

Greenfield Care Ltd

# Greenfield Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Greenfield Care is a domiciliary care service providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection there was 22 people using the service, 15 of these were receiving support with personal care.

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

There continued to be ineffective measures in place to adequately monitor the quality and safety of the service. There had been some improvements made since our last inspection in July 2021. However, these were either being planned and/or not fully implemented or embedded in practice to demonstrate people were provided with a safe and well-led service at all times.

There had been improvement since the last inspection in with regards to infection control systems and procedures. Some people's care planning and risk assessments had been reviewed and updated. However, in the ten months since our last inspection not all care plans had been reviewed and updated to reflect current needs.

Care plans contained conflicting information for staff in the management of people at risk of choking, diabetes, risk of falls and the management of people's medicines. Where care plans stated people required only prompting to take their medicines, we found staff were actively involved in administration without the guidance needed to ensure people's safety.

The registered manager had not learnt lessons from previous shortfalls identified regarding the safe care and leadership at the service. The registered manager continued not to have oversight of how the service was performing.

Where staff carried out shopping tasks for people, there continued to be a lack of procedural guidance and systems to ensure the safeguarding of people's finances. Staff had access to people's debit cards with security pin numbers. This conflicted with the providers policy which meant there was inadequate safeguarding measures in place.

Arrangements for staff recruitment, training and deployment did not support people's safety. Not all were evidenced to have received training and staff continued not to have complete recruitment information. In the ten months since our last inspection staff told us they continued not to receive regular supervision, spot checks on their performance and neither annual appraisals.

People told us they 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. Where people living with dementia there

was a continued lack of care and risk management planning which would include an assessment of people's mental capacity in relation to day to day decisions.

We recommended information be provided to people in how to raise a safeguarding concern and formal complaints, including details of how to contact relevant agencies such as the local safeguarding authority, the Care Quality Commission (CQC) and the complaints ombudsman.

People and relatives were mostly positive about the safety of the service. No formal complaints had been received since the last inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

At this inspection we found the provider remained in breach of regulations.

The last rating for this service was inadequate (published 21 August 2021). The service remains rated inadequate. This service has been rated requires improvement and inadequate over the last seven inspections.

There has been a continued history of non-compliance with repeated breaches of regulations. Improvements required from previous inspections going back as far as 2015 have continued not to be fully addressed.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

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

You can read the report from our last inspections, by selecting the 'all reports' link for Greenfield Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified continued breaches in relation to governance, safe care and treatment, staff training and safeguarding at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

#### Special Measures

The overall rating for this service remains 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

# Greenfield Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by two Inspectors.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post who was also the company director.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out, we wanted to be sure there would be someone in the office to speak with us.

Inspection activity started on the 10 May 2022 and ended on 12 May 2022. We visited the location's office on the 10 May 2022.

#### 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 and professionals who work with the service.

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 took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, office administrator and care workers. We reviewed a range of records. This included four people's care records including medication records. We looked at three staff files in relation to recruitment. We also reviewed a variety of records relating to staff training, the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from two social care professionals.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems were in place or robust enough to protect people from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13 and has been so over the last three inspections.

- There continued to be a lack of robust systems in place to protect people from the risk of abuse.
- Where staff carried out shopping tasks for people there were no care plans with risk management guidance for staff in how to do this safely and protect people from the risk of financial abuse.
- The registered manager told us all shopping tasks carried out by staff was paid for out of staff's own money and later reimbursed by the provider with people invoiced on a monthly basis for expenses incurred.
- Several people who used the service told us staff had access to their personal debit cards and security banking pin numbers to pay for goods purchased on their behalf.
- Shopping receipts were provided, but financial transaction reports were not always completed in line with the provider's policy.
- Receipts showed occasions when staff had used their personal store reward cards when carrying out shopping tasks for people. The provider's policy on managing people's finances stated 'staff personal store reward cards should not be used when purchasing goods'. There was a lack of systems in place to ensure oversight of this.

Systems were either not in place or robust enough to demonstrate people were protected from abuse. This placed people at risk of harm. This was a repeated breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of



regulation 12 and has been so over the last three inspections.

- Risks associated with people's care and support were not always planned for or mitigated. Risk management plans in relation to people diagnosed with diabetes, dementia, risk of falls and the management of their medicines continued not to be provided.
- Since our last inspection, staff had received safeguarding and moving and handling training. However, staff had not received first aid training including emergency treatment.
- The choking risk assessment for one person stated 'all staff must be trained in first aid as well as understanding and provision of textured diets and thickened fluids'. The registered manager told us none of the staff employed had been provided with the training required. This put people at risk of harm.
- One care plan stated, 'staff are to be aware of food and drink and ensure it is prepared in line with Speech and Language Therapy (SALT) guidance'. However, the care plan did not describe the guidance provided by SALT. Staff did not have the necessary guidance as to, what food and drink was to be prepared, including what the assessed consistency needed to prevent the risk of choking.
- People diagnosed with diabetes were supported by staff with food preparation and drink. Care plans did not describe food and drink needs and preferences. Staff were responsible for monitoring blood sugar levels of one person. There was a continued lack of guidance for staff describing symptoms associated with unstable blood sugar levels with actions needed to prevent the risk of harm.
- Since our last inspection a system to record accidents and incidents had been put in place. In the 10 months since our last inspection no accidents or incidents had been recorded.

#### Using medicines safely

- Staff administering medicines told us they had received on-line training. However, there was no system in place to ensure their competency to administer medicines had been assessed.
- The staff training matrix provided by the registered manager did not evidence any of the staff employed had received training in this area.
- Care plans did not always guide staff in the level of support people needed in relation to receiving their medicines as prescribed.
- Prescribed creams were administered by staff. There were no instructions for staff as to when, where on the body and how these prescribed creams should be applied. This meant there was a potential risk of incorrect administration.
- There was also not always a MAR record to evidence if and when these topical medicines had been administered. There was a continued lack of guidance for staff which would describe the reasons medicines had been prescribed, and any information which would alert staff to effective treatment or adverse reactions.
- All of the care planning documents we reviewed stated people were independent and only required prompting to take their medicines. However, we found staff were actively involved in the administration of these people's medicines without the necessary guidance to do this safely and ensure regular review. This had the potential to put people at risk of not receiving their medicines safely and as prescribed.

The provider's systems continued not to be robust enough to demonstrate risks to people's safety including the review of care and risk management planning, and the safe management of their medicines. This placed people at risk of harm. This was a repeated breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was not working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where there was reason to doubt the mental capacity of people, for example, people living with dementia and staff involvement in the management of their medicines, there were no MCA assessments carried out as required.
- Care and risk management planning did not include an assessment of people's mental capacity. There was a lack of understanding of how the MCA should be implemented in practice.
- Staff described how they offered people choice and enabled them to make decisions about their care. However, staff were unable to demonstrate understanding of their roles and responsibilities in relation to the Mental Capacity Act (2005) MCA.

This demonstrated a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment practices. This demonstrated a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection. The provider was still in breach of Regulation 19 and has been so over the last three inspections.

- The registered manager told us no new staff had been employed in the ten months since our last inspection.
- The registered manager told us an audit of staff recruitment files had recently been carried out to address the shortfalls found at the last inspection. However, references from the most recent employer had still not been obtained in line with the provider's recruitment policy. .
- A full employment history had not been sought to ensure staff employed at the service have a full employment history with gaps explored and reasons recorded.
- At our last inspection we identified shortfalls in the lack of supervision support to staff. At this inspection staff told us they continued not to receive regular supervision, spot checks on their performance and neither annual appraisals. The registered manager told us, "I know I should have made sure staff have supervision but I have not had time."

- Checks had not been carried out to ensure all staff had appropriate insurance in place when using their vehicles for work.

Systems were either not in place or robust enough to demonstrate safe recruitment practices, training and support. This placed people at the risk of harm. This was a repeated breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they received support from regular care staff who knew them well. One person told us, "I would say I mostly have the usual carers. Some are better than others. The normal ones are good." Another said, "I am happy with the carers. They are usually the regulars who know what I need and are all pretty good."

#### Preventing and controlling infection

At our last inspection we found the provider was not consistently following Government guidance, about how to operate safely during the COVID-19 pandemic, in areas such as risk management, testing, screening and training. This demonstrated a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made.

- Since our last inspection all care staff had received training in infection control.
- Staff confirmed they had access to adequate supplies of Personal Protective Equipment (PPE).
- People confirmed that staff always wore PPE.
- There was now a system in place to ensure staff received regular COVID-19 swab testing.
- There was now a system for screening visitors to the office.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to demonstrate safety was effectively mitigated and lessons were learned to prevent future incidents assess the risks relating to the health safety and welfare of people. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 and has been so over the last three inspections.

- The registered manager also the sole director for the service had failed to achieve an overall rating of good over the last seven inspections.
- Since our last inspection in July 2021 the provider had taken the decision to employ a consultant to assist in making the improvements needed. Whilst some improvements had been made, not all of these were either fully developed, implemented and embedded in practice. We found continued breaches in regulations.
- People's care and risk management plans were still not fully person centred and detailed to guide staff in how people's specific needs were being assessed and met.
- Not all care plans had been reviewed in the ten months since our last inspection to reflect people's current care needs with guidance for staff in how to reduce risks to safety.
- There remained shortfalls in the monitoring of staff performance and training. There continued to be a lack of opportunities for staff to access supervision to discuss their performance, any concerns they might have and identify any training needs.
- There was no system in place for recording and subsequent analysis of late or missed care visits to drive improvement in the service.
- The registered manager told us the service did not miss care visit calls and this was confirmed by people who used the service. However, people told us there were occasionally late calls. The registered manager did not have an effective system for recording and monitoring of these with actions planned in response.

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

- In the ten months since our last inspection, there had been only one staff meeting held on the 4 November 2021. The registered manager told us they had not had time since to arrange any more staff meetings due to their working daily to provide hands on care and staff availability.
- Staff continued not to be provided with regular supervision, annual appraisals which would enable them opportunities to assess their performance, discuss concerns and identify any training needs they may have.
- Staff comments included, "In the last three years I have only had two supervisions, and one staff meeting, we are very isolated. We have lost a few staff lately. It's getting harder to do this work." And, "Supervision, what's that? It just doesn't happen. There is an on-call duty system but you don't always get an answer when you call. There is very little support. I am alright but I worry for any new or young staff who maybe don't have the experience I have. It's not an incentive to work for this company."
- Since our last inspection, satisfaction questionnaires had been sent to people using the service. All of the responses available to view were positive. Staff were not included in surveys.

#### Working in partnership with others

- The registered manager was aware that improvements were needed to be made at the service following local authority audits. A local authority audit carried out in September 2021 identified similar shortfalls to those we found at this inspection. Action taken by the registered manager to ensure improvements to the quality and safety of the service were limited given the length of time since this audit and our last inspection in July 2021.
- We received feedback from social care professionals who were concerned that the registered manager had not worked in partnership with them to drive improvement in a timely way. They said the registered manager sometimes presented as unwilling to cooperate, cancelling appointments scheduled for review of actions and there were delays in responding to requests for information.

The continued failure to understand, assess, monitor and mitigate risks, to maintain accurate and fit for purpose care records with ongoing plans to ensure improvement of the service demonstrated a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection we found a lack of systems in place for handling safeguarding concerns and complaints with a recorded audit trail of actions taken in response to demonstrate lessons were learned. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found some improvement. The registered manager had put in place a safeguarding and complaints log. However, there were none recorded in either log.
- The service user guide provided to people with guidance in how to raise concerns and complaints did not contain details of how to contact relevant external agencies if required.

We recommend information be provided to people in how to raise any safeguarding concerns and formal complaints with details of how to contact relevant agencies, such as the local safeguarding authority, the Care Quality Commission (CQC) and the complaints ombudsman.