

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?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Orchard Care Agency is a domiciliary care service based in Ilford, Essex. The service is registered to provide personal care for people in their own home, within some areas of east London. The inspection was carried out on 29 February 2016 and was the first comprehensive inspection since the service registered with the Care Quality Commission in February 2015.

The registered provider was new to the domiciliary care sector. At the time of our inspection, the service provided a service to three people, who received personal care and support, including one person who was admitted to hospital.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

People received care at home and some people received palliative care. Palliative care is care provided to people who are terminally ill and wish to receive end of life care, either in their own home or in hospital. People were supported and cared for by staff who had an understanding of people's needs and who demonstrated knowledge of safeguarding people from different types of potential abuse and how to respond. People had their individual risks assessed and had plans to manage them.

Staff had been recruited following appropriate checks and the provider had arrangements to make sure that there were sufficient care workers to provide support to people in their own homes. People told us they received care from care workers who understood their preferences for care and support.

People were listened to and were involved in making decisions about their care and support. Care workers were caring and supportive in the support they provided. Care workers provided care that ensured people were treated with privacy and dignity. People were supported by care workers to maintain their independence as much as possible. People were encouraged to express their views and give feedback about their care but it was unclear how they could do this formally.

People told us that care workers listened to them and they felt confident they could raise any issues should the need arise and that action would be taken. Care workers felt supported by the registered manager and that the registered provider gave them opportunities to develop in their roles. The registered manager and the registered provider were committed to growing and developing the service to support the care provided to people. The provider ensured regular checks were completed to monitor the quality of care that people received and look at where improvements could be made.

We found one area where we have made a recommendation to the service, which is detailed in the report.

## 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.

Staff entered people's homes and provided care safely.

Staff understood how to protect people from harm and abuse.  
Staff were recruited appropriately and there were enough staff to cover any absences.

People were supported by staff to take medicine when required.  
Medicines that were taken or applied were recorded by staff appropriately.

### Is the service effective?

Good ●

The service was effective.

Staff received regular supervision. Staff received training relevant to their roles and had knowledge of the Mental Capacity Act 2005.

People had access to healthcare professionals when they required them.

People were provided with sufficient amounts to eat and drink.

### Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved. Staff respected people's individual needs and preferences.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

There was a complaints policy and procedure in place. However, it was unclear how people would be able to raise complaints if they received care at home. We have made a recommendation about this.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

### **Is the service well-led?**

**Good** ●

The service was well-led. The management team were approachable and provided support to staff.

The service had a quality assurance system. People were able to provide their views on the service so that improvements could be made.

# Orchard Care Agency Ltd

## **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 took place on 18 December 2015 and was planned to check whether the provider was 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 under the Care Act 2014. It was an announced inspection, which meant the provider knew we would be visiting. This was because it was a small domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

The inspection team consisted of one inspector. Before the inspection, we reviewed the information that we held about the service. This included any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with the registered manager and the registered provider in the office. We also spoke with three care workers after our visit on the telephone. As part of the inspection process we spoke with two relatives by telephone because people who used the service received End of Life care or were in hospital and they were not able to speak to us on the phone. We also spoke with a social care professional from the local authority. We looked at documentation, which included five people's care plans, including risk assessments; four care worker recruitment and training files and records relating to the management of the service.

# Is the service safe?

## Our findings

People told us that they felt safe using the service. One person told us, "The service is very safe the carers take care of me." We spoke with a relative who also told us "The staff are gentle and capable."

People told us that care workers entered and left their home safely. Care workers told us they carried a personal mobile phone and had direct contact to the office or to the registered manager any time if they needed. One member of staff told us, "I use my phone and contact the manager or the office. Someone is always there." We asked the registered manager whether care workers carried identification with them when they visited people and they said, "We don't have IDs for our staff yet but we are developing these."

People and their relatives told us that there were sufficient care workers to provide cover for their care needs if their regular care worker was on annual leave or was no longer working for the service. One person told us, "I get help when I need it, so I do feel safe."

Care workers told us they had been provided with training in safeguarding people from abuse, which was confirmed in the records we looked at. Care workers understood their roles and responsibilities regarding safeguarding. They were able to describe the process for reporting any potential, or actual, abuse and who their concerns could be escalated to. Staff were aware of the provider's whistle-blowing policy and knew of the procedures to report concerns about practice within the organisation.

Care workers told us there were always two care workers or "double ups", for example, to assist someone in using a hoist when required. Care workers told us they had sufficient time to deliver the support that was detailed in people's care and support plans. People told us that their care visits were on time and they were contacted if the care worker was going to be late.

People had detailed risk assessments which were reviewed every three months. The risk assessments were personalised and based on the needs of the person. The assessments were completed with the person and identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks around falls, manual handling and also any skin conditions that required monitoring. One care worker told us, "Sometimes they can develop pressure sores, so I make sure they are moving or sit up in bed."

Records showed that medicines were administered by relatives or by a district nurse. We looked at daily record notes and saw that staff applied external medical creams on people when required. One care worker told us, "I apply creams on the person if they need it or according to their care plan. I don't have to give medicine, that is given by the family."

Care workers also explained that they used Personal Protective Equipment such as gloves to prevent any risks of infection when providing personal care. A care worker explained that they "use aprons and gloves for personal care." We also looked at daily notes, rotas and time logs and saw that care workers in general arrived on time were able to cover shifts, take breaks and complete tasks most of the time. We saw that time

logs were signed off by the person receiving care to prove that their carers attended their home and provided care. A relative said, "We see the carer's timesheets and we sign it off after they have finished their shift."

Staff recruitment files we looked at showed that the service had a clear safer recruitment procedure in place. Care workers completed application forms outlining their previous experience, provided references and attended an interview as part of their recruitment. We saw that a Disclosure and Barring service (DBS) check had been undertaken before the member of staff could be employed. This was carried out by the DBS to ensure that the applicant was safe and did not have any conditions placed on them if they were applying to work with people who required care and support.

# Is the service effective?

## Our findings

People and their relatives told us the care workers met their individual needs and that they were happy with the care provided. One person told us, "The carers are very good and help me." A relative said, "Yes it has been a great help and they meet my relative's needs." Another relative told us, "The carers seem well trained and do a good job looking after my loved one."

People's consent was sought before any care was provided and the care workers acted on their wishes. People told us that care workers asked for their consent before they provided any care. Care plans had been signed by people to give permission for the information in them to be shared. People were able to make their own decisions and were helped to do so when needed. Care workers understood their responsibilities under the Mental Capacity Act 2005 (MCA) and what this meant in ways that they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager.

The 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. We checked whether the service was working within the principles of the MCA and saw that there were documents which detailed people's capacity assessments.

Staff received opportunities to improve their knowledge and refresh or develop their skills. Care workers told us they received the training and support they needed to do their job well. We looked at the care workers training and monitoring records which confirmed this. Care workers had received training in a range of areas which included safeguarding adults, medicines management, moving and handling, health and safety and the MCA. They received annual refresher training of important topics. For example, we saw that staff received a schedule of Care Certificate courses for the coming year, which were a set of standards that health and social care workers adhere to in their day to day work. Some care workers were also enrolled on to diplomas in health and social care. One care worker told us, "I have done mandatory training and I am looking forward to doing my level two training."

Newly recruited care workers completed an initial induction and could shadow fellow care workers to learn about people's individual care needs and preferences and help them settle into their role. Care workers told us the induction training they received provided them with the knowledge they needed. Care workers kept in contact with each other and with the office and they were well supported and monitored. They told us that supervision took place four times a year, which they found helpful and supportive. Staff received appraisals annually although many had yet to be completed because many staff were newly recruited.

Records we saw confirmed that one-to one supervisions took place every three months. Care workers confirmed that any training needs or areas of concern were discussed in order for them to develop and gain



further skills. A care worker told us, "I have received supervision. The manager is always available for advice and support." We saw that supervision meetings covered areas such as the care worker's workload, personal development, health and safety, safeguarding, attendance and timekeeping. We also noted that feedback obtained by the registered manager from people was discussed with the care worker.

Where needed, people were supported to have sufficient amounts to eat and drink and had their nutritional needs met by care workers. One relative told us, "They make a drink but only if I ask them to." Another relative told us that "the carer doesn't need to provide drinks as I am there but if I am not then they would make my relative a drink or sandwich if they wanted one." When a person's health was of concern they would refer to health professionals if needed. One staff member told us, "I speak to the GP when needed and I talk to the service user to make sure they are ok and progressing." Records confirmed that care workers had taken the appropriate steps when a person was unwell.

## Is the service caring?

### Our findings

People and their relatives told us that the care workers always treated them with respect and kindness. One person said, "I think they are very pleasant and very kind." Another said, "The care workers are nice people." A relative told us, "The carers were kind, compassionate, efficient and loving. They looked after my mother in the best possible way. My mother loved them like family." Another relative said that the care workers "are very nice and polite and treat my loved one with respect."

People and their relatives confirmed their privacy and dignity was respected at all times. Care workers understood the importance of respecting and promoting people's privacy and dignity. Care workers knew about people's individual needs and preferences and spoke with us about the people they cared for in a compassionate way. One staff member told us "I make sure that I close the door before I give personal care. I respect their needs and dignity and try to encourage independence."

Care workers told us it was important to have regular schedules so that they saw the same people as this enabled them to build up positive relationships. One staff member said, "I have got to know the person and the family. I help out with personal care with my client when the family need to go shopping." One relative told us, "It's nice to have a familiar face come, we get on well."

People confirmed that they signed consent forms confirming they had received, understood and agreed the care they were provided. Staff told us that information was shared with the person receiving care and support. We looked at records held in the office and the registered manager told us that care plans would be "discussed with people" before commencing their period of care. The registered manager said that consent was confirmed with clients and records showed that clients signed care plans prior to receiving care and support. Records showed that people had been involved in their care planning and they had agreed with the contents. The registered manager also told us, "We train our carers to listen to people and go by their choices." One care worker said, "We always seek consent before we provide personal care." A relative also confirmed that, "Carers always ask my relative for consent."

Files held in the office for monitoring the quality of the service provided indicated when reviews were due, when they were completed and any subsequent changes to their individual care plan. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. This ensured people received support which reflected their current care needs. People's care records identified people's specific needs and how they were met. The records also provided guidance to care workers on people's preferences regarding how their care was delivered.

People and their relatives told us that they felt the care workers listened to what they said and provided them with End of Life care that suited their wishes. Care workers promoted and respected people's independence and people's comments were listened to and respected. One relative said, "The care workers always look out for [my relative], they make sure they are comfortable. They are very caring and respectful."

## Is the service responsive?

### Our findings

People told us the service was responsive to their needs for care, and support. One relative told us, "They always do nice things and look out for my relative." Each person had a care plan which was personalised and reflected their personal choices and preferences regarding how they wished to be cared for.

The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in an easy to read service user guide book left in their homes. The service had not received any formal complaints but we saw evidence that the registered manager dealt with all issues and concerns seriously, taking any appropriate action. One relative said, "I would just phone the manager if I had a problem but it is a good service and there haven't been any issues." A person told us, "Yes I think I know how to complain. I would contact the service."

We also saw that there was a complaints and suggestions box outside of the main office for people to post any comments. The registered manager told us, "We have not received complaints but I would welcome complaints as it helps us learn and improve. We are a new company so it is important that we do things right. We would just go according to our procedure." However, it was unclear how complaints would be managed and dealt with and what the process would be for people to submit a complaint if they received care at home, when the complaints box was in the main office.

We recommend that the service clarifies its complaints procedure for people who received care at home.

The service received referrals from the local authority or from the Clinical Commissioning Group (CCG) for people who required emergency support or End of Life Care, following their discharge from hospital. The service also received referrals to provide additional care to a person who was receiving more regular care from another service. The service ensured that they had the staff available to provide care before agreeing any care packages.

During our inspection we saw evidence that initial assessments were carried out by the registered manager, prior to the person receiving a service from the agency, to determine whether the service could provide the necessary required care and support. The assessment established what specific personal care needs the person had and incorporated personal risk assessments. This was supported by completed assessments and confirmed through discussions with people and their relatives. The registered manager told us, "We also take our carer to the person's house to introduce them to each other. It is a nice way for them to get to know the carer so they recognise them later."

People had care plans in their homes with a log book and a copy was held in the office. We looked at daily records and found that they were well written by staff and contained a good level of detail about the care that had been provided. Any issues that other members of staff needed to be aware of were recorded clearly.

People's care plans identified people's specific needs and how they were met. Care plans were reviewed

every three months and updated to reflect people's changing needs. People spoke positively about the service and said that their care and support needs were met. The care plans contained personal details about each person, for example, family life and details of significant relationships, friends and relatives. We saw that care plans contained details of what support they wanted for each part of the day when a care worker was scheduled to visit, for example in the morning, at lunchtime and in the evening. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. This ensured people received support which reflected their current care needs.

People told us they were involved in the compilation of their care plan and they had involvement in it being reviewed and updated. People told us that they were happy with the care and support they received from care workers. One person told us, "The manager is nice, they contact me and ask if we need anything. The carer is very good and polite." Care workers were able to outline the needs of the people they were supporting and how they would check if there had been any changes to their needs. People's wishes were listened to and acted upon and their preferences were responded to. For example, we saw that a person on End of Life care required a food and fluid chart to be completed and their positions monitored because they would turn themselves when they were in bed. We saw evidence that the charts were completed and any important information was recorded.

## Is the service well-led?

### Our findings

The service had a clear management structure in place. The service was managed by the registered provider (a proprietor) and the registered manager, who was also one of the proprietors. The registered manager was able to demonstrate a good understanding and knowledge of the people who received the service and the staff who worked there. The service had not long provided domiciliary care; however the managers were knowledgeable of their responsibilities in notifying the relevant supervisory bodies, such as the local authority, Clinical Commissioning Group (CCG) and the CQC of any incidents, risks and complaints.

Care workers told us the service was well organised and they enjoyed the work. One staff member told us, "I am very happy at Orchard Care. The manager is helpful and I can approach her." Another said, "We provide a good quality of care." People confirmed that the registered manager was very helpful and kept people up to date with any changes. They told us that they were treated fairly, listened to and that they could call the service at any time if they had a problem. The registered provider told us that they initially found it difficult to recruit staff so they carried out a recruitment drive by going to job centres and to events to promote the service and find suitable, qualified staff. They said, "We found it difficult to establish ourselves. We thought it would be faster to get staff recruited but we found that they did not always want to complete the Care Certificate assessments so they left. But we managed to recruit very caring staff in the end who took things seriously."

The care workers told us they had team meetings which enabled them to discuss any issues or concerns and this was confirmed by the records we looked at. We saw that in team meetings, various topics were on the agenda for discussion, including codes of conduct, key challenges for staff, punctuality, safety, timekeeping, privacy and dignity and mental capacity. Care workers said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. The registered manager told us they had recently delivered e-learning training to improve the quality of the service.

The provider spoke to people who used the service, relatives and professionals to seek their views and opinions. The registered manager visited people weekly or fortnightly, reviewed care logs and daily records. We saw that brief surveys were carried out based on the CQC's themes and criteria, such as safety, effectiveness and responsiveness. A relative told us, "We see the manager frequently as she comes to visit us to supervise and check up on the carers."

The registered provider also said, "We do telephone spot checks and make sure our carers have been arriving on time." We saw that when care workers arrived more than 15 minutes late at a person's house, a report was filed with the CCG and discussed with the care worker. The registered manager told us they listened to people's feedback and looked at ways they could make improvements. People's private information was only accessible to authorised people as care files and other confidential information about people were kept in the main office securely.