Orchard Care Agency Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 10 October 2018 and was announced. At the previous inspection of this service in February 2016 we rated them as Good and did not find any breaches of regulations.

This service is a domiciliary care agency. It provides personal care to people living in their own houses. It is registered to provide a service to older adults, younger adults, people living with dementia and people with physical disabilities. A small number of people were using the service at the time of our inspection.

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

Appropriate safeguarding procedures were in place and people told us they felt safe using the service. Risk assessments provided information about how to support people in a safe manner. There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Staff had a good understanding about infection control issues and used protective clothing to help prevent the spread of infection. Although the service did not support anyone with medicines at the time of our inspection, systems were in place to do this in a safe manner if required.

The service carried out an assessment of people's needs prior to the provision of care. This enabled the service to determine if it was a suitable care provider for each individual. Staff undertook an induction training programme on commencing work at the service and had access to regular on-going training to help them develop relevant skills and knowledge. The service operated within the principles of the Mental Capacity Act 2005. The service supported people to access health care professionals and staff were aware of what to do if a person faced a medical emergency.

People were supported by the same regular care staff so they were able to build good relationships. People were treated in a caring and respectful manner by staff and were supported to maintain their independence. The right to confidentiality was taken seriously by the service and staff understood the importance of this.

Care plans were in place which set out how to meet people's individual needs and these were subject to review. The service worked closely with other agencies to meet people's needs in relation to end of life care. The service had a complaints procedure in place and people knew how to make a complaint.

People and staff spoke positively about the registered manager. Systems were in place for monitoring the quality of support provided at the service. Some of these included seeking the views of people who used the service. The registered manager networked with other agencies to help develop their knowledge and to improve the quality of support provided to people.

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 remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well-led.	**Good**

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Detailed findings

Background to this inspection

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

This inspection took place on the 10 October 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to facilitate our inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service, including details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

On the day of inspection, we spoke with the registered manage and nominated individual. Afterwards we spoke with two further staff by telephone, both care assistants. We also spoke by telephone with a relative of a person who used the service. We reviewed the care records relating to all people who used the service at the time of inspection and the recruitment and training records of four staff. We checked policies and procedures and minutes of team meetings. We examined the quality assurance and monitoring systems in place.

Good

Is the service safe?

Our findings

People told us they felt safe using the service, a relative said, "Absolutely 100% safe."

Systems were in place to protect people from abuse. Various policies and procedures were in place including safeguarding adults, whistleblowing and financial protection. The safeguarding adult's policy set out the service's responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission. Staff undertook training about safeguarding and they and the registered manager were aware of their responsibilities with regard to safeguarding. The registered manager told us there had not been any allegations of abuse since our last inspection. They also said the service did not spend money on behalf of people which helped to protect them from the risk of financial abuse.

Risk assessments were in place which set out the risks people faced and also included information about how to mitigate those tasks. They covered risks associated with moving and handling, personal care, behaviour and the physical environment. Staff understood the risks people faced and how to support them in a safe way.

There were enough staff to support people. People told us staff were punctual, a relative said, "They are very reliable." The registered manager told us they often provided care cover if required. The number of care staff employed at the time of inspection was sufficient to provide support to the number of people who used the service. As there was only a small number of people the registered manager told us it was easy for them to monitor that staff were punctual and stayed for the full amount of time allocated. They said they did this through spot checks and regular discussions with people's relatives.

Robust staff recruitment practices were in place. Records showed various checks were carried out on prospective staff including criminal records checks, employment references, proof of identification and a check on previous employment history. This meant the service sought to employ staff who were suitable.

The service had a medicines policy in place which covered the administration and recording of medicines. None of the people using the service at the time of our inspection received support from the service with medicines. However, people who had used the service previously had received support with this. We saw that medicine administration record charts were used which included information about the name, strength, time and dose of medicines to be given and staff signed these after each administration. Medicine charts were checked by the registered manager to make sure they had been completed correctly.

An infection control policy was in place which stated staff were required to wash their hands both before and after the provision of care to people. It also made clear staff were expected to wear protective clothing such as gloves and aprons. Staff confirmed that they wore such items when supporting people.

Records were maintained of accidents and incidents. Two had been recorded since our previous inspection and the registered manager said this was the total number that had occurred. Recording forms included a section for review and action to take to reduce the risk of similar incidents re-occurring.

Good

Is the service effective?

Our findings

Pre-care assessments were carried out with people to determine what a person's needs were and if the service was able to meet them. The assessment process involved reviewing documentation from health and social care agencies along with meeting the person and where appropriate their relatives. A relative said, "Yes, right from the beginning [registered manager] has been here indicating they were involved in the assessment process)." Records confirmed that assessments were carried out that covered needs related to personal care, medicines, mobility and skin care. They also recorded people's ethnicity and religion.

Staff received training and support to help them develop relevant skills and knowledge for their role. New staff undertook an induction training programme which included classroom based training, shadowing experienced staff and completion of the Care Certificate (a training programme designed specifically for staff who are new to working in the care sector). A staff member said, "I was sent for induction which covered dementia, moving and handing, safeguarding and all the training I would need."

On-going training for staff covered health and safety, infection control, first aid, dementia care moving and handling, end of life care and equality and diversity. Records showed staff had regular one to one supervision meetings with the registered manager which included discussions about training, people who used the service and teamwork.

The service worked with other agencies to support people. Records showed that that district nursing service, continence service and palliative nursing teams all worked together with the service to meet people's needs. Care plans included contact details of people's relatives and GP's so staff were able to contact them in an emergency. Staff understood what to do in the event of an emergency.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

The registered manager told us the service did not carry out mental capacity assessments of people, but that this was done where needed by the local authority or NHS. We saw documentation in place from the NHS that people lacked capacity. Where this was the case, consent forms had been signed by their relatives, including consent to care to be provided in line with the person's assessed needs. Staff had undertaken training about the MCA and were aware of the importance of supporting people to make decisions for themselves about their care where possible.

Good

Is the service caring?

Our findings

People told us staff were caring and that they were treated with respect. A relative told us, "They are professional, they are calm, they don't get agitated with [person]. I can't fault them at all. When the carers are here they tell [person] what they are going to do every step of the way." Relatives told us people had the same regular care staff which meant they were able to build up good relationships with them.

Staff had a good understanding of how to support people in a way which promoted their privacy, dignity and respect. One staff member said when giving support with personal care their approach was to, "Communicate with [person], explain step by step what you are doing. Before you give them a wash makes sure that we close the door and curtains. I will cover half [person's]s body to protect their dignity."

Another member of staff told us, "To maintain [person's] dignity we always cover them with a towel when we are providing personal care. We make sure the door and the blinds are closed." The same staff member told us they sought to promote people's independence, saying, "Sometimes [person] can help us. They like to brush their hair. They will do as much as they can to help." A third staff member told us, "If [person] can do things for themselves we let them. Sometimes they do not want to do it. When we do it we always get their consent first and let them know what we are doing."

Staff told us how they communicated with people, saying they sought to get to know the person and build up good relations with them. Care plans included information about communication, including people's speech and hearing. For example, the care plan for one person stated, "Hearing is generally good but the TV should be turned up loud when [person] watches it. They are a bit deaf in their left ear.

The service had a confidentiality policy in place which made clear staff were not permitted to disclose information about people without proper authorisation to do so. People or their relatives had signed consent forms to agree to the sharing of information about them with relevant persons. Staff understood their duty to respect people's privacy. One staff member said, "We don't discuss things outside (of work), we respect them." Confidential records were stored securely on password protected computers and lockable filing cabinets.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. A relative said, "[Person] can be difficult but they have all been marvellous. Even at [person's] most difficult they have been very understanding."

Care plans were in place for people. These set out what support people required to meet their assessed needs in a personalised manner. For example, the care plan for one person stated, "Carers to position [person] in a way that their feet do not touch the bottom of the bed." The registered manager said of care plans, "The main thing is to find out how they want to be cared for. How to fulfil their needs in their own way, according to their culture." Care plans covered needs associated with moving and handling, mobility, medicines, personal care, continence and health.

Care plans were subject to review which meant they were able to reflect people's needs as they changed over time. The registered manager told us, "Before the end of four months I have to do it, but if they are unwell it is going on all the time (the reviewing of care plans)." Daily records were maintained which meant it was possible to monitor what care was provided on a continuous basis. Relatives told us they were involved in developing care plans and we saw they had signed them.

People knew how to make a complaint. A relative told us, "If I had a problem I would have no qualms talking to [registered manager]. I know they would take appropriate action, but we have not had any complaints." The service had a complaints procedure in place which included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. Each person was provided with a copy of the procedure to help make it more accessible to them. The nominated individual told us, "We always tell them don't hesitate to make a complaint and we will work together." Records were maintained of complaints which showed they had been dealt with in line with the policy.

Records of compliments were kept. We saw one relative had written, "Orchard Care provide excellent care for my [relative]. They often went above and beyond to make sure my [relative] was cared for." Another relative had commented, "I want to say a big thank you for all the care and respect you gave my [relative]. I would recommend you to anyone."

Where people were supported with end of life care this was detailed in their care plans. The service worked with other agencies to meet people's end of life care needs including district nurses and the palliative care team.

Good

Is the service well-led?

Our findings

People praised the management of the service. A relative said of the registered manager, "They are lovely, you can talk to them and ask them anything."

The service had a registered manager in place. Staff spoke positively about them and about the working culture at the service. One member of staff said, "[Registered manager] is good. They explain things to us. Make sure we know the policies and procedures and that we follow them. If we have any problems we can go to them. They are helpful with that." (The registered manager told us that staff had an app on their phones which enabled them to download the policies and procedures. This helped staff to keep up to date if there were any changes to the policies).

Another staff member said of the working atmosphere at the service, "We are all on the same page, everybody has the same attitude, we work together as a good team. We work together to ensure the job is done properly."

The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people who used the service. The registered manager told us they had regular contact with people using the service, saying they spoke with them at least weekly and usually more often than that. Relatives confirmed this was the case. Surveys were conducted with people who used the service and staff. We saw completed surveys contained positive feedback. For example, one staff member had written, "The manager and the organisation are very cooperative to work together to give a better service to the client." Feedback from relatives was also positive, with one writing, "[Registered manager] is so kind, caring and considerate."

Staff told us and records confirmed that the service had regular team meetings. Minutes of team meetings showed they included discussions about staff uniforms, issues relating to people, punctuality, training and record keeping. One staff member said of the team meetings, "We do have meeting and [registered manager] explains any changes."

The registered manager told us they carried out spot checks so they could monitor how staff worked with people. They said, "I am checking medicines, if staff are on time, I do them regularly." Records confirmed spot checks were carried out and they also covered record keeping and how well the staff interacted with the person.

The registered manager told us they worked with other agencies to develop and share good practice. This included Skills for Care and a North East London registered managers forum. Through these networks they said they received training and guidance on relevant issues.