

Eagle Green Limited

Greenwood Homecare Grantham

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

Greenwood Homecare Grantham is a domiciliary care service, providing support to people in their own homes. At the time of inspection two people were receiving support from the service, both people had 24-hour care from staff in their own homes.

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

People had a positive experience of being supported by the team at Greenwood Homecare Grantham. People's relatives told us they felt their relations were safe. Staff and the registered manager had a good understanding of safeguarding adults' procedures and how to protect people from harm. Risks associated with people's care and support were managed safely and action was taken to learn from accidents and incidents. Staff were recruited safely and there were enough staff to meet people's needs and ensure their safety.

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 were knowledgeable and had a broad range of training. People had enough to eat and drink. People had access to healthcare when they needed it, and advice was sought from specialist health professionals.

People were supported by staff who were kind and caring, staff knew people well and people were involved in making decisions about their care. People were treated with dignity and respect and their right to privacy was upheld.

The service was flexible to meet people's needs. Staff had a good understanding of how to support people and people chose how they spent their time. There were systems in place to respond to complaints and concerns. Developments were underway to ensure people were provided with caring and compassionate support at the end of their lives.

Greenwood Homecare Grantham was well led. There was a positive culture which placed people at the heart of their care. There were effective systems to ensure the safety and quality of the service. There was strong leadership at the service and relatives and staff spoke highly of the registered manager. Staff felt supported and valued.

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 3 January 2019 and this was the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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.

Greenwood Homecare Grantham

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 one inspector.

Service and service type

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

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 48 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 since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider opportunity to discuss this during the inspection. We used this information to plan our inspection.

During the inspection

We spoke with the relatives of two people about their experience of the care provided. We spoke with three members of staff and the registered manager, the head of operations and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse.
- People's relatives told us they felt their relations were safe. One relative told us, "It is absolutely safe, if staff are worried, they will contact us."
- Staff knew how to recognise and report abuse. The management team had acted quickly to identify potentially abusive practices and had conducted investigations of concerns raised. Allegations of abuse had been reported to the local authority safeguarding team when required.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support. Measures were in place to reduce risks to people's safety, such as from medicines and moving and handling people.
- We found risk assessments had not been completed for one person who had experienced several falls. Despite this staff had a good knowledge of how to reduce the risk to the person.
- After our inspection the registered manager told us they had implemented clear written risk assessments for the above person. This assured us that staff had information to provide safe and consistent care to people.
- Full environmental risk assessments had been completed to ensure staff were protected from any risks posed by people's home environments.

Learning lessons when things go wrong

- Overall, lessons were learnt when things went wrong.
- Incidents such as medicines error were reviewed, and action was taken to reduce risk. Further work was needed to ensure risk assessments were reviewed and updated to reflect learning following incidents such as falls.

Staffing and recruitment

- Staff were safely recruited and there were enough staff to meet people's needs and ensure their safety.
- Staff worked regular shift patterns, this was flexible to meet people's needs.
- There were contingency plans in place to cover staff absence.
- Safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.
- Staff recruitment was underway. The registered manager told us always made sure the right staff were in place before supporting anyone new.

Using medicines safely

- People received their medicines as prescribed. Staff had training in medicines administration and medicines records were completed accurately.
- Medicine errors were identified swiftly and addressed. The provider used an electronic system that enabled them to track the administration of medicines in real time to ensure they were given safely. This meant they could address any issues and rectify them before it had an impact upon the person.

Preventing and controlling infection

- People were, as far as possible, protected from the risk of infection.
- Staff had training in the control and prevention of infection and had access to plentiful supplies of personal protective equipment such as gloves and aprons.

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

- People's care needs were assessed and delivered in line with nationally recognised practice.
- People's needs were assessed before the service began to provide their care and support.
- Individual care plans were developed with the person and their families where appropriate. They were regularly reviewed to ensure people received the support that met their needs.

Staff support: induction, training, skills and experience

- People were supported by staff that had the skills and knowledge to provide good quality care and support. This was reflected in feedback from people's relatives. A relative described staff as, "Really knowledgeable, kind and professional."
- Records showed staff had received the relevant training to equip them with the knowledge and skills they needed to support people who used the service.
- The provider had an in-house training facility comprising of equipment for moving and handling such as slings and hoists, this enabled them to provide 'hands on' training and conduct observations of staff competency.
- New staff received an induction when they started work at the service. Staff were positive this.
- Staff told us they were trained and supported and records showed they had regular formal and informal opportunities to discuss and review their work, training and development needs.

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

- People were supported with their health needs and people's relatives said they were kept informed about any changes. A relative told us, "They always call me if there are any problems."
- Staff had a good knowledge of people's health needs and their support had a positive impact upon people's wellbeing. A relative told us staff provided twice daily foot massages for their relation and said this had improved the condition of their feet greatly. Staff told us this had improved the person's wellbeing and mobility.
- There was evidence that advice had been sought from external health professionals when needed, such as people's GP's or district nurses. A relative told us that staff accompanied their relation to health appointments and said their contribution was, "Really valuable."
- Systems were in place to ensure relevant information was shared across care services when people moved between them. This helped ensure people received person centred support.

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

- People were provided with the support they needed to ensure they had enough to eat and drink. A relative told us, "The quality of food is good, they seem to meet [relation's] tastes."
- Staff we spoke with were clear about their role in encouraging people to eat and drink. A member of staff explained how they supported a person to eat little and often. This had helped the person to reach a healthy weight.
- Staff shared examples of when they had gone over and above their role to ensure people had enough to eat. One member of staff regularly baked cakes for a person as they knew they loved this.

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.

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

- People were supported to make decisions and staff respected their choices. For example, a relative told us their relation sometimes chose to stay in their nightwear, they said staff encouraged them to dress, but if they declined staff respected this decision.
- Staff worked with people's families to explore changes in their capacity to make decisions. For example, staff had attended health appointments with the person and their family and shared information about fluctuations in their decision-making abilities. As a result, work was underway to ensure formal assessment of this person's mental capacity to ensure their rights were upheld.
- No one was being deprived of their liberty at the time of our inspection. However, the provider had measures in place to ensure people had consented to any restrictions upon their freedom. This was reviewed as people's needs changed.

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

- People were treated with kindness and compassion. People's relatives told us staff were exceptionally kind and caring. A relative told us, "It's going really well, [name] is happy. The carers are really good, friendly and professional."
- Staff were passionate about their role in enabling people to live a fulfilled life. The commitment and enthusiasm of staff was evident in our conversations with them. A member of staff spoke about the purpose of their job and said, "It's all about giving them a sense of wellbeing. It's the whole point of why we are here."
- People were supported by consistent staff, who knew them well and cared deeply about them. A relative told us, "Every night, [Name] thanks the carers and says how lucky they are to have them." Staff knew about people's background, their family and their interests. They used this information to inform the support they provided to people.
- Staff understood the importance of treating people as individuals. They were aware of equality and diversity issues and recognised each person was unique with their own lifestyle and preferences.

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

- People were empowered to make choices and have as much control of their lives as possible.
- Relatives told us care was based upon people's preferences and commented that staff respected their relations choices. A relative said, "It is all about [name] they prioritise [name]. It is totally person centred."
- Staff involved people and their relatives in day to day discussions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff understood the impact of providing 'live in' care and described ways that they ensured people still had their private space and time.
- Staff talked about people in a dignified and respectful manner.
- People were supported to be as independent as possible. Staff told us about improvements in a person's mobility resulting from their support. They said, "We are really pleased with their progress. [Name] has told us that they are starting to feel like themselves again."

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 received personalised support from staff who knew them well. Care plans were person-centred and regularly reviewed. They contained detailed information about people's daily routines and care and support needs.
- The electronic care planning system enabled staff to receive live updates about changes in people's care needs. Staff also held care handovers between shifts. This meant they had up to date knowledge about people.
- Staff knew people's needs and preferences and were responsive to people's changing needs. A relative told us, "I think staff know [name] better than we do now."
- Support was flexible and tailored to people's needs. Staff told us daily routines were based upon how people felt that day.

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.

- The provider was meeting the requirements of the AIS. Information was available to people in a range of formats including plain English and audio.
- Staff and the registered manager had a good understanding of how people communicated. They told us they went out to talk things through with people when needed, as they knew this worked best.

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 were supported to maintain relationships that were important to them. People's relatives told us the support gave them 'peace of mind' and meant they could spend time together as a family without having to worry about the person's care needs.
- Staff spoke about reducing social isolation as a key part of their role. A member of staff had encouraged one person to visit a local garden centre. This had resulted in them meeting up with some old friends.
- Other staff members explained that companionship was a key part of their role, and said they regularly spent time chatting with people.
- People were supported to follow their interests and hobbies at home and in the community. For example, one person enjoyed gardening and staff supported them on regular trips to the garden centre.

Improving care quality in response to complaints or concerns

- People's families felt comfortable raising any complaints or concerns. Staff knew how to respond to complaints if they arose and were aware of their responsibility to report concerns.
- There was a complaints procedure in place and complaints had been investigated and responded to in an appropriate and timely manner. A relative explained how the manager had taken swift action to resolve a concern they had raised.

End of life care and support

- There was no one receiving end of life care at the time of the inspection. However, the registered manager told us they were committed to supporting people who wished to do so, to remain in their own homes with support from consistent staff in their last weeks and days of life.
- Staff were aware of good practice and guidance in end of life care. Training was planned to enhance their skills in this area.

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

- The provider and registered manager had a shared vision for the service. They took pride in providing a high-quality service focused on the people they supported. This vision was central to the development of the service. The registered manager explained that they were developing and growing the service slowly to ensure that quality was sustained.
- The management team understood the importance of supporting staff. They were developing initiatives to recognise staff achievement.
- Staff told us they felt valued. A member of staff said, "They (the management team) are consistent, they have empathy and they care. They are in touch with me every day, that is really important in a job like this."

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 had a good understanding of their duty to be open and honest with people. Records showed the registered manager had been in touch with people and their families following incidents, such as a medicines error, to offer an apology and try to prevent the same from happening again.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff clearly understood their roles and responsibilities.
- People's relatives were unanimously positive about the registered manager, staff and the service provided. Comments included, "It's really excellent. " and "The are all very accommodating."
- The registered manager completed quality audits and safety checks. They undertook regular 'spot checks' to monitor the quality of the service delivered by staff. These were effective in identifying issues and driving improvement.
- The registered manager was aware of their responsibility to submit notifications to CQC following any significant incidents at the service.

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

- Staff felt involved and engaged with the organisation. They explained how they had autonomy to try new things out with people, such as different activities and ways of promoting their independence.
- People and their families were given opportunities to give feedback about the service through regular care

reviews. This was used to inform and improve the care people received. A newsletter was being developed to share general service information with people.

- Work was underway to develop new ways of connecting with people. For example, customer forums were planned. The head of operations told us they were considering people's diverse needs as part of this, for instance by running men's group to help reduce social isolation.
- There were links with the local community. Greenwood Homecare Grantham's office was centrally located. The registered manager told us members of the public often popped in to get information and advice about care. This helped alleviate people's fears about using care services.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept up to date with good practice, they attended local forums for registered managers and subscribed to update services from several national good practice organisations.
- The provider and the registered manager shared learning and knowledge with staff and others to raise the standards of care. This included sharing links to national best practice guidance on a social media site.
- The provider's care Policies were based upon good practice.
- The registered manager worked in partnership with others, such as health and social care professionals to ensure people got the care they required and to make improvements.