

Hunt Green Ltd

Greenwood Homecare Cambridge

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

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

About the service

Greenwood Homecare Cambridge is a domiciliary homecare agency providing personal care to people living in their own homes. The service provides support to younger people, older people, people living with dementia, people living with a physical disability and people living with mental health needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were nine people who were being supported with the regulated activity of personal care.

People's experience of using this service and what we found

Right Support:

We received positive comments from people and their relatives about the care which they received. These comments included, "I think the care works tremendously well. It is more than adequate and without the staff being around I wouldn't feel happy or safe."

Staff had received training which enabled them to provide safe and appropriate care. Where required, additional specialist training had been provided which enhanced staff confidence and knowledge.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People had been involved in the care planning and risk assessment process. Risk assessments had been completed and provided guidance for staff to follow to mitigate risk of harm or injury. Information was regularly reviewed and updated to ensure it remained accurate and reflective of people's needs. Comments received included, "We were involved in the pre-assessment process. In addition, we are always involved in reviews and are able to engage in discussions regarding making changes to care plans."

People, their relatives and staff told us they found the staffing levels to be adequate. People felt they received care from a consistent staff team who they knew well. People told us the staff were punctual and

they received care when they required it.

Right Culture:

A quality assurance system was in place which supported driving improvement and changes to the service.

People and their relatives spoke positively of the registered manager and staff. Comments included, "The [staff] have been a lifeline to me." And, "The [staff] are the reason that [family member] remains safe at home."

Staff felt supported in their role. Several staff told us they felt valued by the registered manager who always thanked them for their work.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 09 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Greenwood Homecare Cambridge

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from professionals who work with the service. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 17 January 2023 and ended on 1 February 2023.

We spoke with two people and three relatives of people who used the service. We spoke with five members of staff including the registered manager, nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the staff provided care which made them feel safe.
- One person told us, "The [staff] make me feel safe. If I was to fall the care staff would help me to get help and check I am alright. I am very content with the care I receive." A relative said, "The [staff] always turn up and [family member] speaks positively of the [staff]. This reassures us that [family member] is safe and happy. It helps us knowing [staff] check on [family member] regularly."
- Systems and processes were in place to keep people safe. Staff demonstrated an understanding of awareness of abuse and actions they would take should they have concerns. Staff told us they had been provided with details of how to report concerns internally and externally to other organisations, including the local authority and Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- Risk assessments had been completed and contained guidance to direct staff in taking actions to mitigate risk and harm when providing care and support. At the time of the inspection, the registered manager advised us people's risk assessments were being reviewed and developed to enhance the level of information provided. The registered manager shared with us one person's records to demonstrate improvements which had been made in the level of detail recorded.
- Staff we spoke with were familiar with people's needs and their associated risks, and knowledgeable of actions to take to mitigate risk.
- The registered manager conducted regular reviews of people's needs and raised referrals to health professional teams where required. For example, one person's mobility had deteriorated which had been recognised by staff and the registered manager. A referral was made by the registered manager and specialist equipment was prescribed by the physiotherapists following a review. This meant the person was able to remain at home safely with the aid of equipment to assist staff with moving the person safely.

Staffing and recruitment

- A process was in place to ensure the safe recruitment of staff. References from previous employers had been obtained and verified. Employment history had been explored and statements obtained from staff to explain any gaps.
- People and their relatives told us they received care from a familiar staff team who were punctual with their timekeeping and rarely late. One person told us, "It is a small company with a consistent team who I know well. The [staff] usually arrive on time unless there have been problems with traffic. If they are late, the [staff] call me and let me know how long they will be." One relative told us they had initially experienced issues with care visit timings which they had raised, and this had been addressed immediately.

Using medicines safely

- A system was in place to support the safe administration and management of medicine.
- People were supported by trained and competent staff. One person told us, "The [staff] are very conscientious with my medicine. If the pharmacy dispenses something different the [staff] are quick to call the pharmacy and check everything."
- Risk assessments were in place to support people who wished to manage their own medicines. This upheld the principles of the Right Care, Right Support, Right Culture.

Preventing and controlling infection

- Staff had received infection control training and understood how to apply this in their role.
- People and their relatives told us the staff wore personal protective equipment (PPE) when they provided support. One person said, "The [staff] always wear their face masks. When they help with my personal care, they wear gloves and aprons. They change these if necessary and discard used items in a bin outside of the house."

Learning lessons when things go wrong

- A system was in place to record, monitor and analyse accidents.
- Lessons learnt were shared between the sister services through team meetings and provided opportunity for staff to discuss and agree actions to implement to make improvements.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager met with people and their relatives prior to commencing with the service. Information was obtained and used to inform the care plan. This included information relating to people's likes, dislikes and preferences, as well as their medical conditions.
- People and their relatives told us they had been involved in the assessment and review process. One relative said, "We completed a pre-assessment at home with the registered manager. This provided opportunity to discuss needs of [family member] which have been accommodated."

Staff support: induction, training, skills and experience

- People and their relatives told us they thought the staff had received appropriate training in their role. One relative told us, "The staff are knowledgeable and understand their role. Sometimes a new staff member may shadow an experienced staff member as part of their recruitment and induction. It is good to see this opportunity for staff to familiarise themselves with people and their needs."
- An induction process was in place which included face to face training, e-learning, discussion of legislation and policies, shadowing of experienced staff and checks of staff practice and knowledge.
- Staff told us they received supervision which provided them opportunity to discuss any concerns as well as any training needs. One staff member told us they had requested additional specialist training relating to catheter care. This had enabled them to enhance their knowledge and confidence. Other staff told us they were being supported by the registered manager to complete additional training to progress their career in health and social care.

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

- Information in care plans captured people's dietary requirements and levels of support required.

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

- Staff recognised where people required additional intervention to maintain their health and wellbeing. One relative told us, "Recently [family member] had a rash and staff were prompt to draw this to my attention and discuss seeking further advice from a health professional." Another relative said, "The [staff] requested a referral to an occupational therapist to look at equipment for [family member] in the home. We now have grab rails in place which helps [family member] with mobility."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People and their relatives told us the staff sought consent before providing care and support. One person said, "The [staff] always check with me before completing any tasks and ask if there is anything further they are able to help with."
- Records contained evidence of signed consent relating to care and sharing of information.
- Staff had received training in the Mental Capacity Act and understood the importance of supporting people in the decision-making process.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us staff always treated people with kindness, respect and dignity. One person said, "The [staff] are very caring and kind. They do things without me having to say. They are obliging in many ways and often see things which I need and are happy to request these on my behalf."
- A relative said, "[Staff] speak sensitively and gently when speaking with [family member]. They do not rush and allow time for a response. They always explain a task and repeat this if necessary."
- Another relative told us, "Following a recent care review, the carers now support and encourage my [family member] with preparing and cooking a meal daily. It is brilliant to see [staff] encouraging [family member] to be involved."

Respecting and promoting people's privacy, dignity and independence

- People and relatives confirmed the staff provided privacy and dignity when providing care and support. One relative told us, "The [staff] are very conscientious, they really care. When [staff] visit to support with personal care, they will ask others to step out of the room whilst care is provided. The [staff] ensure [family member] is not sat in wet items but assist with ensuring [family member] is kept presentable in a manner which they prefer." Another relative said, "The [staff] really care and take time to know people and encourage them to do what they can."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's records contained information relating to people's likes, dislikes and preferences. This information supported the registered manager to ensure staff were suitably skilled and also matched in personality and character to the people who they supported.
- People received care from a consistent staff team who were familiar with their needs, likes and dislikes. One person told us, "I know the staff well. It is like chatting with a family member when they are here."
- Staff provided care which was person centred. One staff member said, "It is important to provide care and to support a person how they wish, recognising we are all different."
- At the time of inspection people's care needs did not include support with social interests.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care records contained information advising staff of people's communication needs. This included any equipment or aids used. For example, assisting a person to put in hearing aids or cleaning a person's glasses so they were able to see written information.
- The registered manager understood their responsibility in providing information in alternate formats and advised of options available to support this. This included accessing a translation service if required and providing information in a larger font where necessary.

Improving care quality in response to complaints or concerns

- Systems were in place to record, respond and review complaints and concerns.
- People and their relatives felt confident in approaching the registered manager with complaints or concerns and felt they would be listened to.
- One relative told us, "I had information given to me at the assessment on how to make a complaint. I am happy with the care we receive and have not had to complain at this time." Another relative said, "The [registered manager] is approachable and listens to what we have to say. Where we raised concerns previously, [registered manager] addressed these promptly. We feel confident our concerns were listened to and dealt with."

End of life care and support

- At the time of our inspection there was nobody in receipt of end of life care.
- End of life care was discussed during the assessment process and revisited during reviews.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the care which they received. Comments included, "The registered manager is very nice and helpful. [Registered manager] makes me feel valued and listened to." And, "The staff and registered manager are pleasant, professional and approachable."
- One relative told us, "The registered manager is approachable and listens to what we have to say. Where we raised concerns previously, she addressed these promptly."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager was aware of their responsibility in reporting notifiable events to the CQC.
- Complaints and concerns were investigated, and the registered manager provided an apology to people and their relatives when things went wrong.

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

- A system was in place to monitor the quality and standard of the service and the care provided. An action plan was in place to address shortfalls which had been identified and was used to drive improvement and change.
- The provider shared with us actions they had taken in developing and upskilling staff in their role to support the registered manager as the service grew.

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

- Feedback was sought through various formats including surveys, reviews, complaints and supervisions.
- People's views and feedback was welcomed by the registered manager and used to develop and improve the service.

Working in partnership with others

- The registered manager had developed good working relationships with professionals including occupational therapists, GP's and pharmacists. This had resulted in appropriate intervention being provided to maintain people's health and safety at home.

