Greenfield Care Ltd

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Inspection report

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Date of inspection visit:
11 July 2018
16 August 2018

Date of publication:
19 September 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Greenfield Care is a domiciliary care agency. It provides personal care to people living in their own home in the community. It provides a service to older adults and, at the time of the inspection, was supporting 65 people in the South Suffolk and North Essex areas of Essex.

The inspection was announced and we gave the provider notice as we needed to make sure that someone would be at the office when we visited.

There was a registered manager in post who also was the provider. 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.

At our last inspection in May 2017, we found improvements were needed. Training was not well developed and staff had not received training in key areas in line with the needs of the people using the service. The arrangements in place to support people with their shopping did not provide people or staff with sufficient safeguards.

At this inspection, we found significant improvements had been made in some areas and there was greater oversight and scrutiny of the arrangements in place for purchasing items on people's behalf. Regular staff meetings were being held and staff had been provided with training to ensure that they had the skills and knowledge they needed to deliver effective support.

However, we found that they need to strengthen the systems in place to oversee medicines and we made a recommendation about medicine administration. Care plans were in place but needed to be updated to reflect changes in people's needs. Audits were being undertaken but they were not always identifying issues. The registered manager responded to the issues we raised by strengthening the head office team and appointing a new member of staff to update care plans and conduct audits.

Despite this, people's day to day experience of the agency was good. There were sufficient staff available to provide the care that people needed. People told us that staff were reliable and they were supported by a consistent team of staff who knew them well. Checks were undertaken on staff suitability prior to their employment.

Risks to people's welfare were identified and there were management plans in place to reduce the likelihood of harm.

People were supported to eat and drink and maintain a balanced diet. Staff were aware of people's dietary needs and the support they needed to eat their meals. People had good access to health care professionals and staff were alert to changes in people's wellbeing

Staff sought people's consent before starting to provide care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care staff maintained good relationships with people who used the service and their families. Staff communicated effectively and there were systems in place to handover information. People told us that staff were kind and considerate and they were enabled to express their views and have a say in how they were supported.

Assessments were undertaken before people started to use the service, and people were enabled to make decisions about how they wished their care to be delivered. People's needs were reviewed and care packages amended to take account of changes in people's wellbeing. The agency was described as helpful and people told us that that they addressed any concerns promptly.

Staff morale was good and staff told us they were well supported by the registered manager who was visible and approachable. Questionnaires were distributed and analysed at regular intervals to ascertain people's views of their care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The systems in place to oversee medicines needed to be strengthened to safeguard people.

Checks were undertaken on staff suitability prior to their employment. There were sufficient staff available to provide the care that people needed.

Risks to people's welfare were identified and there were management plans in place to reduce the likelihood of harm.

Staff knew about safeguarding and expressed confidence that the management of the agency would take the concerns seriously.

There were systems in place to reduce the likelihood of infection.

Is the service effective?

Good

The service was effective.

Training was provided to prepare staff for their role and develop their skills and knowledge.

Consent to care was sought in line with the principles of the Mental Capacity Act 2005.

People's nutritional needs and dietary requirements were assessed. Care staff knew how to support people with their wellbeing and maintain good health.

Is the service caring?

Good

The service was caring.

All the people we spoke with were positive about the attitude of staff and told us that they were kind and caring.

People were supported to maintain their dignity and their independence was promoted.

People were consulted about their needs and enabled to make decisions about their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not always up to date and reflective of people's needs.

There were systems in place to investigate and respond to complaints. People told us that they were listened to and any issues addressed promptly.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was a quality assurance system in place but it was not well developed.

Staff told us that they were supported and morale was good. People benefited from being supported by a consistent team of carers.

Questionnaires were distributed and analysed at regular intervals to ascertain people's views of their care.

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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.

The inspection was undertaken between the 11 July and 16 August 2018. The inspection was announced. We gave the service 24 hours' notice that we would be doing the inspection so that they could make sure the necessary people were available at the office when we called. The inspection team consisted of two inspectors and an assistant inspector.

In advance of our inspection we reviewed the information we held on the service, notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law.

As part of the inspection, we spoke with four people who used the service and four relatives. We undertook visits to three people who received care in their home and spoke with them about their care. We spoke with staff both in person and by telephone; in total we spoke with four care staff as well as two staff from the head office team, including the registered manager.

We visited the office on 11 July and 16 August 2018 and reviewed a range of documents and records, including care records for people who used the service, records of staff employed, complaints records and medication administration records. We looked at a range of quality audits and management records.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in May 2017, we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the safeguards in place to manage people's finances were not sufficiently robust and did not fully protect people and staff. At this inspection, we found improvements had been made and there was greater oversight and scrutiny of the arrangements in place. Staff undertaking shopping on people's behalf maintained financial transaction records and these were cross referenced with the receipts and returned to the office for checking.

Staff told us that they had received training in recognising and responding to allegations of abuse and would have no hesitation in reporting matters of concern to the office and were confident that they would be addressed. There was a formal system in place for raising safety concerns and near misses but we were told none had been raised since the last inspection.

We looked at a sample of Medication Administration Records (MAR) and saw that they recorded what people were prescribed and the times that the medication should be administered. When we visited people in their homes we checked a sample of people's medication against the records and found that they tallied with one exception. For one individual there was a discrepancy between the MAR sheet and the dispensing label, which meant that the individual was not consistently receiving one of their medicines as prescribed, 30 minutes before food. Another tablet was recorded as prescribed but none were available in the blister pack for one day each week but staff had continued to sign the MAR as administered. The registered manager told us that they had previously contacted the pharmacy about this issue but did so again and during the inspection this was addressed, and the MAR updated.

There were 'as required medicines' (PRN) charts for staff to complete but these were not in place for everyone who were prescribed these medicines. We have recommended that staff receive further guidance on the circumstances when PRN medicines should be administered.

Weekly audits were undertaken and medication was audited at reviews but this had not been picked up some of the issues we found. Running totals were not being maintained for boxed medicines which meant that they were difficult to audit and evidence that people were receiving their medicines as prescribed. The registered manager told us they planned to change how medicines were audited at reviews which should ensure any issues were identified promptly.

Risks were identified as part of the care planning and assessment processes. This included environmental risks in people's homes as well as individual risks such as those associated with people's health and welfare. Where risks were identified, guidance was given on how they should be managed. For example, one person was identified at risk of falls when using the stairs. The guidance in the care plan stated that the person 'should be encouraged to descend sideways and be observed by staff at all times when using the stairs.' Another individual had been diagnosed as having dementia and there were concerns that they might take their medicines in error but we saw the risks were reduced as their medicines were securely stored.

There were sufficient staff available to support people to stay safe and meet their needs. Staffing levels were provided in line with the support hours agreed with the person receiving the service or the local authority who were commissioning the service. People received support from regular care staff who knew them well and gave them the time they needed. One person told us, "I have the usual carers" and explained how very helpful staff were and, "how nothing was a bother." Another person told us, "They help me in the morning and do not go until I am finished."

People told us received a weekly planner which set out the times and names of the carer(s) attending, so they knew who to expect and when. One relative told us, "I now have a time schedule showing who is coming and at what time. If they are late they will ring ahead, I don't mind if they are late if they ring." Staff told us that they had regular people they supported each week and had sufficient time allowed in their schedule to travel between calls. There were systems in place out of hours to respond to emergencies

Checks on the recruitment files for three members of staff evidenced they had completed an application form, provided proof of identity and satisfactory references had been obtained. However, a full employment history was not available for each person which impacted on their ability to validate previous work with vulnerable people. Action was taken to address this during inspection. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Checks were undertaken to ensure that those staff who drove had car insurance but this did not identify whether the insurance was valid for business use. This was actioned by the registered manager during the inspection.

There were systems in place to protect people by the prevention and control of infection. We observed that staff wore Personal Protective Equipment (PPE) such as gloves and aprons (as appropriate for the task). Staff told us that they received training on infection control and food hygiene and had good access to a range of PPE.

Good

Is the service effective?

Our findings

At the last inspection in May 2017, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because training was not well developed and staff had not received training in key areas in line with the needs of the people using the service. At this inspection, we found improvements had been made and the agency took steps to ensure that staff had the skills and knowledge they needed to deliver effective support.

Staff had access to a wide range of eLearning as well as practical training on areas such as moving and handling. The training included but was not limited to first aid, nutrition, food hygiene, diabetes and stroke awareness. Additional training such as the Qualification and Credit Framework (QCF) was available for staff to further develop their knowledge and qualifications in health and social care.

New staff received an induction to ensure that they had the skills and knowledge they needed to support people. Staff told us they did not work unsupervised until they, and their manager, were confident that they were able to do so.

People expressed confidence in the staff and their skills. One person told us, "I do get new ones from time to time but that is ok, I do feel safe with the staff."

People were supported by a stable staff team and there had been few staff changes since our last inspection. Care staff enjoyed their work and spoke positively about their role. They told us they received supervision and that spot checks were undertaken on their performance.

People told us that they received an assessment of their needs prior to receiving care from the agency. Care and support plans showed people had a local authority or hospital assessment in place. Staff told us people's needs were reassessed following a protracted hospital stay to ensure that the care previously delivered continued to meet their needs.

People were supported to eat and drink and maintain a balanced diet. Where people were supported with meals it was generally by heating a microwaveable meal and making drinks and snacks. We observed that people were offered choices of meals and staff made efforts to ensure that the food was nicely presented. For individuals at risk of malnutrition, additional records were maintained of what people had eaten to ensure that their intake was monitored. One person told us, "They make sure that I have water or juice before they go, they are very good."

People were supported to maintain their health and access healthcare services when they needed to. We saw examples in people's records where the agency had made referrals to other health care professionals such as the GP and Community Nurse for support. One person told us that the registered manager was transporting them and their family member to a hospital appointment.

The agency was aware of the importance of information sharing when working with organisations and could

give us examples where they sought information from other agencies to ensure that people's care was coordinated.

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 people 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 saw that staff had received training in the MCA and the staff we spoke with understood the importance of giving people choices and ascertaining their consent before providing care. Best interest decisions were not always well recorded but, during the course of the inspection, the registered manager actioned this.

Good

Is the service caring?

Our findings

At the last inspection we found the staff to be caring and this was still the case. Most people told us that they would recommend the agency and spoke highly of the care. One person told us, "I would recommend the service, there are some very nice carers, they make me laugh." A relative told us, "They are nice people very friendly to both [my relative] and to me."

People told us that they were able to build up relationships with the carers as they generally received care from the same small group of staff which meant that they knew each other well. One person told us, "They seem interested in me so we can have good conversation about life." Another person told us, "I feel the staff are interested in me, they sent me a birthday card, which was kind of them." Staff spoken with demonstrated a good insight into people's needs and were able to tell us about people and how they wished for their care to be delivered.

People were supported by staff to maintain relationships which were important to them. Staff understood the importance of people's rights to be treated with respect and dignity. We observed them putting this into practice during the inspection. Staff let people know they had arrived at their home, rather than just walking in. People told us that staff had time to chat with them and they were given the time that they needed and were not rushed. Staff gave us examples of how they put these values into practice such as not wearing their uniforms when taking people shopping, as this was important to some individuals.

People were involved in making decisions about their care and enabled to express their views and preferences. We observed this during our visits to people in their homes but this was also evident from our review of care planning documentation which contained information about how care was to be delivered and people's preferences.

Peoples independence was promoted, one person told us how they, "liked to be independent" and explained that they wanted to retain their independence for as long as possible. They told us that this was respected by staff who let them do what they could and did not take over but supported where necessary.

Peoples records were stored securely and on-line documentation was password protected. Staff understood the importance of respecting people's confidential information.

Requires Improvement

Is the service responsive?

Our findings

People received personalised support from staff that was responsive to their needs but care plans were not detailed and had not always been updated to reflect changes in people's care needs and preferences. For example, in one person's care plan it stated that care was delivered once a day however in reality a care package was in place for four times a day. The care plan did not document the levels of support to be provided on the additional calls, such as with meal preparation and personal care. Another individual's care plan stated that they took care of their own meal preparation but this was no longer the case. However, when we viewed the daily records which staff completed for each person the notes reflected the care package so we were assured people were receiving the care they commissioned. The notes that we viewed contained information about the support provided and any issues or developments. We observed staff checked these notes on arrival to people's homes to ensure that they were up to date with what had happened on the previous support visit and if there had been any changes to people's needs. Although the care plans were not reflective of people's current care needs and therefore presented a risk of people not receiving the care they needed, this risk was reduced as people received care from a consistent team of staff who knew people well.

People's needs were reviewed on a regular basis and we saw that the levels of support were adapted as people's needs changed. For example, if they needed more time if they were unwell or if their needs were gradually increasing. One person told us, "I know I have a folder the staff can see. My needs have changed over time so I have had a few meetings about my care. They come from the office and sit and chat to say what they can provide for me." However, we found that although reviews had taken place and changes agreed, care plans had not always been updated following the review. None the less staff told us that communication was good and they were kept informed of changes by the office team.

The registered manager responded to the issues we raised by appointing a member of staff to review and update care plans.

People and their relatives told us that the agency communicated with them well. One person told us, "I have never had an issue but I know I can ring the office. They are really nice and they help me if I have any questions, they are very prompt with a reply if they cannot talk when I call."

The registered manager told us that they were not currently providing any end of life care for any individuals but would do so if required. There were clear arrangements in place for the storage of DNAR to ensure that people's wishes would be respected in the event of a medical emergency.

Most people had not had reason to complain but those that had raised issues told us that they were listened to and any concerns were taken seriously and addressed. One person told us, "I have had a concern in the past were staff were coming to [my relative] mid morning but they get up at 6am, so I rang the office and said I want care staff to come early. They were very good."

Requires Improvement

Is the service well-led?

Our findings

People spoke positively about the agency and the quality of care they received. One person told us, "I like the service and the people are very friendly, I get the care I need." Another person told us, "I could not ask for anymore, they are very caring and have helped both me and my [relative]. They are very thoughtful and kind."

At our last inspection, we found that the service did not have strong infrastructure in place and audits were not well developed. At this inspection, we found significant improvements had been made, such as in the areas of training however further work was needed to ensure all the required documentation was in place.

The registered manager had a clear vision which was known to staff. The agency aimed to provide flexible care packages that enabled people to stay in their own home and be as independent as possible. The registered manager was very clear about the packages that they would accept and told us they would only accept requests which they were confident that they could meet. They told us that it is, "Not about numbers but about quality."

They had invested in a new computer programme to help with scheduling and its introduction had been carefully managed to ensure that it did not impact on people using the service or staff. The registered manager told us that the programme was not yet being used to capacity and they were optimistic that it could be used to support governance as well as care delivery.

People and their relatives spoke highly of the registered manager and told us that they were accessible and helpful. Staff were positive about working for the agency. One member of staff told us, "It is a lot better than most (agencies), our clients think it's a good agency too. Things just get sorted here to stop people and their families worrying."

Staff spoke positively about the support they received from the registered manager and office staff and told us that they were approachable. The registered manager told us that they were now having regular staff meetings and these were working well. Staff commitment was reflected in the fact that there was a low turnover of staff and there had only been minimal staff changes over the last year.

People, relatives and staff were able to provide feedback about the service to the provider through home visits and surveys. The feedback from the most recent surveys was very positive and reflected the positive feedback that we also received.

The registered manger told us they had developed links with other organisations to enable them keep up to date with practice, such as the UK Home Care Association which is a professional association for home care providers.