

Green Cross Medicare 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

The inspection took place on 20 October 2016, with visits and telephone calls to people and their relatives who use the service on 21 and 24 October 2016. We told the service two days before our visit that we would be coming to ensure the people we needed to talk to would be available.

At our last inspection in November 2013 the service was compliant with the regulations.

Green Cross Medicare Limited, provides personal care and support to people who live in their own homes. At the time of our inspection they were providing personal care and support to 27 people.

The service is required by law to have a registered manager, and there was 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 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.

Everyone we met and spoke with was content and happy with the service they received. People were provided with support and care by a small, consistent team of staff who knew them and understood their care and support needs well. People were kept informed of any changes to their timetable or if staff were running late.

Staff received training, which was refreshed at regular intervals, to ensure they had the skills and knowledge they required to be able to provide care safely. There was an on-going programme of staff supervision meetings and appraisals to ensure staff performance was monitored regularly. Staff were provided with support and guidance to carry out their role effectively.

Quality assurance systems were in place to monitor and where necessary improve the quality of service being delivered.

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.

People were protected from harm because risks were identified and managed appropriately.

There were safe medication administration systems in place and people received their medicines when required.

There were robust recruitment systems in place and sufficient staff with the right skills and knowledge to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were themselves supported through regular training and supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005.

People were supported to access the services of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring.

People found their staff supportive, kind and respectful.

People were kept informed about any changes to their service.

Is the service responsive?

Good ●

The service was responsive.

People received the care they needed. Their care plans reflected their individual needs and were regularly reviewed and updated.

The service had a clear complaints procedure and people told us they would feel able to raise any concerns and felt they would be

listened to and any concerns acted upon.

Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor, and where necessary to improve, the quality of service provided.

There was a positive, supportive culture where people and staff were confident to report any concerns to the management team.

Green Cross Medicare Limited

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.

The inspection took place on 20 October 2016, with visits and phone calls to people and their relatives who use the service on 21 and 24 October 2016. We told the service two days before our visit that we would be coming to ensure the people we needed to talk to would be available. This inspection was conducted by two Care Quality Commission inspectors.

Before the inspection, we reviewed the information we held about the service; this included information we had received from third parties. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority who commissions the service for their views on the care and service provided by the service.

We spoke with six people and five relatives, and visited three people and their relatives in their homes. We also spoke with four members of staff and the manager. We checked four people's care and medicine records in the office and with their permission, the records of three of these people that were kept in their home. We also saw records about how the service was managed. These included four staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person said, "I feel very safe, I trust the staff and feel well cared for". Another person told us, "I feel safe; I have never felt worried about any of the staff". A relative told us, "I feel very safe and all [person's] care needs are met".

People were protected against the risks of potential abuse. There were detailed policies and procedures in place to help keep people safe from abuse. Staff spoke knowledgeably about their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. One member of staff said, "If I ever suspected or witnessed a person being abused I would report it to the manager". Staff had completed safeguarding adult's awareness training which was refreshed at regular intervals. Any safeguarding concerns that were identified had been referred to the local authority safeguarding team.

When people had accidents, incidents or near misses these were recorded. There was a process in place of reviewing these records to look for developing trends. Incidents and accidents were fully investigated by the manager to ensure steps were taken to prevent them from happening again. The incidents that had taken place during 2016 had all been recorded, investigated and reviewed with the detail of what actions had been taken to reduce the risk clearly recorded. Where appropriate, the incidents had been discussed with staff in small group meetings to enable learning from these incidents to be shared with staff and to reduce the risk of reoccurrence.

There were arrangements in place to keep people safe in an emergency. There was an out-of-hours on call system for people who used the service and staff to contact staff in emergencies or where they needed additional support. Staff and people confirmed that the system worked well and they had no concerns about using it.

The provider had an assessment process in place to consider and plan any new requests for care. This system ensured there were enough staff in place with adequate time available to meet the person's needs before it was provided. We reviewed the staff rota information, records showed that staff deployment was planned to make sure care staff had the time available to meet each person's individual support needs. People told us that they were informed by staff if they were going to be delayed. Staff said there was adequate travelling time and they were able to carry out people's care needs in accordance with their care plan in the allotted time.

People told us staff had enough time during their visit to carry out their care and support thoroughly and never appeared rushed or hurried. The provider organised the teams of carers by geographical area. For example, there were separate teams for Christchurch, Bournemouth, Verwood etc with these teams being made up of the same five to six carers. This meant people's visits were the same time each day, made at a time to suit them and carried out by a small group of the same staff.

People had consistent care from regular staff so they were protected from risk. People told us they felt safe due to the reliability and consistency of staff calling to their homes. People could be sure that their care

would be provided by staff who they knew. One person said, "I mainly have the same carer unless they are unwell or on holidays and then I have an additional member of staff, so they know me really well".

People were protected from the risk of receiving care from unsuitable staff. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff would not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. The DBS is a national agency that keeps records of criminal convictions. Records showed that all the required documentation for recruiting staff safely was in place.

The majority of the people we spoke with and visited were either able to administer their own medicines or had a relative living with them who administered their medicines for them. For people who needed prompting to take their medicines there was a system in place to ensure staff were competent to prompt people to take their medicines. Some people were assisted with prescribed medicines which included skin creams. There was a safe system for administering and recording medicines, including regular staff training, to ensure that people had their medicines as prescribed.

Is the service effective?

Our findings

People and relatives told us the staff who were providing support were sufficiently trained and had the relevant skills. One person told us, "Staff are well trained and know what they are doing". A relative said, "They are well trained and what I think is very good is that they inform me of any changes regarding skin, then I can take it up with the district nurse".

Each staff member was able to tell us about the internal and external training they had received. The service recorded staff training in a database which showed the due date for completion and the date it was completed. Records showed staff had completed training in the following subjects; food hygiene, health and safety, first aid, moving and handling, safeguarding and medicines. One staff member was able to tell us the benefits they received when they attended a dementia training course and the insight it gave when working with people who received the service.

Systems were in place to provide supervision and support. We saw that the staff meetings were used as an opportunity for group supervision, copies of the minutes made available for all staff. This ensured staff who had not been able to attend the meeting were kept informed of all actions agreed. All staff received an annual appraisal of their work. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

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.

We checked whether the service was working within the principles of the MCA. Staff demonstrated they had an awareness of the Mental Capacity Act 2005. People were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Consent was recorded in people's care files. People confirmed that their wishes and preferences had been followed in respect of their care and treatment.

When people had started to use the service, the provider had assessed each person's capacity to consent to their care and support and people had information in their care plans to show they had consented to their care. People told us that staff asked for their consent and that they were aware of their care plans and had signed them to consent to the care provided.

Records showed people were supported with their health care needs and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Is the service caring?

Our findings

People told us the staff who worked for the service were very caring. One person said, "When people walk in my house they can feel how the house is not stressed anymore, they are about helping me live my life in my house without hesitation. They are really good at helping me achieve what I find hard to achieve". A relative told us, "The staff are lovely, I'm very happy with them". Another relative told us, "I think they are superb, I think anybody can learn to care but it's their attitude that makes all the difference".

During our visits we observed that staff treated people with kindness and respect. Staff knew the people they supported well and care and support was offered in a friendly and caring way. Staff were knowledgeable about how people preferred their care and support to be given.

People were given the information and explanations they needed, when they needed them, such as when they started to use the service or when their needs changed. People told us they were kept informed if staff were going to be late for example if they were stuck in traffic. They said either someone from the office rang them or the staff member themselves rang if their visit was going to be late, or if there was going to be any changes to their scheduled visits.

People's records included detailed information about their personal circumstances and how they wished to be supported. For example, 'allow time for [person] to express their needs, speak slowly and clearly and explain what you are doing in advance' and details about whether people preferred a wet shave or dry shave. People told us the carers were always polite, kind and respected their dignity and privacy.

The service had a variety of systems to make sure people were able to say how they felt about the service they received. People's views were sought through regular visits from a manager, care reviews and annual surveys. All the people we visited told us they had been visited by the manager and felt they were always listened to.

Is the service responsive?

Our findings

People's needs were assessed before they began to receive a service. People's care records showed people had an individual assessment completed that took into account their specific health and support needs. Care and support plans were developed from these assessments to address people's needs and preferences regarding their care. People's needs and care plans were kept up to date with people being involved in their care plan reviews. Care plans were clearly written and described the support people needed at each visit. They explained what people were able to do independently, and what activities they would require support with.

Staff supported people with a variety of tasks; from personal care support, preparing meals, taking their medicine and domestic chores. People had a small group of regular staff who they knew well. They told us that their carers understood their needs and were capable of delivering the service that they required in their preferred way.

People were involved in planning their care. One person said, "My care plan is in my folder. I remember a member of staff went through it with me, when I first met with them". Another person said, "My care plan recently changed, the carer showed it to me and asked me to check and sign to say that I agreed with it, and I did, so I signed it".

During our visits to people we reviewed their care plans which were kept in their home. Each care plan had a useful two page summary which gave staff summarised information on each person on how they preferred their care to be given and what was important to them, for example, 'make sure curtains are closed when sleeping' and 'likes to take medicines with a plain glass of water'. This enabled staff to give the person their care and support in the way they preferred. People confirmed that staff updated their care records when their care needs changed. Care plans were clearly written and completed in a person centred way. Where people had particular health risks such as diabetes, the care plans gave clear guidance for staff to follow in order to recognise the signs the person would present if suffering a hypoglycaemic attack. If people required hoisting to mobilise them from their bed, the care plan gave clear instruction for staff on how to hoist them, which loops and straps to use on the sling and how the person preferred to be mobilised and reassured.

People told us they were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person said, "I'd ring the office if I needed to complain". Another person said, "I have only ever had to complain about something once and manager came down personally and sorted it within a few hours". A complaints procedure was in place and this was included in the information given to people when they started using the service. We reviewed the complaints the service had received since the last inspection of November 2013. There had been six complaints received and they had been reviewed and actioned in accordance with the provider's complaints policy. The provider also kept copies of compliments received. One relative wrote, 'Dear carers and support staff. We cannot thank you enough for the care and attention you gave to [person] over the past 18 months and especially during [person's] last few months.'

Feedback on the service was sought from people using the service and their relatives. Records showed questionnaires were sent to people and their relatives which covered a range of topics. Responses we looked at were mostly positive. Lower scoring areas were reviewed by the manager in order to improve the service provided.

Is the service well-led?

Our findings

Staff told us they felt supported and well trained and felt that the service was well led. A member of staff said, "The manager is very approachable. The support I get is excellent". Another staff member told us "[The manager] is very good, I always contact her if have any problems and I will always get a reply".

People told us they felt the service was well managed. People told us they were always kept informed and they could always speak to people when they needed them. Staff told us communication within the service was good and they felt supported in their roles.

There was a well-established manager in post. The manager had notified the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

People told us they felt the service had a friendly and supportive culture, they said they had confidence the manager would listen to any concerns they had and would do their best to ensure any problems would be resolved quickly and thoroughly.

The provider had a range of systems to monitor the arrangements in place for the care the service provided. These included care plan and risk assessment audits, accidents, equipment and medicine management. Management staff carried out staff supervisions and a variety of spot checks as part of the quality assurance systems. We spent time talking with the manager, who was able to demonstrate how committed they were to providing a quality service. We were shown the systems and processes they had implemented to ensure a continuous quality service was provided to people.

The provider had a business continuity plan in place which gave staff clear guidance on what to do if, for example, there were delays in the ability to deliver care due to extreme weather conditions. This information included details regarding the other professional agencies the management team would need to work with to ensure effective communication and the continuation of service provision.