Greenshoot Care Services 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

This announced inspection took place on 22 August 2017.

At the last inspection on 24 September 2016 the service was in breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9, Person-centred care; Regulation 12, Safe Care and Treatment; Regulation 17, Good governance; and Regulation 18, Staffing.

After the inspection the provider submitted an action plan telling us the action they would take to make the required improvements. At this inspection on 22 August 2017 we found the provider was no longer in breach of the regulations and they had made significant improvements to the service and the care people received.

Greenshoot Care Services Ltd is a community healthcare service registered to provide personal care and treat disease, disorder and injuries in people's homes. The service provided specialist care to people with brain injuries and is country wide. The service has an office in York and currently provides care to two people who lived in different parts of the country.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Professionals spoke positively about the service and staff.

Staff had received safeguarding training and had followed local safeguarding protocols appropriately.

Action had been taken to identify and minimise any risks to people who used the service.

Recruitment practices were robust to make sure only suitable people were employed.

There were sufficient numbers of staff employed to provide timely assistance to people. Staff received appropriate training and support for their roles.

Effective systems were in place to store and administer medicines.

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

Staff helped people with food preparation where that was appropriate as part of their rehabilitation.

People received care and treatment from external health care professionals as part of a multi-disciplinary

team.

Staff supported people to take part in activities.

Action had been taken to improve the service since the last inspection and staff and professionals spoke highly about the support people received.

Audits and checks were in place. Surveys were sent to people, their families and professionals as part of the service quality monitoring systems.

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.

People's safety was a priority for the provider. Staff had been trained in safeguarding adults and children. Risks to people's health and well-being had been identified and plans were in place to mitigate those risks as far as possible.

There were sufficient staff on duty to meet people's needs and they had been recruited safely.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received relevant training and supervision to enable them to fulfil their roles effectively.

Staff were aware of their responsibilities under the Mental Capacity Act and worked closely with court appointed deputies.

People had access to a range of healthcare professionals who were part of the multi disciplinary team involved in their care.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

People who used the service and their families were included in making decisions about their care and were consulted about their day-to-day needs.

Is the service responsive?

Good

The service was responsive.

There were clear policies and procedures for people to use if they wished to complain or raise concerns.

Staff were knowledgeable about peoples backgrounds and preferences. People's care plans clearly described their needs. Risk assessments were reviewed and monitored appropriately.

People were supported to take part in activities.

Is the service well-led?

Good

The service was well led. There was a registered manager in post.

Action had been taken to improve quality assurance systems and a quality lead was being employed to maintain and build upon the improvements..

Improvements had been made to record keeping. Audits were completed regularly in line with the provider's policy.

Staff had confidence in the leadership of the service.

Greenshoot Care Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a community healthcare service; we needed to be sure that someone would be in.

The inspection team was made up of two adult care inspectors. We were unable to visit people on the day or meet staff as this was a specialist care provider and care was being provided in two locations which were over 45 miles away from the main office. In addition, one family was on holiday at the time of the inspection and although we tried several times, we were unable to make contact with a second relative. We contacted the case managers who oversaw the care arrangements for each person, to request feedback. One case manager gave us their view of the service provided by Greenshoot Care Services Ltd.

Prior to the inspection we looked at notifications sent to CQC. Statutory notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with a care co-ordinator, a clinical lead nurse, the registered manager and the operations director. We also spoke with a care worker who worked with one of the people supported by the service.

We inspected two people's care records, medicine records and daily records which had been updated electronically to the office every day. We looked at three staff recruitment records and quality assurance documents which reflected the areas of the service which were regularly checked by a senior manager.

Good

Is the service safe?

Our findings

At our last inspection on 24 September 2016 we found that the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The medicines policy had not reflected every aspect of medicines management and staff had not received training in administering medicines.

At this inspection, the required improvements had been made. We checked the medicines policy and found it reflected current guidance. All staff had been trained to administer medicines and risks relating to medicines had been assessed thoroughly. A care plan recorded the person's needs clearly in relation to medicines. Medicine administration records were completed appropriately and these were audited by the clinical lead and any issues identified. The care co-ordinators for each person carried out unannounced visits to people's homes and checked medicines management at these visits.

Relative's usually managed medicines and staff provided support when necessary. When we spoke with a member of staff they told us, "We are all trained in medicines. [Name of relative] gives medicines but if unable to we (staff) do it."

People told us that Greenshoot Care Services Ltd provided a safe service. The service was a specialist service employed to provide care and rehabilitation for people who had a brain injury. The service was mainly instructed by solicitors and each person had an allocated case manager because their brain injuries had been traumatic. Traumatic brain injury occurs when an external mechanical force causes brain dysfunction and it may mean that solicitors are needed to assist with claims who understand both legal and medical issues relating to the condition. One case manager told us, "They [the staff] enable my client to live safely in his home and undertake all efforts to ensure they are kept safe at all times. Any issues or risk issues are quickly identified discussed and addressed. Risk assessments are clear thorough and efficient; communication is clear and effective in keeping my client and the staff safe."

Risks to people were identified and staff had sufficient information to protect them from avoidable harm. Staff were aware of the risks for each person in areas such as medicines, nutrition, mobility and behaviour that challenged. Staff understood how to support people to be safe. Where appropriate, healthcare professionals and relatives were involved in risk management plans.

Safeguarding policies and procedures were in place for adults and vulnerable children. Risk assessments identified any significant risks. There were detailed measures in place to reduce risks to people. Staff were knowledgeable about what constituted abuse or improper treatment and they told us about the appropriate steps they would take to report any concerns. One member of staff told us, "We are trained in safeguarding adults and children."

At times staff had to manage some behaviours which challenged them .Where this was identified there was a risk assessment which determined the level of risk as low, medium or high. This then fed into the care plan which described each behaviour and described specific responses with examples under the heading, "What we do." One member of staff told us that they had completed, "Breakaway training." This is training which

teaches breakaway techniques in circumstances of aggression and physical assault.

Each person who used the service was provided with a team of care staff and rotas showed us there was always sufficient staff on duty at all times.to meet their needs. Staffing levels were appropriate and ensured that people were supported safely. Rotas confirmed adequate cover was provided for staff absences and to accommodate any additional support around appointments or activities to ensure continuity for the person and their family. The registered manager told us any shortfalls in staffing were covered internally by other members of the staff team.

There were emergency numbers available in people's care files for care workers to use. There was an out of hour's service which was staffed twenty-four hours a day seven days a week. This meant the registered provider ensured sufficient support was available for care workers to meet people's needs.

Recruitment procedures were robust and staff had been recruited safely. People and their families were involved in the shortlisting and interviewing of staff. This was because staff worked so closely with people and their families. Disclosure and Barring Service (DBS) checks were carried out and references sought by the provider. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with adults or children.

People's health and safety was taken seriously and staff had been trained in control of substances hazardous to health (COSHH),. Hot water outlets in the houses had thermostatically controlled valves to prevent scalding and staff had been trained in food safety.

Staff maintained a record of accidents and incidents within people's care files. The clinical lead monitored these as part of the care file audit to identify any trends. Where necessary, body maps were completed and charts were used to monitor behaviours. Staff discussed incidents at handovers and team meetings, which ensured they learnt from incidents.

There were fire policies in place in each person's home and fire alarms throughout the properties. Exits had been identified and staff had been trained so that people could be evacuated safely.

Good

Is the service effective?

Our findings

At the last inspection on 24 September 2016 we found a breach of Regulation 18 of the Health and Social Care Act (Staffing) .Staff had not undertaken an induction. At this inspection we saw that improvements had been made. Staff were usually recruited to work with a specific person. Once they had been employed they completed an induction. A new induction process was under development in conjunction with Skills for Care to make the process more effective by linking into the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected from staff. Staff then went on to complete shadow shifts with a more senior member of staff in order to get to know the person they were providing care for and their routines.

A case manager told us, "My clients care needs are met" and, "They (staff) work well with a wide multi-disciplinary team." A care worker said, "They give us all the training we need but if I identify I need more training they (directors) will arrange it" and, "I have worked for other agencies but Greenshoot is above and beyond what I expected."

Staff were trained in subjects such as moving and handling people, health and safety, medicine administration and safeguarding children and adults. They also completed more specialised training in brain injury and autism awareness. The brain injury training was bespoke to each person and staff had been trained to deal with each person's condition and how it affected them. This gave staff the knowledge they needed to provide person centred care. The clinical lead nurse told us how people's conditions affected them and explained what steps were taken to support people. Their knowledge of brain injury was good and they were able to give skilled support and advice to staff.

Staff were supported with regular supervision. Supervision is a process that involves a manager meeting regularly with an employee to review their work and promote staff development. A member of staff told us, "I receive supervision every two to three months from the care co-ordinator."

People were supported to access routine medical support from healthcare professionals such as dentists and opticians, or more specialist support, such as that from speech and language therapy and physiotherapists. Records also showed people were supported to attend regular reviews of their general health and needs with a multi-disciplinary team. A care worker told us, "[Name of person] has several professionals involved in their care."

Nutritional needs were assessed along with the level of risk to the person. Specialist support was given by speech and language therapy and a nutritionist. One person had clear guidance from the nutritionist within their care files. For example to replace refined carbohydrates with wholegrain foods in order to promote a healthier diet and weight loss. Another person had a care plan which outlined how they should prepare food in accordance with a healthy diet. Where necessary people were weighed regularly.

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. The application procedures for this in community healthcare services

are called the Deprivation of Liberty Safeguards (DoLS). However, unlike care homes, authorisation for DoLS has to be sought through the Court of Protection by the supervisory body. No-one receiving care from this provider was subject to a DoLS authorisation at the time of our inspection. However, we saw that people had a deputy appointed by the Court of Protection. There was a copy of any relevant documentation in the person's care record. Decisions made in people's best interests were appropriately recorded and relatives and representatives were involved.

Good

Is the service caring?

Our findings

Staff treated people with dignity and respect and supported them in a kind and caring way. The case manager for one person told us, "They (staff) really do care and offer a bespoke service with a great attitude and a can do approach."

People's care plans reflected a clear person centred approach to people's care and showed how positive outcomes for people were to be achieved. For example one person's care plan reflected their pet's care. They walked the dog themselves when able, but if they were too fatigued to do so staff stepped in and carried out that task to support the person. This meant that people were able to maintain their lifestyle as far as possible with the help of well-informed staff.

Staff supported children and adults in a compassionate way. Feedback from the case manager suggested that people responded positively to this approach and trusted their staff. Staff were able to tell us how they maintained people's dignity, such as ensuring people were supported to make choices where possible. They told us, "(Staff) show a lot of compassion and they do this with kindness, dignity and respect."

People continued to be supported in their own homes and maintained important relationships with people that mattered to them. The support provided by staff allowed people's personal relationships to develop and strengthen because they could retain their roles of parent or spouse and not be the sole care giver, but remain fully involved.

Staff were very knowledgeable about people's needs. When we asked them how they supported people they described this in detail and they were fully aware of people's individual conditions, likes and dislikes and any recent changes in their health or behaviours.

We saw people and their families had some private time on their own without staff presence. For one family this was when staff had gone home in the evenings. For another person staff remained close by just in case people required support. Staff provided the reassurance and support people and their families needed. One case worker told us, "All the staff and management team are caring, compassionate and they show the family and client a great deal of understanding."

People were actively supported to be as independent as possible. Staff described how one person set SMART goals. This means that goals were specific, meaningful and motivating, achievable, relevant (realistic), and timely so that the person had a planned approach. This allowed them to reach goals taking small steps at a time. For example one person who wanted to lose weight wore a smart watch. A smart watch is a computerised wristwatch which is effectively a wearable computer collecting data such as number of steps walked. This was a visual representation of their achievements and provided motivation.

People's families advocated for them along with a multi-disciplinary team and so there had been no need for a specialist advocate to be involved in their care and support.

Good

Is the service responsive?

Our findings

At the last inspection on 24 September 2016 there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Person Centred Care. Information in care plans had been inconsistent and care plans were not reviewed or updated. At this inspection we saw there had been improvements. We saw that care plans contained up to date and relevant information and they were reviewed regularly.

People received personalised care and support from a dedicated team of staff who were employed to work with them as individuals and who received training specific to people's needs. People were referred to the service through case managers working with solicitors. This was a specialised service that assessed individual needs in detail to ensure the best outcomes for people. The case manager for one person told us, "The service is always very responsive; they have gone above and beyond their role at times to meet my clients and the family's needs."

The clinical lead nurse confirmed that following the last inspection they had reviewed the care plan format. We found the care records had been reviewed and updated and people had an individualised plan of care. Care plans included details of people's preferences.

An initial assessment had been completed by the clinical lead nurse. They had extensive experience of this type of injury so was aware of the effects the injury could have on each person. For example, they told us that fatigue was a particular problem for people with brain injuries. This had been reflected in care plans so that when people were fatigued there were clear steps for them and staff to take to ensure they rested.

The initial assessment informed the care plan which was developed with the person and their family, as part of a multi-disciplinary team approach. Each member of the team gave input into the care plan. For example for one person getting ready to go to school required a phased auditory and sensory approach. There were clear instructions for staff about how to support the person in their routine. This included saying, "Good morning" and opening the curtains, with staff returning every 15 minutes until the person was ready to get out of bed. These detailed plans meant that staff knew what to do in every situation. Where new situations arose they were discussed at regular multi-disciplinary team meetings which were recorded.

Information about changes to people's needs was shared at staff handovers to ensure staff provided them with appropriate support. For one person who was still at school the care was shared with the school. The person had a statement of educational need and an education, health and care plan in place which took account of the parent's wishes. This ensured that the child's needs were addressed at school as well as at home.

One person was affected adversely by noise and vibrations when staff walked around the house. The staff had responded by wearing slippers whilst working. This had resulted in a better outcome for the person due to noise reduction. The same person was supported to be involved in activities which supported their rehabilitation. Staff had clear instructions in care plans about how they should do this. The person was

supported by staff to attend a class where they took part in a health promoting exercise and they maintained household domestic activities.

The service worked with relatives, healthcare professionals and other external agencies to ensure people transitioned safely to new services. One member of staff explained to us that a person had started at a new school because they needed the specialist services provided. They explained that they would be working closely with the school because the transition would be difficult for the person. They told us the multi-disciplinary team would monitor the transition closely, sharing information with the school to ensure a good outcome for the person.

We saw the service had a complaints policy and procedure which detailed who to contact and timescales to respond and investigate any complaints. Records showed there had been no formal complaint received about the service since the last inspection. The registered manager confirmed they met with each person on a regular basis and encouraged them to communicate any concerns or issues they had.

Good

Is the service well-led?

Our findings

At the last inspection on 24 September 2016 we found a breach of Regulation 17 of the Health and Social Care Act. Policies had not always reflected current guidance and audits of care plans had not identified people's needs at that time. Records and processes were not always in place to support people and staff. At this inspection we saw that there had been improvements. Policies had been reviewed and reflected current guidance and audits identified where improvements were needed. Records had improved and staff were now receiving supervision and attending staff meetings which supported them.

There was a registered manager in post who supported the inspection along with the operations director and clinical lead nurse. One care worker told us, "The directors (who were also the registered manager and operations manager) come to see us and sort out any issues. When I had a problem working at one service they went above and beyond to make sure it was sorted out and everyone was comfortable. They are friendly and approachable." The registered manager was aware of their registration responsibilities.

Systems and processes to document and evaluate people's daily needs were in place and these were consistently applied. Where changes to peoples care records were needed this was identified and action taken. Records relating to the administration of medication were complete and well maintained. These were audited regularly so any inconsistencies were identified immediately. The registered provider maintained accurate and complete records in relation to each person receiving a service.

Staff we spoke with were clear about their roles, responsibilities. One care worker told us, "We work closely with the other health professionals and the case manager. We are supported by the care co-ordinator. I have never had so much supervision and support."

The clinical lead told us they encouraged feedback from people who used the service. They told us they visited people regularly and also asked for feedback from professionals to assist them in improving services. We saw feedback from the latest survey from professionals. One professional had responded, "Very effective, person centred and efficient. Keep doing what you're doing as you do it far better than others." We saw that feedback forms for people who used the service were written or pictorial depending on their needs. This meant that the service was more likely to receive feedback because people could understand the documents.

Accidents and complaints were reviewed so that the registered manager could learn from them, and improve the quality of care that was being provided if necessary.

The statement of purpose included the aims and objectives, the philosophy of care and core values of the service. The registered manager and the operations director told us they were passionate about improving the service. They told us about plans to make supervisions external so that they were more effective in supporting staff. They were also looking at employing a quality lead to build on the steps they had taken to monitor quality.

In order to improve best practice the provider was currently working with Skills for Care to improve their induction process. In addition the clinical lead was a member of the United Kingdom Brain Injury Forum (UKBIF) and used the Brain Injury Rehabilitation Trust as a resource to maintain best practice.

Staff wanted to maintain the high standards set by the management team. One member of staff told us, "Because of the way they [The registered manager and the operations manager] are, it makes me want to do all I can to maintain their reputation. They treat staff well, with a staff night out planned at Christmas, which maintains morale."

A case manager told us, "The management and leadership team of the service are highly effective."