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

About the service
Green Cross Medicare Limited provides personal care to people in their own homes. At the time of the inspection it was caring for 23 mostly older people.

People's experience of using this service and what we found
People were protected from abuse and avoidable harm. People said they felt safe with staff, who had the training and skills they needed to provide care safely and effectively. People had regular staff who arrived when expected.

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.

People's physical, mental health and social needs were comprehensively assessed. There were regular reviews to ensure care was meeting their needs. Staff were well supported through training and supervision. They were proactive in supporting people to manage their health.

People and relatives said staff were kind, caring and respectful. They felt staff understood them and knew what was important to them. They were involved in decisions about their or their loved one's care. Where people had preferences regarding the gender of staff who provided their care, these were respected.

People and relatives spoke highly of the care provided. They said the service was flexible to accommodate special requests or changes. Care was tailored to people's individual needs. There were aspects of outstanding practice in the way the service went beyond expectations to counter social isolation.

People, relatives and staff expressed confidence in the way the service was run. They described it as open and welcoming. The registered manager was readily available to people, relatives and staff. They had an open and honest approach to complaints. Quality monitoring and improvement were robust.

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

Rating at last inspection
The last rating for this service was good (published 10 November 2016).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Green Cross Medicare Limited

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
One inspector visited the office and met people at home. Another inspector telephoned people and relatives.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 8 May 2019 and ended on 31 May 2019. We visited the office location on 8 and 24 May 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We visited one person who used the service and their relative. We also had telephone calls with four relatives about their experience of the service. We spoke with five care workers, the trainer, the care coordinator and the registered manager.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision, and a variety of records relating to the management of the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection it has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe with staff. For example, relatives commented, "I don't have any worries about the staff, [person] is safe with them", and, "He is pleased with them, he feels safe".
- Staff understood their responsibility to report suspected abuse. They knew how to do this within Green Cross Medicare Ltd, and how to escalate their concerns to statutory organisations concerned with safeguarding adults, such as the police and local authority.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to people and to the staff providing their care. This included any environmental risks in people's homes and risks associated with people's care needs. Risks were managed in consultation with people and their relatives.
- There was a contingency plan for dealing with unexpected or adverse situations, such as severe weather.

Staffing and recruitment

- People and relatives said staff knew how to do their jobs. One commented, "They seem very competent."
- People and relatives said care workers arrived when they were expected. A relative explained, "We know who is coming, they are always on time."
- Care staff said they generally had enough travel time between calls.
- All but one of the people and relatives we spoke with said staff stayed the full length of their call. A member of staff commented that scheduled calls sometimes seemed too long for what was needed and that they flagged this up with the management team.
- The office team did not change staff shifts without confirming this with them directly. A member of staff commented, "No-one changes your shift without having a word with you."
- There were recruitment checks before new staff started work, to help ensure people would be safe with them. These included criminal records checks and taking up references.

Using medicines safely

- Staff mostly prompted people to take tablets and liquid medicines rather than administering these. However, they had up to date training in how to administer medicines.
- Staff applied prescribed creams and ointments for some people. There were clear instructions about how to apply each item within the person's care plan.

Preventing and controlling infection

- Staff had refresher training in infection prevention and control to remind them of the precautions they

should be taking.
● Staff had access to personal protective equipment such as disposable gloves and aprons and knew how to use this.

Learning lessons when things go wrong
● Accidents, incidents and complaints were recorded. The registered manager checked each individually to ensure necessary action had been taken for people's safety and welfare. They also reviewed them for themes that might suggest further action was required.
● Lessons learned were shared with staff through supervision or team meetings as appropriate.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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
- People's physical, mental health and social needs were comprehensively assessed as a basis for planning their care.
- There were regular reviews of people's care to ensure it was meeting their needs. Assessments and care plans were updated as necessary.

Staff support: induction, training, skills and experience
- Staff said they were well supported through training, supervision and conversations with the registered manager and office team. They confirmed they had no trouble getting refresher training, so their skills were up to date.
- Staff had regular supervision meetings with a more senior member of staff to discuss their work in a supportive manner.
- New staff had an induction and were expected to attain the Care Certificate if they did not have qualifications and experience in care work. The Care Certificate represents a nationally accepted set of standards for workers in health and social care.

Supporting people to eat and drink enough to maintain a balanced diet
- Staff assisted some people to eat and drink. Care plans made it clear whether people needed support from staff, and if so what assistance was required.
- Care plans flagged up any dietary requirements. For example, a speech and language therapist had devised a safe swallow plan for a person with swallowing difficulties. The person's care plan referred to their safe swallow plan.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- A relative commented on how staff worked well with other professionals who supported their loved one: "They have to meet up with the district nurses three times a week. It works very well."
- Care plans addressed any support people needed to manage their health.
- Care records contained details of people's health professionals. The service was proactive about referring to health professionals if there were any concerns about people's health.

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 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the deprivation of liberty safeguards cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had training about the MCA. They understood people had the right to make their own decisions about their care unless they lacked the mental capacity to do so.
- People's consent to their care as set out in their care plan was recorded in their care records.
- One person lacked the mental capacity to make decisions about most aspects of their care. Their relative held lasting power of attorney for health and welfare, which meant they could give consent on the person's behalf. The service had obtained details of this.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and relatives described staff as kind and caring. Comments about staff included: that staff were "understanding and caring", "They are kind", and, "They are all very nice people".
- People and relatives said they were treated with respect.
- People's assessments and care plans set out clearly what was important to them, including protected characteristics such as religion where these were relevant,
- People and relatives told us they had regular staff who knew and understood them. For example, a relative said that although their loved one had little speech, they bonded with the staff: "I know the girls know him".

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People and relatives said staff were respectful. For example, a relative commented, "They treat him with dignity and they are kind to him."
- People and relatives told us they felt involved in decisions about their or their loved one's care. For example, a relative commented, "They [staff] are respectful of what he and she want."
- Assessments established whether people had preferences regarding staff of the opposite sex providing their personal care. Where people had such preferences, these were respected.
- Whilst most people needed extensive assistance, care plans set out how staff could encourage people to be as involved as possible in their care. For example, a person's care plan explained they could tell staff they were in pain, and how staff should communicate to involve them in their care.
- Regular spot checks on staff considered how they respected and promoted dignity, such as closing curtains when providing personal care.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People spoke highly of their care. Comments included: "Absolutely amazing help and support for me", and, "I have been very happy with the care".
- Relatives commented on the flexibility of the service according to what their loved one needed. A relative told us their loved one had been able to attend a party because staff came later than usual to help the person to bed. Another relative said, "Changes are easy to make."
- People's care was tailored to their individual needs. This was set out in clear, personalised and relevant care plans. There were copies of current care plans in people's homes and staff understood what was needed.
- Care plans were devised, reviewed and updated in consultation with people, and their relatives as appropriate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Assessments and care plans flagged up people's communication needs and how staff were to support them with these.

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

- Although the service was contracted to provide personal care, it did in some respects go beyond this to address social isolation. For example, people were invited to events and trips organised by the sister care home, which was on the same site as the office.
- The service used to support someone with community pursuits, such as church, knitting club and attending Alcoholics Anonymous.
- We met someone having a respite stay at the sister home, who used to receive care at home. They were a keen gardener and the registered manager had organised for them to visit the home and oversee gardening projects.
- There were numerous photographs of people meeting Santa and his elf (trainer and care coordinator) at a Christmas party. Those people who were unable to come enjoyed visits at home, if they wished.

Improving care quality in response to complaints or concerns

● People and relatives told us they had no complaints but would feel comfortable to speak with the manager if they had any concerns. Comments included: "I would call the manager if I was not happy", and, "I know how to complain or change things".
● The registered manager was proactive in recognising and addressing complaints, even if people had not flagged them as such. For example, they had noted an incidental comment in an email from a relative about fees and had treated this as a complaint.
● Complaints were addressed promptly and fairly.

End of life care and support
● During the inspection the service was not supporting anyone who was anticipated to be close to the end of their life.
● People's assessments and care plans reflected their preferences for end of life care.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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, relatives and staff described the service as being open and welcoming. For example, a relative described everyone from the service as "very approachable".
- Staff said the registered manager and office staff were always ready to support and advise them. A member of staff said, "Any time, all the time. Not just with [registered manager], we can speak with anyone here".
- Staff told us about good communication amongst their colleagues and the office team. A care worker described this as "the main point within this company".

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 responsibilities under the duty of candour. Through supervision, they were promoting staff awareness of this.
- The registered manager had an open and honest approach to complaints and to people's care generally. However, there had been no incidents that required action under the duty of candour.

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

- People, relatives and staff expressed confidence that the service was well run.
- The registered manager monitored the quality of the service provided through a range of audits. They acted on any areas identified as needing improvement.
- There were ongoing spot checks of care workers during their calls. A care worker described how they valued feedback from these observations: "It makes you learn, you realise what you need to do".
- Legal requirements, such as displaying the rating from the last inspection and notifying CQC of significant incidents, were met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There had been a quality assurance survey in 2019. The results of this were wholly positive, people and their relatives complimenting their care and the staff who provided it.
- There were staff meetings from time to time if they were needed. A member of staff explained they were able to contribute to these: "We come with some ideas, maybe if we could improve something."

● Staff felt comfortable to approach the registered manager and were confident that action would be taken if they reported poor practice. A care worker told us, "Staff not working to a high standard would be reported."
● The service had developed links with some community organisations, which afforded social opportunities for people who used the service.
● The registered manager participated in local networks for providers and registered managers.