

Orison Health Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Orison Health Ltd is a domiciliary care service providing personal care to people in their own houses and flats in the community. The service is based in Barnsley. At the time of our inspection there were 3 people using the service. 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

People felt safe, and staff knew what to do if they thought people were at risk. Staff recruitment processes were robust and staffing levels ensured peoples' needs were met. The provider followed current infection prevention and control guidance.

People's needs were assessed and reviewed regularly, and staff were trained to provide support whilst promoting independence. People praised the staff for their care and kindness. They said staff were friendly and helpful. People and relatives said staff were reliable and on time. There was good continuity of care, so they saw the same regular care staff members. Staff made sure people were treated with dignity and respect, and their privacy was protected.

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; the policies and systems in the service supported this practice.

Staff were trained and supported to carry out their job safely and effectively. People had confidence in staff's abilities and competence.

Systems were in place to monitor quality and safety. The registered manager audited care and support and medicine records to assure themselves of quality.

There was good communication between the management and people who used the service. The registered manager carried out spot checks and reviews to make sure people were satisfied with the care service they received.

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

This service was registered with us on 14 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Orison Health Ltd

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to

make.

During the inspection

We spoke over the telephone with 1 person who used the service and 2 family members. We spoke with the registered manager who is also the nominated individual, a care coordinator and contacted 3 staff by email to receive feedback. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We visited the office location to review written records. We also used technology such as electronic file sharing to gather information. We looked at 3 people's care records. We checked records relating to the management of the service including staff files, policies and procedures and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The service had safeguarding procedures in place to report concerns to the relevant professionals including the local authority and the CQC.
- People told us they felt safe. People said, "I trust all the staff" and "The staff are really good, it doesn't feel like strangers visiting." Relatives said, "Yes [name] is safe and knows all the staff who visit."
- Staff had completed training in safeguarding. The registered manager and provider were clear how to recognise signs of abuse or neglect and were knowledgeable about the procedure for reporting safeguarding concerns.

Assessing risk, safety monitoring and management

- The service ensured people lived and staff worked in a safe place.
- The registered manager and care coordinator assessed individual risk and implemented controls to mitigate concerns.
- Risks associated with the provision of peoples' support had been assessed. Risk assessments were detailed, and person centred. Environmental risk assessments were completed, and equipment was checked to make sure it was safe to use.
- Staff had completed the appropriate mandatory training to keep people safe.

Staffing and recruitment

- The provider had a well-organised recruitment process. Pre-employment checks, including a Disclosure and Barring Service (DBS) check were completed to ensure people recruited to the service were of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider and registered manager ensured there were enough staff, with the right training and skills, to meet people's needs.
- People and their relatives were positive with the care calls and consistency of staff. People and relatives told us staff came on time. Relatives said, "[Name] gets 4 calls a day. Staff are always on time and stay longer sometimes. They never rush" and "If ever staff were running late, we would get a call from [named registered manager]." One person told us "Staff come on time, the same time every day, they never miss."
- There was an electronic visit monitoring system which enabled managers to ensure care was provided in a timely manner and ensure calls were not missed. We saw a record was kept of calls that were going to be late and records kept of conversations between the managers and people who used the service or their relative.

Using medicines safely

- The provider had processes in place to support people with prescribed medicines.
- The registered manager ensured staff received medicines training and had had processes in place to assess their competency to ensure they could give medicines safely. Relatives said their family member was safely supported with their medicines. One said, "[Name] is helped with medicines and gets them on time."
- Medication administration records were in place and checked regularly by the registered manager and care coordinator to ensure they were accurate.

Preventing and controlling infection

- The provider used effective infection, prevention, and control measures to keep people safe, and staff supported people to follow them.
- People and relatives told us staff followed correct infection control procedures, washed their hands, and wore personal protective equipment (PPE) when providing personal care.
- Staff had received infection prevention and control training and additional information and guidance about how to protect themselves and people.

Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed. The service identified actions to help prevent repeat events.
- The service communicated learning and important information to staff using different systems, such as electronic messaging and face to face discussions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A full assessment was carried out prior to a person being provided with support from the service. This ensured staff were able to meet their care and support needs.
- Assessments we looked at were detailed, and contained information about people's physical, emotional, communication and health needs. Care plans and risk assessments had been devised using this information and were regularly reviewed to ensure they were up to date.
- People and their relatives told us they were satisfied with the standard of care delivered by the service.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training.
- New staff completed a structured and comprehensive induction and training programme when they joined the service. This included training and orientation days and mandatory training.
- New and existing staff completed the provider's ongoing mandatory training as well as specialist training in line with people's needs. The provider had established systems to monitor staff training to ensure all staff completed their training in a timely manner.
- Staff were provided with regular support by means of one-to-one meetings. Staff demonstrated a good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- The registered manager recorded people's cultural and religious needs and ensured staff respected people's needs and wishes when supporting them at mealtimes.
- The provider ensured people's support plans included information about their needs regarding fluids and nutrition.
- Staff met oral health support needs where this was identified as a need; this was recorded in support plans.
- People were supported by staff who would make referrals to health and social care professionals and seek medical attention should this be needed. A relative told us staff had called the GP when they found their family member unwell.
- The registered manager recognised the importance of networking with health care professionals to further develop their knowledge and understanding of people's personal needs and risks.
- Staff had received some specialist training from health professionals so they could better support people

in their own homes.

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 MCA 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.

- The service was working within the principles of the MCA. The registered manager was aware of their legal responsibilities under the MCA.
- Where people had capacity to provide consent, we saw they had signed consent forms and care records to confirm their agreement with the proposed care plan.
- People told us the staff respected their views and asked for their consent. A person told us, "Staff always ask can we help you etc, but they also encourage me to do things for myself."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider ensured people's equality and diversity needs were met through policies to help ensure people were treated fairly.
- Staff received equality training and were able to support people's religious and cultural beliefs.
- People and relatives told us staff were caring and respectful. Comments included, "The staff are caring. They are amazing and we couldn't wish for better" and "We couldn't wish for better; I want to say thanks to the manager and all the staff."
- People and family members told us they received care and support from a consistent and regular team of staff.
- Care plans described people's individual daily routines, cultural needs, and any preferences, such their preferred name.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The provider ensured people were fully involved in decisions about their support and treatment.
- People said they were asked regularly if they wanted to make any changes to their support plans, and where they did, we saw the plans were changed accordingly. One person said, "I am Involved in my care plan, and it is reviewed if there are any changes."
- People told us staff listened to them and their personal care was provided in a dignified manner. One person said, "I look forward to staff visits, they are lovely people."
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People who used the service had care plans which described how they wished to be supported. These had been written using a person-centred approach and included information about what was important to the person.
- Care plans were electronically held, and people and families said they could access them. We saw evidence of this in the care plans we checked.
- Staff were responsive to people's individual needs and wishes. People and relatives told us they had been consulted about the care they needed and the way they wanted it provided. A family member said, "I am involved in regular discussions about [named relative] with the managers. I am fully involved in the review of their care plan as well."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- As part of the initial assessment, people's individual communication methods were recorded and guidance for staff, where necessary, was included within the care files.
- The registered manager confirmed information can be made available in a range of formats, for example, large print or other languages.

Improving care quality in response to complaints or concerns

- The provider had processes in place to allow people to raise concerns and complaints easily.
- People and their relatives told us they knew how to make a complaint and felt confident any issues raised would be dealt with appropriately by the registered manager and provider.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them, and family and friends were included, if the person wanted this, in discussions about care and support.

End of life care and support

- The service was able to provide end of life support in conjunction with health professionals where required. At the time of the inspection no one supported by the service was receiving end of life care.
- Training in end of life care had been provided for some staff.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The feedback from people and relatives about the service and management team was positive. Comments included, "We very happy with the agency", "No worries at all" and "We would totally recommend Orison, we are very happy with the care and staff."

- People and relatives told us they usually had daily contact with the registered manager and care coordinator and so were able to provide feedback about the service very regularly. We discussed with the registered manager the need to collate this feedback into reports and newsletters, so people could see any improvements made as a result of their feedback had been implemented.

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

- The registered manager and provider understood their responsibility under the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care and treatment.

- The registered manager and provider were aware of their regulatory responsibilities and understood how and when to submit information to the CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were systems in place to monitor how the service was being delivered, to help ensure people were receiving safe, good quality care. This included monitoring the timeliness of care, medicine, care plan and daily notes audits. The provider still needed to imbed and sustain these systems over a longer period of time.

- Spot checks and competence evaluations were completed with staff regularly. This helped management understand where further training, mentoring and support was required. We discussed with the registered manager and provider how these spot checks could also be used as an opportunity to provide supervision and feedback to staff.

Working in partnership with others

- The service worked in partnership with other agencies to review and address any changes in people's support requirements as required.