample of records brought from people’s own homes and the information contained within them was comprehensive and detailed which meant staff were able to familiarise themselves with people’s needs effectively.

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. We noted that one person’s care plan had not been updated to reflect their current needs and how their health problems relating to their Parkinson’s disease could impact on their psychological well-being and physical health. We brought our concerns to the immediate attention of the registered manager who told us they would seek training for staff in the areas of Parkinson’s disease and would update the person’s care plan to reflect their current needs.

One person told us “I like to chat to them, I chat them to bits, but they say they have other people to see to and so they go’. The person said “sometimes come late to me, and then rush off and other people are ‘stealing my time’”. However other people told us they were satisfied with the time people came and the care they received.

Staff said, “I am always kept updated if people’s times change or if my work plan had changed.” The office had a

system which was constantly being updated by the staff which meant due to people’s needs they may have required additional support last minute which the agency provided.

A Local Authority representative said the service was very accommodating and would provide care with an immediate start if required. During our inspection we saw a referral that had come in where a person required immediate care.

We saw the service’s complaints process and information was information given to people when they started receiving care. People confirmed to us they knew how to make a complaint. At the time of our inspection the service had received a complaint regarding the amount of changes there was in the person’s carers. We found the registered manager had responded by speaking with the person, their relative and staff team concerned and ensured future calls were made by a specific staff team. We could see from the information provided the complaint was responded to in a way that satisfied the complainant.

Other comments we received were “I haven’t been satisfied with the cleaning and I ring up and tell them, but they don’t do anything about it”. We informed the registered manager of the comments we had received and were told they would take action to rectify the person’s concerns.

Another person told us “We had a carer once who was no good, we told the office and they dealt with it and we never saw her again”.

Staff told us they felt there was good communication with Orchard Home Care Services Limited and the people who used the service. There were opportunities for them to feedback about the service they received. For example people who used the service were given contact details for the office and who to call out of hours so they always had access to senior registered manager s if they had any concerns. However one person did tell us when they called the office to speak with the registered manager “you can never catch them in”.

Satisfaction questionnaires were available to obtain feedback from people who used the service. At the time of our inspection these had been received by the service and majority of the feedback was positive.

Is the service well-led?

Our findings

The service had a registered manager in post since 14 January 2011.

Staff spoke positively about the service telling us it was a good place to work and that they were well supported by the registered manager and care co-ordinators. Staff records we looked at showed people had regular contact with their registered manager through supervision training.

Staff felt the registered manager was available if they had any concerns. They told us, “I know if I have any problems I can speak with the registered manager.” They said the registered manager was approachable and kept them updated with any relevant information they needed to know about the service such as new people coming to use the service or changes in management arrangements.

We found the office was well organised there was information displayed on white boards which was relevant to the running of the service such as memos, training and information regarding meetings.

We found staff were appropriately supervised and the documentation used during staff supervision incorporated the well-being of the staff member as well as information relating to training and care practices. We saw the registered manager ensured people received regular training and supervision to ensure they were confident and competent in their job roles and kept records of supervisions and training completed.

Staff were aware of the reporting process for any accidents or incidents that occurred. We saw from records what action the service had taken to respond to the accidents or incidents and these were reviewed on a monthly basis to observe trends and also look at ways at reducing and minimising risks.

The registered manager monitored the quality of the service by speaking with people to ensure they were happy with the service they received and completing an annual questionnaire. The registered manager and senior staff undertook unannounced spot checks to review the quality of the service provided and ensure care staff were at the places they needed to be at the correct times.

A report on each of the spot checks was recorded and kept on individual staff files and were referred too during supervisions if issues had been identified. We saw one example of where this had been used to have further discussions with a member of staff who turned up to a person’s home late and not appropriately dressed. The spot checks also included reviewing the care records kept at the person’s home to ensure they were appropriately completed.

We also found a number of quality audits were carried out by the registered manager to ensure people’s care records were up to date and where the service administered people’s medication audits were equally in place. The service recognised that systems relating to the management of updating records required reviewing to ensure records were always up to date. The service had commenced a review of this work during our inspection and told us they would update us with the action they were taking to minimise the risk of care records not always being updated.

Overall we found the service aspired to provide high quality of care and the information we received from relatives, carers and the review of records told us the service provided good quality care to people.