

# Mrs Susan Cawthray

## Greenfield Court HNHA

### Inspection report

42 Wetherby Road  
Harrogate  
North Yorkshire  
HG2 7SQ

Tel: 01423 888777

Website: [www.harrogateneighbours.co.uk](http://www.harrogateneighbours.co.uk)

Date of inspection visit: 27 August 2015

Date of publication: 02/10/2015

### 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 

### Overall summary

The inspection took place on 27 August 2015 and was unannounced.

At our last inspection on 18 December 2013 the provider was meeting all the regulations that were assessed.

Greenfield Court HNHA provides care and support to older people who live within the provider's extra care housing scheme or live independently in the local community. The provider also works in the service and provides daily leadership and management support. Therefore a separate registered manager is not required. 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. A scheme manager and a catering manager provided Greenfield Court HNHA with additional management support.

People using the service and their relatives spoke positively about the standard of care that they received. Effective management systems were in place to

# Summary of findings

safeguard people and promote their wellbeing. Care plans and risk assessments were reviewed and updated in a timely way, to ensure people's needs were known and could be met.

There was a stable, consistent staff team which provided people with a reliable service. Members of staff were recruited safely and undertook a range of training to update their knowledge and skills including safeguarding awareness and medicines management.

A dedicated catering team provided people living in Greenfield Court HNHA with a lunch and tea service. People could also access café facilities during the morning and afternoon, which provided a choice about where and when they ate as well as providing people with

the opportunity to socialise. People living in the community could access the community meals on wheels service which was also supplied by the in-house catering team.

The scheme manager organised activities to encourage integration, promote social contact and reduce loneliness. They also made arrangements with independent providers such as opticians and pharmacists to offer additional services such as eye tests and flu vaccines, to enhance people's wellbeing. Health and social care professionals were contacted as needed to support people's care needs.

Appropriate quality assurance systems were in place. Monitoring systems such as satisfaction surveys and incident and accidents reporting were analysed and used as the basis for continuous improvement.

# Summary of findings

## 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 safe.

People were confident that any concerns they raised would be acted upon. Staff had received safeguarding training and understood how to use the local safeguarding protocols in practice.

Risk assessments were in place to identify and minimise the risks posed to people using the service and to staff.

Safe recruitment practice was followed, which minimised the risk of appointing someone unsuitable for the job.

Appropriate medicines management systems were in place.

Good



### Is the service effective?

The service was effective.

People were supported by a reliable and consistent staff team.

Care workers were aware of the requirements of the Mental Capacity Act 2005 and best interest meetings were held to ensure people rights and freedoms were upheld.

People were supported to eat and drink according to their plan of care.

Staff worked with other health and social care professionals such to support people's care needs.

Good



### Is the service caring?

The service was caring.

People were positive about the care they received and said they were treated with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

Care plans detailed people's care and support needs. All staff including ancillary staff had received training on person centred care, to enhance an individualised approach throughout the service.

People were asked for their feedback through daily contact in the extra care housing and through annual satisfaction surveys.

Information from people's comments, concerns and complaints was analysed and used to make improvements where needed.

Good



### Is the service well-led?

The service was well led.

Appropriate systems were in place to assess the quality of the service and improve services.

Good



# Summary of findings

People who used the service, their relatives and staff confirmed that the provider and senior managers were approachable.

# Greenfield Court HNHA

## 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 was planned to check 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 27 August 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Usually we ask the provider to complete a Provider Information Return (PIR) before an inspection. 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. However on this occasion we carried out the inspection without this information because the provider had no record of receiving the form and the inspection was carried out at short notice. We reviewed the information we

held about the service, such as notifications we had received from the provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We contacted the local authority contracts and commissioning team and Healthwatch for feedback about the service. Healthwatch gathers the views and experience of people about their local services, and uses that information to help improve services and influence commissioning outcomes for people living in the area.

During our visit to the service we spoke in person or by telephone with four people who used services and with three relatives. We talked with the provider, the scheme manager, and three members of care staff. We observed part of the mealtime service and spoke with the catering manager. We reviewed care plans and associated medicines administration charts for four people, and staff recruitment and training files for four members of staff. We looked at records relating to the management of the service including staff rotas, the induction checklist, quality surveys, and the service user guide.

# Is the service safe?

## Our findings

People confirmed that they were well looked after and said they felt safe. Safeguarding and whistle blowing policies were in place and records showed that staff had received training in these. Three members of senior staff including the provider had completed advanced training, to enable them to deliver safeguarding awareness training. Staff we spoke with confirmed they had undertaken training in safeguarding and they knew to follow local safeguarding protocols if needed. One team leader said, “Without a doubt they [the care staff] bring any concerns to me and I always run them past [the provider]. These arrangements helped to ensure that people who used the service were protected.

Records of staff recruitment were well maintained and showed the provider had a robust framework in place for selecting staff. A range of checks were carried that included satisfactory written references and disclosure and barring service (DBS) checks. The DBS service helped employers make safer recruitment decisions and prevented unsuitable people from working with vulnerable people. Staff files contained evidence of completed application forms, interview notes and training records including a record of induction.

All staff were issued with a contract of employment and had the equipment needed to carry out the job safely. This included a uniform, disposable aprons and gloves, masks, first aid boxes and electric circuit breakers. Among other matters the induction programme covered security, health and safety, fire awareness training, moving and handling and food hygiene. Staff confirmed that new staff worked alongside more experienced staff until they and their managers were confident they could work unsupervised.

Everyone we spoke with confirmed that staff did not rush and that they provided consistent, safe care. One person

said, “They always ask if they can do anything more to help before they leave.” Staff were employed for a minimum number of guaranteed hours each week, which promoted a stable workforce and helped senior staff plan the rotas. Because staff worked contracted hours they had sufficient time in which to travel between people and spend time to complete any tasks. Any additional time left after they had completed their visits was used for training purposes or to help out on site.

Individual risk assessments were completed including people’s mobility, medicines management and house security. Information about accidents and incidents were recorded and used to inform improvements to people’s safety and wellbeing. An alarm call system was fitted in Greenfield Court and people we spoke with confirmed that staff always responded promptly if they rang for assistance.

Senior staff provided ongoing advisory support and advice through the on call system. The provider said, and people using the service and staff confirmed that they were available in case of any queries or concerns. All of the senior staff including the provider routinely undertook care visits and covered in case of staff absence. These were viewed as a way to keep in touch with people and gain feedback about the service.

There was a medicines policy and staff said, and records confirmed, that they had received training on the safe administration and recording of medicines. Medicines were discussed at the weekly managers meetings. Senior staff observed staff practice to make sure they followed good procedures in the administration of medicines. Care records contained evidence of ongoing checks that medicines were having the desired effect, to ensure the dosage was correct. People who received help with this aspect of their care told us they thought their medicines were supervised appropriately.

# Is the service effective?

## Our findings

People were positive about the care and support they received and said that staff were well trained. Comments included, “Couldn’t fault them,” and, “They [the staff] look after us very well.” Rotas were completed in advance and a list of calls was emailed to staff the day before the visit. This allowed a degree of flexibility to enable last minute changes to be incorporated.

Staff said and the people we spoke with confirmed that communication between the staff team was ‘Brilliant’. Comments from staff included, “I couldn’t ask for a better job,” and, “It [the work] is very rewarding.” Everyone we spoke with said that care staff were reliable, stayed for the agreed length of time and they never missed calls. One relative told us that timing could vary but there was always a good reason if staff were delayed.

Care staff completed core training on subjects such as safeguarding, fire safety and moving and handling. Client specific training was completed as needed. Examples included dementia awareness, colostomy care and percutaneous endoscopic gastronomy tube feeding (sometimes referred to as PEG tube feeding). A PEG tube is used for people who have swallowing problems or who are unable to take food or fluid to meet their nutritional needs.

Staff told us they had completed training on equality and diversity, and dementia. They confirmed their training and development needs were reviewed. Supervision sessions were held every two months and staff said in practice they spoke with managers on a daily basis. Senior staff carried out ‘spot checks’ and held a weekly managers meeting, to identify and address any issues. Staff told us that spot checks at Greenfield Court included a check on the person’s care file, the cleanliness of their room and bed making. Senior staff also carried out observed practice, to ensure that staff followed the correct procedures in medicines management and moving and handling.

Staff had received training on the Mental Capacity Act (MCA) 2005 to keep them up to date with current legislation. Care files included evidence of capacity assessments and best interest meetings. This showed us that staff were following the appropriate decision making processes, which was set out in the MCA.

A meal service was provided at Greenfield Court at lunch and teatime and hot meals were also prepared and delivered into the community. People had assistance from care staff outside these times if it formed part of their care package. A catering manager was employed and membership of a national organisation gave staff access to good practice guides, checklists and training. Menus were planned four weekly in consultation with people living at Greenfield Court and in the community, staff and families. This showed us that people’s preferences were taken into account in the way that meals were planned.

The catering manager said as much care as possible was taken to ensure that people were maintaining a good dietary intake. For example, kitchen staff noted any food that was returned to the kitchen and people’s food intake was discussed at the weekly managers meetings. Care records contained evidence to show that where concerns were raised appropriate referrals were made to the GP, community nurse or dietitian.

In addition to cooked meals people living at Greenfield Court could also access drinks and light snacks in the lounge, which was used as a café daily between 10.15 to 11.30 am and 3.15 to 4.30 pm. The catering manager said future plans included the introduction of ‘snack boxes’, to maximise food intake for people at risk of poor nutrition.

People completed a quality questionnaire in relation to the quality of the food provided and 90% of respondents living at Greenfield Court stated that meals were served to their satisfaction. Everyone reported that the food served was to their liking and 80% said that the meals met their expectations in terms of temperature, taste and presentation. In addition to specific questions people could add comments, and the overall analysis included the action which had been taken in response to these.

Staff said and records confirmed that health issues were raised with senior staff and with the GP or community nurses. The scheme manager confirmed they liaised with health and social care professionals. They also looked for opportunities to bring services into the home for people’s benefit. Examples included a visiting optician, and a pharmacy who had arranged to visit to offer people a seasonal flu vaccine.

# Is the service caring?

## Our findings

People were complimentary about the service they received and said that staff were kind and compassionate. They told us that the staff treated them, or their relative, with respect and protected their dignity. Comments included, “Excellent,” and, “I am very satisfied.” People told us they would recommend the service to other people and several people told us they had already done so. One person said, “Without a doubt, I would recommend them.”

All of the people we spoke with were happy with the care that they or their relative received. One person said, “Their [the staff] repartee always lifts [my relative’s] spirits, which is very important.” Another family member said, “I think they do a very good job here.”

Staff were knowledgeable about the people they supported and spoke about people with respect. They said they always allowed sufficient time for people to be as independent as they were able.

People said that staff always checked their preferences out with them and had time for a chat. All of the people we spoke with told us that the care staff helped to promote their or their relative’s independence. One person said, “I am independent and can take myself to the shops or to the doctor but they would help if I asked.” Another person said that staff always came to assist their relative to the dining room, which helped to keep them active.

Everyone said that staff were approachable and people said they could always ring the office to request changes to the agreed care. This was confirmed during our visit when a relative contacted the service to request a period of respite care for their relative.

In their quality assurance survey people were asked to rate the service on a range of questions. From the responses 100% of people stated that they could choose when to be private and that their visitors were made welcome. People said they were treated with dignity and respect either very well at all times or very well most of the time.

Staff were enthusiastic about the care they provided and said they worked well together as a team. One member of staff described Greenfield Court as, “One big family, we are all very close.” The provider said that they were continually looking at ways that to improve and extend the service. For example, they had developed a ‘meals on wheels’ service to benefit more people living in the community. Future plans centred on a proposed new extra care supported housing scheme, to provide updated premises. In discussion with staff it was evident that they were looking forward to the planned move into new accommodation and the enhanced facilities this would provide for people using the service.



# Is the service responsive?

## Our findings

People were positive about the service they received and confirmed that they were involved in planning their care. Care plans were completed with the person and focused on their preferences and life choices. They provided all of the information that staff would need in order to be able to meet people's individual care needs. People were complimentary about the staff team. Comments we received included, "They are excellent," and, "They do their very best to care for [my relative] as they would wish."

Before people received a service staff visited to complete an assessment of their care needs. They also involved people's family, carers and health and social care professionals with the person's agreement. People had signed their care records to say they agreed with the information they contained. Care plans were reviewed on a regular basis and changes made as and when needed.

People's daily records were detailed and well written. They included information to help ensure the support was given consistently and this meant staff were aware of the person's needs and would support them in the way the individual wished. There were systems in place for staff to record and report back to the manager and team leaders on any changes that may affect the care received by people. For example, the team who delivered the meals service checked people were fit and well and completed a 'wellbeing' sheet to identify if further intervention was needed.

There was a stable and consistent staff team in place. Staff were knowledgeable and spoke enthusiastically about their work and the people they supported. All staff including ancillary staff had completed person centred training in the past year, which helped to develop an individualised approach throughout the service.

A range of social occasions and outings were programmed each week, to enhance people's enjoyment and stimulate interest. For example, when we visited a group of people were enjoying a word game and bingo session. Previous activities included a 'French' themed lunch with crepe stalls and entertainment. The service also had a mini bus, which meant that people using the service could benefit from trips and outings.

Information was made available through a range of documents, which included a service user guide and complaint procedure. Annual satisfaction surveys were used to gain formal feedback on the service. The results of these were analysed and action was taken to make improvements when needed. One example was changes made to the food that was provided, which resulted in improved comments from people using the service. This meant that people's views were taken into account in the way the service was run and helped the provider to look at where they may need to improve the service. The scheme manager also spoke with everyone in the extra care housing daily, and this was used as an opportunity to gain people's feedback.

The complaints procedure set out the action that people could take should they have a concern or complaint. In their surveys 95% of people said they would feel able to speak with someone if they had any concerns and 100% said they would speak to a friend / family member or member of staff. Feedback included, "Once again, I am very satisfied," and, "I have no complaints." One person said, "I would recommend them and have done so." Where people had raised concerns we saw these had been investigated and a response made.

# Is the service well-led?

## Our findings

Everyone we spoke with confirmed that they could express their views and would not hesitate to do so. One relative who told us that staff were helpful said, "I couldn't fault them." The provider told us that they promoted an open culture in the service and that they operated an 'open door' policy. Staff confirmed they could speak with the provider and senior managers at any time and we observed this happened in practice throughout our visit. Staff spoke positively about the provider and the support that they received. Comments included, "It is a fantastic team," and, "Good communication." One member of staff said the provider was, "Very approachable," and, "Nothing is too much trouble."

The provider worked in the service and provided staff with daily management and support. They were assisted in this task by a finance manager, a scheme manager and the catering manager. Managers held weekly meetings to discuss current issues, agree action and provide an update on progress. Senior care staff met on a monthly basis and staff told us they felt confident in their roles and responsibilities and enjoyed their jobs. The provider told us that they encouraged staff to develop their roles and take on new roles and responsibilities in preparation for a planned move to new premises.

Care records, risk assessments and daily records were updated regularly and these were audited. Accidents and incidents reports were analysed, to ensure information was meaningful and lessons were learned. Policies and procedures were reviewed, systems were modified as a

result and the changes were shared at staff meetings. This showed that the service had effective systems in place to identify, assess and manage risks to people's health, safety and welfare.

The provider used a range of audit tools to introduce improvements when needed, to make sure that people received a consistent and reliable service. For example, quality assurance questionnaires were sent each year to staff, people who used the service and relatives to get their views about the care and support provided. A quality assurance report was produced using feedback on the questionnaires. An external company carried out independent quality monitoring, to improve the customer experience. The provider told us this gave them a good understanding of the quality of the services that they provided. They explained that they would be sending out a new survey in September 2015, to incorporate 'smiley' face graphics to aid understanding.

In addition to this team leaders and managers said they spoke to people when they attended care visits and during spot checks. The people we spoke with told us that they knew the provider and managers well. They said that they could contact them to discuss their care needs or request changes to their care package. During our visit we observed this happened in practice when a relative contacted the service to request additional support.

The service belonged to a regional representative body for independent care providers and to a national care catering association, which helped to provide the service with up to date information, best practice guidance and training opportunities.