

Greenstar Health Care Ltd

Greenstar Health Care

Inspection report

The Tannery
91 Kirkstall Road
Leeds
LS3 1HS

Tel: 01132473835

Date of inspection visit:
03 December 2021
16 December 2021

Date of publication:
07 February 2022

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Greenstar Health Care is a domiciliary care agency providing personal care to adults living in their own homes, some of whom were living with dementia and require end of life care. At the time of the inspection, the service was supporting 23 people.

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

We found the service needed to improve to ensure accurate and complete records were maintained, in relation to people's care and management of staff. The provider's internal audits had already identified some of the issues found at this inspection, but other areas for improvement had not been previously identified or timely improved.

People told us they felt safe with the care received by staff who were kind and friendly.

We found most risks to people's care were well documented and mitigation measures had put in place to manage the risks. We could not be sure the equipment used to support people was always safe. Staff followed appropriate infection control procedures and enough personal protective equipment was available.

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.

Staff felt well supported by the registered manager and there were systems in place to ensure staff were inducted into their jobs, trained, monitored and supported regularly.

People's care plans were centred around their needs and most included relevant details about their health and care needs and preferences. The provider told us people's care were reviewed, when required. However, we noted some people's care visits were regularly shorter than what had been planned.

The registered manager understood their responsibilities in relation of their regulatory requirements. They collaborated with the inspection process and either took immediate action to address the issues found or told us about their plans to improve.

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 10 January 2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Greenstar Health Care

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

This inspection was conducted by three inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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.

Inspection activity started on 3 December 2021 and ended on 23 December 2021. We visited the office location on 3 and 16 December 2021.

What we did before the 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 reviewed information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included

the local authority safeguarding team, commissioning team, and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people using the service and two relatives about their experience of the care provided. We gathered information from four members of staff including the registered manager.

We reviewed a range of records. This included four people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at three staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, quality assurance records, supervision records and further records of care.

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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People told us their medication was administered safely and in line with their preferences.
- We did not identify medication errors, however there were several issues with the recording of medication. Medication was not always recorded in people's medication administration records. Daily notes reviewed showed medication had been given, however these records did not specify which medication had been administered. The registered manager told us they had identified this issue, it was due to a change from paper records to electronic medication records and they had plans in place to mitigate the risks.
- Staff had been trained in how to administer medication and their competency assessed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People and relatives told us they felt Greenstar healthcare provided a safe service. One person commented, "Yes (I feel safe), it's very good really."
- We found most risks to people's care were well recorded and mitigation measures put in place to manage the risks. There were a few examples where we found a risk assessment was required for a particular risk related to a person's health, we raised this with the registered manager and they told us they would act on this without delay.
- We could not be sure all the equipment staff used to support people with their moving and handling requirements was always safe to use. This was because the provider could not evidence that all the hoists and slings used by people had passed the Lifting Operations and Lifting Equipment regulations. We discussed this with the registered manager, and they told us they would contact the relevant people for these checks to be carried out and would keep a record of it.
- Staff were aware of which incidents to report and we saw these were recorded in incidents reports. We discussed with the registered manager about specific incidents and the actions they had taken following incidents to ensure care plans were updated and risks managed well.
- The registered manager told us people's care were reviewed when required. However, we noted some people's care visits were regularly shorter than what had been planned. The registered manager explained this was in line with people's needs and preferences at times. Their care plans and length of visits had not been reviewed to reflect what people required and what was being delivered. People and relatives did not raise concerns about the length of the visits.

Staffing and recruitment

- Safer recruitment procedures were not fully followed to ensure staff were suitable to work with people who used the service.

- The registered manager was completing Disclosure and Barring Service (DBS) checks and identity checks for staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, during this inspection we found satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health and social care had not always been obtained. The registered manager told us references had been taken over the phone, but this had not been recorded. Some staff who provided the references did not have a work email to evidence they worked for the provider and had the authority to provide professional references.
- Care was delivered by a consistent team. The registered manager told us one visit was missed due to miscommunication. After this incident, the registered manager put in place an electronic monitoring system to prevent this happening again.
- Staff told us they had enough time to spend with people to allow them to complete all the necessary care tasks.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding policies and procedures in place. The registered manager knew about their responsibilities in this area.
- Staff had been trained in this area, however, in our conversations with them we found their knowledge was not robust in describing what signs of abuse they needed to be looking out for. We fed this back to the registered manager.
- Staff told us if they had any concerns, they would report them to the registered manager and they were confident they would act on any concerns.

Preventing and controlling infection

- Infection control procedures were in place.
- Staff told us PPE was available. People and relatives confirmed staff used PPE during delivery of care.
- We reviewed evidence that showed the provider was monitoring staff's weekly COVID-19 testing.

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

- Staff assessed people's needs before the service began to provide care and support. This ensured the care planned and delivered was able to meet people's needs, and there was clear guidance for staff to follow in relation to people's care.
- People's protected characteristics under the Equality Act 2010, were considered in the planning of their care. For example, people's communication requirements and specific health conditions were described and included in their care plans.

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

- People's dietary requirements and preferences were included in their care plans.
- People and relatives told us staff respected people's preferences and offered them regular choices. One person said, "Yes (staff respect my choices), if available, I get what I want." Another person told us, "I like a sweet, an apple pie and they [staff] help me." A relative commented, "They [staff] take everything and show [person] so [they] can make a choice."

Staff support: induction, training, skills and experience

- Staff completed an induction and training programme before starting to work independently. The registered manager told us, and we saw evidence, staff were receiving training to meet people's needs. The registered manager and a few other staff members had also received specialised training to meet the particular needs of one person.
- Some staff told us they had not received some specific training. We reported this to the registered manager, and they were able to evidence these staff members had been provided with the required training and this would be further discussed during their next supervisions.
- The provider told us staff were offered monthly supervision sessions and staff confirmed this was happening regularly. We reviewed records that confirmed this, however staff told us they were not provided with a written record of these conversations. We spoke with the registered manager about the importance of keeping and sharing with staff records of relevant discussions.

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

- People and relatives were confident staff would contact healthcare professionals if required.
- The provider maintained regular contact with relevant services such as social workers and occupational therapists.

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. 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.

- People told us staff asked their consent before supporting with care tasks.
- The provider was completing mental capacity assessments when there were concerns about people's capacity to make decisions about their care. However, we found a few examples where best interests were not always recorded or details of the power of attorney. The registered manager took immediate action to review these records
- One person who had a complex medical condition and had been advised by a healthcare professional to have their drinks modified, was declining this advice and the carers were providing support with drinks. This was recorded in the care plan and risk assessment. However, specific consent had not been recorded for this decision. We discussed this with the registered manager, and they said this had been requested but not obtained yet and they would continue to pursue this.

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.

Supporting people to express their views and be involved in making decisions about their care

- People's preferences were detailed in their care plans and they told us they had been involved in developing their care plans. One relative commented, "They [staff] are pleasant and a friendly bunch. We have a dog, used to be a puppy. They have been very tolerant, and they have worked around our dog."
- People and relatives had been involved in planning care plans.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and friendly.
- Staff spoke about the people they supported in a compassionate and respectful way, evidencing they knew their individual needs and backgrounds. One staff member told us, "It is an amazing feeling when they [people] give you a smile, it is very rewarding, not an easy job but I love it."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected people's privacy. One staff member said, "[During personal care], the curtains have to be shut, some service users ask to cover their private areas, I always talk [with people] when washing and applying cream." Our conversations with people confirmed staff respected people's dignity.
- People's independence and choice was promoted. Each care plan detailed the planned outcomes for the person. This showed care was designed around what was important for people to achieve.

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

- People's care plans were centred around their needs and most included relevant details about their health and care needs and preferences.
- People told us they felt they had choice and control over their care.

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.

- People's care plans detailed the support they required with their communication needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and told us they had not received any formal complaint.
- Some people and relatives told us they were not aware of the complaints policy but all were confident that if there had any concerns they could contact the registered manager and they would act on their concerns.

End of life care and support

- The provider was caring for people who required end of life care. They told us specific training had been delivered to staff to ensure they were sensitive to the particular needs of people and their families.
- Staff worked with relevant professionals, such as district nurses and palliative nurses, when required.

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 requires improvement. This meant the service management was inconsistent.

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

- During this inspection, we found improvements were required in the quality, accuracy and completeness of some records. For example, in relation to people's medication records, records of safety checks on equipment used to move people, staff's evidence of conduct in previous employment and reviews of people's care.
- Quality assurance checks were in place and were completed regularly, however these had not always been effective in identifying or driving the necessary improvements in a timely way. For example, the service's last three medication audits had identified improvements were required relating to the accuracy of records. Our findings showed sufficient action had not been taken in response to these audits. Audits on staff's files were being completed but these had not identified and addressed the issues found with lack of evidence of staff's references from previous employment.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was receptive to the inspection process and told us they would focus on making the necessary improvements and continue working on their action plan.
- People, relatives and staff shared positive feedback about the management of the service. Their comments included, "[Name of registered manager] is awesome, she has so much energy. When we started, she came in with every single carer and now they train each other. She was on the ground training all staff with the new [electronic] system and she has trained them all."
- Staff told us Greenstar Health Care was a good place to work.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- People and relatives told us the care delivered had a positive impact on their lives. One relative said, "They [staff] do a good job with my [relative]."
- The registered manager understood their responsibilities under the duty of candour and were open about any lessons that needed to be learnt as a result of incidents.

- Staff told us the management were supportive and any issues raised would be acted on timely and appropriately. The registered manager was in regular contact with staff and we saw evidence of regular meetings with staff taking place.
- We saw evidence the provider was considering people's protected characteristics when planning and delivering care.

Working in partnership with others

- The registered manager maintained good working relationships with relevant stakeholders. This included working with commissioners and health and social care professionals to ensure people received care appropriate to their needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found improvements were required in the quality, accuracy and completeness of records. Regulation 17 (2) (a) (c)