

# 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 well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Orchard Home Care Service Ltd is a domiciliary care agency providing personal care to people of all ages. Some people using the service had a learning disability and/or autism. At the time of our inspection there were 142 people 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

#### Right Support:

Staff helped people to live as independently as possible. 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. No one using the service at the time of our inspection lacked capacity to make their own decisions, but staff understood how to make decisions in people's best interests. Risks were assessed and staff had guidance to support people safely. People were supported to take medicines safely. The provider continued to face challenges with recruitment but had introduced several incentives to attract and retain staff. People told us they knew the staff who supported them and were happy with the support they received.

#### Right Care:

People using the service were able to express their own views. When things went wrong, actions were put into place and lessons learned were shared with staff to improve the standard of care delivered. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff worked with health professionals where they had concerns about people's health.

Right Culture: People told us the service was consistent, reliable and they received a caring service. Some staff told us that the way visits were planned meant they were sometimes late or felt rushed. Although office staff monitored visits daily to ensure people received care, the provider had limited oversight of the timeliness of visits so they could monitor and improve this. We have made a recommendation about the provider continuing to review their systems to ensure care and support is delivered as planned. The management team understood their roles and responsibilities and had made improvements to governance

systems. The provider worked closely with the registered manager, they were aware of their focus for further development and were introducing new electronic systems which they hoped would give them better oversight.

The management team sought feedback from people using the service, their relatives, and staff. Most feedback was positive. Some staff told us communication could be improved or they raised issues several times before they felt listened to. The provider was working on better communication and demonstrated sharing the actions they had taken on issues staff raised. Staff understood and spoke positively about the importance of person-centred care and helping people to live as independently as they wished. They were confident concerns about people's care would be addressed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 December 2021) and there was a breach 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 improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 22 November 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orchard Home Care Services Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation that the provider continues to review their systems to ensure they have effective oversight that care, and support is delivered as planned.

#### 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspector 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 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 not a registered manager in post. There was a manager in post who had applied to CQC to be the registered manager.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 May 2023 and ended on 18 May 2023. We visited the location's office on 10 May 2023.

#### What we did before 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 7 people who used the service and 3 relatives about their experience of the care provided. We spoke with a director and the registered manager. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. We looked at training data and quality assurance records. We received written feedback from 8 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At the last inspection we made a recommendation that the registered provider continue to review and implement processes to ensure call times were consistently planned and carried out. Improvement had been made but this recommendation had not yet been fully met.

- Staff told us they sometimes felt rushed or were late to visits. Some told us that they felt they were not allocated sufficient travel time. The provider was continuing to review travel time and visit routes. They told us minimum travel time was allocated for all visits and this could be increased as needed.
- The provider still only had limited oversight of visit timing and consistency to monitor for trends. They were introducing new electronic systems to help them monitor this, but the system was not yet in use.
- People who used the service and their relatives told us they were happy with the times staff arrived and that staff completed the tasks allocated. They told us if carers were running late this was usually due to unforeseen circumstances and staff let them know.
- Timings of visits were monitored on a live system and issues responded to as they occurred. There were contingencies in place which meant visits were rarely missed.

We therefore continue to recommend that the registered provider review and implement processes to ensure call times were consistently planned and carried out.

- Recruitment was safe and although the provider had faced recruitment challenges, staffing had improved and there were enough staff to meet people's needs. There were processes in place and recruitment checks were carried out before staff were appointed to ensure they were suitable to work for the service.
- People told us they were supported by a consistent team of staff who knew their needs. People were matched with staff who had skills and experience in relation to their specific care needs.

### Systems and processes to safeguard people from the risk of abuse

- There were clear processes for people and staff to report any concerns about potential abuse and to respond to safeguarding concerns.
- Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and welfare were identified and well managed. People were supported to reduce the risk of avoidable harm by staff who understood their needs. Care plans contained explanations of the

control measures for staff to follow to keep people safe.

- Care plans and risk assessments were reviewed to ensure they reflected people's current needs.
- The service reflected on accidents and incidents and learning from these had been shared with staff.

Preventing and controlling infection

- Staff had received infection control training and had plenty of PPE such as masks, gloves and aprons.
- People told us PPE was used appropriately and they had no concerns about infection control.

Using medicines safely

- Medicines were safely managed. Staff received appropriate training and had regular checks of their competency to manage and administer medicines.
- Systems to audit medicines were in place and any errors or omissions were addressed.
- The provider was introducing a new electronic medicines system that would allow medicines administration to be monitored as it happened and allow any errors to be addressed in a timelier way.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- People had their needs and choices holistically assessed and regularly reviewed in line with best practice guidance.
- People were the decision makers around their care. People and relatives told us they were involved in care reviews and daily decisions about care.

Staff support: induction, training, skills and experience

- Staff were provided with regular training to make sure they had the correct skills and knowledge. People told us they felt staff had the skills they needed to support them. For example, 1 person told us, "Certainly the carers that we have are fully trained."
- New members of staff were provided with an in-depth induction which prepared them with the skills, qualifications, and knowledge they needed to carry out their role. Staff told us training was frequent and comprehensive.
- Staff had supervisions and appraisals and checks made on their competency when completing tasks in people's homes.

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

- People were supported to eat and drink to maintain a balanced diet when they had needs in this area.
- Staff supported people following advice from relevant professionals such as dietitians and speech and language therapists.
- People were supported with meal preparation and eating and drinking in line with their preferences.

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

- The service worked with other agencies, identifying and reporting changes in need or potential risk, for example contacting people's social workers or GPs.
- Staff worked closely with people and their relatives to ensure people accessed the health support they needed.

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.

- We found the service was working within the principles of the MCA. Records had been improved to show people's capacity to make decisions and explore who would assist people with complex decision should they need this support.
- At the time of the inspection nobody using the service was subject to restrictions of their liberty under the Court of Protection, in line with MCA legislation.
- People told us they were involved in decisions about their care. One relative told us, "Everything's my mum's choice. They [staff] never undermine my mum."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, 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. Improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance measures were in place and improvements had been made following the previous inspection. Audits had improved and were identifying issues and omissions, such as for medicine and care records and actions were documented to show how issues were addressed.
- Although people we spoke with were happy with their support, we received mixed feedback from staff about the consistency of visits and scheduling arrangements. The provider did not have clear oversight of this for monitoring and improvement purposes.
- The provider was moving to a new electronic monitoring system to manage governance more effectively, but this system was not yet in place. We will review how this is embedded in to practice at our next inspection.

We recommend that the provider continues to review their systems to ensure they have effective oversight of the timeliness of care and support.

- There was an experienced manager in post who had applied to be the registered manager. They were working closely with the provider to drive improvements in the service and had a clear vision for how new systems would support this.
- Care documentation had improved and provided clearer and more consistent guidance for staff.

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 provider understood the need to be honest when things go wrong.
- 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

- The service had a positive culture that was person-centred, open and inclusive and achieved agreed outcomes for people. All the people and relatives we spoke with told us they felt the staff were caring and would recommend the service to others. One relative told us, "I feel it's a caring service, everyone who comes into [family member's name], they make her laugh, take their time."
- The service was planned around the person's preferences and their needs. A person who used the service told us, "We had a very good interview with [staff member's name] about needs and it has carried on nicely."
- Staff told us there was a positive culture. They praised the caring culture of the care workers and the ethos of working together. One staff member told us, "I like the place of work. I believe there is a strong team of good care workers that keeps the morale quite high."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- Staff had avenues to give their feedback. Some staff felt communication could be improved and they did not always know how issues they raised were being responded to. The new manager was in the process of meeting with staff and team meetings were on-going during the inspection. Issues staff raised were recorded, and responses shared.
- The provider involved people, relatives and staff through questionnaires, surveys and home visits. People and relatives told us they knew the names of senior staff and staff in the office and had regular communication with them.

Working in partnership with others

- Staff worked with other agencies and organisations to meet people's needs.
- The registered manager was a member of several networks to share good practice and learn from others.