

Orchard Homecare Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Orchard Home Care Services Limited is a domiciliary care agency providing personal care to people living in their own homes. It provides a service to children, young adults and older adults. At the time of inspection, 168 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Quality assurance measures were in place, but audits had not identified some of the issues we found during the inspection. Some records needed further strengthening, and positive changes needed to become embedded within the service.

Call times continued to be inconsistent. Travel time had been introduced between each call, but this was not always sufficient. We have made a recommendation about continuing improvements to call times.

The provider had improved its systems for assessing and managing risks to people. The provider was reviewing and updating people's care records. However, guidance in care plans was not always consistent or robust enough.

Systems for the safe management of medicines had improved. Some inconsistencies within the records remained, however the provider had started to address these.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice. Best interest decisions were not always robustly recorded.

Staff were recruited safely. Although the provider had faced difficulties with staff retention, there was an ongoing recruitment programme. Effective safeguarding procedures were in place and people told us they felt safe. Lessons had been learnt following the previous inspection. The provider had safe infection control procedures in place.

The provider worked well with professionals and referrals were made when appropriate. Staff had the right competence, knowledge and skills to carry out their roles.

People were well supported and treated with kindness and respect. Systems were in place to promote people's privacy, dignity and independence. Care plans had been updated to reflect individual preferences. People were encouraged to express their views in a way which was suitable for them.

Care plans were person-centred and took into account people's preferences and their likes and dislikes. Complaints and concerns were investigated and were discussed in person where possible. Communication care plans were in place to support staff to communicate effectively with people. People were supported to make decisions about their end of life care.

Staff morale was improving, and staff told us the registered manager was approachable and supportive. The provider understood the need to be open and honest when things go wrong. People, relatives and staff were involved and engaged with the service. Feedback was sought through questionnaires and meetings. Professionals spoke positively about their involvement with the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 25 June 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made, however, not enough improvement had been made and the provider was still in breach of regulation.

This service has been in Special Measures since 25 June 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We checked to see whether the Warning Notices we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

You can read the report from our last inspection, by selecting the 'all reports' link for Orchard Home Care Services Limited on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continued breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Orchard Home Care Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 2 hours' notice of the inspection. This was because we needed to be sure that the provider or the registered manager would be in the office to support the inspection.

Inspection activity started on 22 November 2021 and ended on 29 November 2021. We visited the office location on 22 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and 13 relatives about their experience of the care provided. We spoke with 11 members of staff including the nominated individual, two directors, the registered manager, and seven care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who work with the service. We received written feedback from two members of staff.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection in May 2021, the provider failed to provide staff with sufficient time and training to complete their tasks. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were recruited safely with appropriate pre-employment checks in place.
- The provider continued to face difficulties with staff retention, due to factors including the impact of the pandemic. However, the provider had an ongoing recruitment programme in place and had recently employed a number of new support workers.
- Periods of staffing shortages had affected the consistency of call times. One person told us, "The call times are a problem but I do realise it can be difficult with sickness or emergencies. If they arrive late, they do let me know as best as they can."
- The provider had introduced a minimal travel time between each call. Staff told us this had helped the rotas but was not always enough when they were covering a large area. The provider informed us they are looking to increase the travel time where they can.

We recommend the registered provider continues to review and implement processes to ensure call times are consistently planned and carried out.

Assessing risk, safety monitoring and management

At our last inspection in May 2021, the provider failed to effectively manage risk. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had improved its systems for assessing and managing risks to people. The provider was in the process of reviewing all care plans and risk assessments. However, further work was required to ensure care records consistently contained all important and up to date information to enable staff to safely

support people.

- Care plans contained information about people's medical conditions, including the impact and risks associated with those conditions. However, guidance was not always consistent throughout the care plan, for example, one person's care plan contained conflicting information as to whether this person had a catheter.
- Guidance for staff around people's dietary needs had improved but was not always consistent or comprehensive. One person had been assessed as requiring a level 5 'mince and moist' diet but there was limited information for staff around this need.

Using medicines safely

At our last inspection in May 2021, the provider failed to have appropriate systems in place to manage medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems for the safe management of medicines had improved. Some omissions and inconsistencies remained within the medicine records. For example, the correct codes were not always used to explain why a medicine had not been administered. Staff did not always consistently record dosages of medicines. The provider had started to address these omissions during inspection.
- The provider had introduced a new booklet for staff to record each person's medicines.
- Staff were confident in their ability to administer medicines. Staff had received up to date training and had spot checks to assess their knowledge. One staff member told us, "We have lots of medicines training and we get memos to inform us of any changes. The new recording system is a lot easier."

Systems and processes to safeguard people from the risk of abuse

At our last inspection in May 2021, the provider failed to have appropriate systems in place to manage allegations of neglect and safeguard people from the risk of abuse. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made to manage allegations of neglect and safeguard people from abuse and meet the breach of regulation on this part. However, the provider remains in breach of regulation 17 within the key question well-led. Please see the well-led section below.

- The service had implemented an effective safeguarding procedure. Any concerns were dealt with promptly and investigated.
- People and relatives told us they felt safe. One person told us, "I very much do feel safe and well cared for."
- The service had a clear safeguarding policy and staff understood their responsibility to protect people from the risk of abuse. One staff member told us, "I had refresher training in safeguarding just a few weeks ago, I know what to look out for and I have no concerns."

Learning lessons when things go wrong

At our last inspection in May 2021, systems were not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Lessons had been learnt following the previous inspection and improvements had been made.
- The provider had created action plans to address the previous concerns raised. The provider worked openly and transparently with the Commission to implement positive changes.
- Missed calls were monitored by the service and reviewed each month. The provider took steps to learn from such incidents to try and prevent reoccurrence.

Preventing and controlling infection

- The provider had safe infection control procedures in place which were in line with current national guidance.
- Staff had received COVID-19 specific training and had access to appropriate PPE.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last comprehensive inspection in May 2021, this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection in May 2021, we found the provider failed to record people's capacity and ability to consent to specific decisions. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made to record people's capacity and ability to consent to specific decisions and meet the breach of regulation on this part. However, the provider remains in breach of regulation 17 within the key question well-led. Please see the well-led section below.

- The provider had made some improvements to ensure they were working within the principles of the MCA but these were not always consistently embedded. Decisions made in a person's best interests were not always robustly recorded or regularly reviewed.
- The provider appropriately assessed people's capacity to consent to their care and this was recorded within the care records.
- Staff sought people's consent before providing personal care. One person told us, "Oh yes, [staff] always ask before they provide care."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection in May 2021, the provider failed to adequately assess people's needs and provide clear guidance for staff. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made to assess people's needs and provide clear guidance for staff and meet the breach of regulation on this part. However, the provider remains in breach of regulation 17 within the key question well-led. Please see the well-led section below.

- The provider assessed people's needs and choices. The provider was in the process of reviewing each person's care records.
- Improvements had been made to the assessment process. However, further improvements were needed to ensure staff were provided with accurate, robust and up to date information about the people they supported.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

At our last inspection in May 2021, the provider failed to transfer key information provided by the local authority into people's care records and keep care records up to date. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made to transfer key information provided by the local authority into people's care records, keep care records up to date and meet the breach of regulation on this part. However, the provider remains in breach of regulation 17 within the key question well-led. Please see the well-led section below.

- The provider had worked well with other professionals following the last inspection. The provider had regular meetings with other agencies with a view to improving people's care and the quality of the records. One professional told us, "The provider has engaged well and has been committed to addressing the issues."
- The provider had clear systems and processes to refer people to external professionals where needed. One professional told us, "They contact us if there are any problems and we work together as a team to resolve any issues."
- Care records contained relevant contact information for people's specialist healthcare teams. This information was easily accessible for staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. Staff encouraged people to have regular drinks to prevent dehydration.
- Where people required a modified diet, such as soft food or fortified liquids, this was recorded in their care records. Guidance for staff around people's dietary needs was not always consistent or comprehensive.
- People's nutritional likes and dislikes were recorded in their care records.

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge and skills to carry out their roles.
- New members of staff underwent an induction which included training and supervision. New staff worked

with more experienced staff until they felt comfortable and confident to carry out their duties.

- Staff had received up to date training in key areas such as moving and handling. Staff spoke positively about the training. One staff member told us, "We have done lots of training recently and some of it has been brilliant. [The registered manager] is great at arranging training for us and open to any request we have."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At the last inspection in May 2021, the provider failed to keep timely and relevant care plans. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made to keep timely and relevant care plans and meet the breach of regulation on this part. However, the provider remains in breach of regulation 17 within the key question well-led. Please see the well-led section below.

- People were well supported. The provider had reviewed and updated people's care plans so that they were more relevant to people's individual needs.
- People were treated with kindness and respect. People we spoke to were consistently positive about the caring nature of staff. Comments from people and relatives included, "[The carers] are lovely, brilliant" and "[The carers] are very nice and help to put [person] at ease when they visit."

Respecting and promoting people's privacy, dignity and independence

At the last inspection in May 2021, the provider failed to have systems in place to promote and meet people's needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made to systems in place to promote and meet people's needs and meet the breach of regulation on this part. However, the provider remains in breach of regulation 17 within the key question well-led. Please see the well-led section below.

- Systems were in place to promote people's privacy, dignity and independence. Staff spoke positively about their role in maintaining people's independence. One staff member told us, "I love my job. It enables me to make a difference and help people to stay in their own homes for as long as possible."
- Care plans had been updated to reflect people's individual preferences. People consistently told us they were treated with dignity and respect.
- As much as possible, staff supported the same people and were able to build positive and trusting relationships with them. One person told us, "We get on like a house on fire. It's a good relationship and we

have good banter."

Supporting people to express their views and be involved in making decisions about their care

- The provider supported people and their families to be involved in creating and reviewing their care plans. The provider carried out home visits to ensure people understood their care and had an opportunity to ask questions.

- People were encouraged to express their views in a way which was suitable for them. Communication care plans were in place which helped staff to communicate with people in the most effective way possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection in May 2021, we found systems were not in place to ensure people received personalised care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made to systems in place to ensure people received personalised care and meet the breach of regulation on this part. However, the provider remains in breach of regulation 17 within the key question well-led. Please see the well-led section below.

- The provider was reviewing and updating people's care records. People were involved in these reviews, as were relevant professionals and family members where appropriate.
- Care plans were person-centred and contained information which was important to each person. For example, the provider took into account people's preferences, their likes and dislikes, their life history and their social circumstances.

Improving care quality in response to complaints or concerns

At our last inspection in May 2021, we found the quality of care had not improved in response to complaints and concerns. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made to improve the quality of care in response to complaints and meet the breach of regulation on this part. However, the provider remains in breach of regulation 17 within the key question well-led. Please see the well-led section below.

- The provider investigated complaints and concerns and used these as an opportunity to improve the service.
- People knew how to complain, and any complaints were investigated. The co-director and registered manager visited people who had raised concerns to discuss the issues face to face. This helped improve outcomes for people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the AIS.
- Robust communication care plans were in place. These plans provided staff with important information about each person's individual communication needs. They supported staff to communicate effectively with each person.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care plans were in place for people's preferences and wishes, where applicable.
- Staff had received training in end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; continuous learning and improving care

At our last inspection in May 2021, the governance and quality monitoring at the service was not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality assurance measures were in place and improvements had been made following the previous inspection. However, audits had not identified the issues we found on inspection, including the areas of the care plans which required more robust information, the omissions and inconsistencies within the medicine records, and the limited recording and reviewing of best interest decisions.
- Some records needed to be strengthened further, and positive changes needed to become embedded within the service.

The governance and quality monitoring of the service was not always effective. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider understood the need to be honest when things go wrong. The provider had communicated clearly with people, staff and relatives, following the previous inspection, and been open about the concerns raised.
- The provider had submitted notifications to the Commission when required, in line with regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection we found systems were not in place to provide person-centred care and promote a positive culture. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made to have systems in place to provide person-centred care and promote a positive culture and meet the breach of regulation on this part. However, the provider remains in breach of regulation 17 within the key question well-led. Please see the well-led section below.

- Care plans and risk assessments were being reviewed and improvements had been made. Care records contained better information to support staff to achieve good outcomes for people. Some areas of the care records required more consistency and robust guidance for staff.
- Staff told us morale within the team was improving. Staff comments included, "Staff morale is up at the moment, we've got some new carers coming through the door" and "The changes are working out for the better, I've not heard any negative complaints from staff recently."
- Staff consistently told us the registered manager was approachable and supportive. Staff comments included, "[The registered manager] is always available to talk to and is a good manager" and "[The registered manager] listens to you and resolves issues."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider involved people, relatives and staff through questionnaires, surveys and home visits. Team meetings had started again, and staff spoke positively about these. One staff member told us, "We can give feedback and suggestions in the team meetings, they are really helpful. We can say what is working and what isn't, and this is listened to and acted upon. We also get feedback from the previous meeting."
- People and relatives told us communication had improved. One person told us, "We get a lot more communication now, we have had feedback from the surveys, and the care plan has been reviewed and updated."
- The provider worked well with others. One professional told us, "They work very well with us and I can always get in touch with someone. [The registered manager] is always in contact and asks for feedback about how people are getting on."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17(1) and (2)(a), (b), (c) and (f). Systems and processes to support good governance were not robust.