

Greenfield Care Ltd

Greenfield Care Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place between the 11th, 12th and 16th May 2017 and was announced.

Greenfield Care Limited is a domiciliary care agency, delivering services in the South Suffolk and North Essex Area. At the time of our inspection the agency was supporting 47 people.

The service has a registered manager who is also the provider. 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.

Following our last inspection in May 2016, we asked the provider to make improvements as we found shortfalls in the management of risk and safeguarding arrangements. Staff had not always received the training they needed and medicines were not managed in a safe way.

At this inspection we found that changes had been made which had led to some improvements however there remained areas where further work was needed. For example safeguarding procedures were clearer and staff could tell us about what to do if they had concerns about people's welfare however the arrangements in place to safeguard people when staff made purchases on their behalf were not satisfactory. They did not protect the people using the service or staff. Some staff training had been undertaken but there were gaps and there was a need for a more comprehensive training strategy. Medicines were being managed in a safer way but there was a need for greater oversight and we have made a recommendation regarding this.

People's experience of this agency was good. They told us that they were supported by a consistent team of care staff who knew them well. The agency communicated with them and they knew in advance what staff would be visiting them. If there was a problem they were advised if the carer was delayed.

People spoke highly of individual staff describing them as caring and considerate. They told us that they were in control of their care and their choices were respected by care staff.

The manager was aware of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had not received training in this area.

Staff supported people with meal preparation and helped them maintain a balanced diet. Where concerns were identified, monitoring was increased. Staff were alert to changes in people's health and wellbeing and supported people to access appropriate health care support. Where necessary they accompanied people to healthcare appointments.

There were care plans in place to inform staff of people's needs and preferences and people benefited from

being supported by a regular team of care staff. Risks were assessed but information was not always presented in a clear way for staff to follow. We have made a recommendation regarding this. Reviews were undertaken when people's needs changed.

Peoples concerns were listened to and there was a system in place to address complaints. We saw that concerns people had raised had been responded to in a timely way.

There was a quality assurance system in place to identify shortfalls and what the service could do better. This included seeking people's views through annual surveys. We saw that the service had acted on feedback received and made changes. Audits were also undertaken however they were not well developed or always undertaken in a systematic way. Further work is needed to drive improvement

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service is not always safe.

Staff knew about safeguarding and the steps that they should take to raise concerns. However the procedures in place for the management of people's money were not sufficiently robust and did not protect people or staff.

Improvements had been made to how medicines were managed although audits need strengthening and formalising. The guidance given to staff on the use of PRN (as required) medicines would benefit from further clarification

Risks to people's safety were identified but the staff would benefit from clearer guidance on minimising risks.

There were sufficient staff available to provide the care that people needed. Checks were undertaken on staff to ensure that they were suitable for the role.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Some training was provided but it was not well developed. Spot checks were being undertaken but not always on a regular or systematic basis

Staff had some understanding of consent, and people told us that their choices were respected however there was no evidence of staff training having been completed on the Mental Capacity Act and Deprivation of Liberty.

People were supported to eat and drink according to their assessed needs.

The service worked alongside other health professionals to ensure that people's health care needs were met.

Is the service caring?

Good ●

The service was caring.

People received continuity of care from regular staff who were kind and attentive.

People had good relationships with those who supported them.

People were involved in making decisions about their care and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People's needs and preferences were outlined in a care plan which was subject to review when people's needs changed.

People told us that they were confident that concerns would be responded to appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led

There was a quality assurance system in place but it was not well developed and further measures are required to assess performance and drive improvement.

Staff told us that they were supported and morale was good. People benefited from being supported by a consistent team of carers

Questionnaires were distributed and analysed at regular intervals to ascertain people's views of their care.

Greenfield Care Limited

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.

The inspection took place on the 11, 12 and 16 May 2017. The inspection was announced. We gave the service 48 hours' notice that we would be doing the inspection so that they could make sure the necessary people were available at the office when we called. The inspection team consisted of one inspector and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In advance of our inspection we reviewed the information we held on the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect. We also contacted the local authority quality team as part of our planning for the inspection.

As part of the inspection, the expert by experience spoke on the telephone to four people who used the service and eight relatives. We undertook visits to three people who received care in their home and spoke to staff. We spoke with five care staff as well as staff from the head office team, including, the quality lead, administrator and manager.

We reviewed a range of documents and records, including care records for people who used the service, records of staff employed, complaints records, medication and incident records. We also looked at the results of questionnaires that people who used the service and their relatives had completed.

Is the service safe?

Our findings

At the last inspection we identified that the safeguarding arrangements were not working effectively. At this inspection we found that improvements had been made, but there continued to be issues with how the agency supported people with their finances. We found that the safeguards in place were not sufficiently robust and did not fully protect people and staff. Staff were undertaking shopping on people's behalf and accessing people's finances. Receipts were not collated and we found that financial transaction records were not being routinely maintained. There was no system of cross referencing the receipts with the records to ensure that safe processes were being implemented and people using the service and staff were protected.

We identified this as a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding people from abuse and improper treatment.

At the last inspection we identified that risks were not well managed and did not take in account changes in people's needs or staff skills. At this inspection we found that some improvements had been made and the service was no longer in breach of this regulation. Assessments of risk were undertaken and information about their management were included in the pen picture however there were gaps and further work was needed to ensure consistency and fully protect people. We have made a recommendation regarding this. For example we found gaps in the documentation and information was not always clearly presented for staff to follow. One person was diabetic and had regular injections of insulin from the district nurse but information was not provided about the indicators of high or low blood sugar levels which could mean that signs could be missed. Staff were clear about the steps that they would take if concerned and told us that they were in regular contact with the district nurses and would bring any changes to their attention. We have recommended that further information is provided in risk management plans for staff to follow.

In other areas we looked at staff were taking action to address risk such as applying creams to those at risk of skin damage and ensuring those at risk of dehydration had a drink to hand. One of the care plans we looked at indicated the person was at risk of falls, and we saw that a pressure mat was in place to alert people to the individual mobilising. Relatives also told us that staff supported people to complete exercises to improve their mobility and reduce the risk of them falling.

At the previous inspection in May 2016 we found that medicines were not being managed safely. At this inspection we found that steps had been taken to address some of the issues and the service was no longer in breach of regulation however further improvements were needed to audits to fully safeguard people. We looked at some of the records which had been returned to the office and saw that there were a number of gaps on the Medication Administration Record (MAR) and could not see evidence that these were followed up to check if this was a recording error or whether the person had received their medication as prescribed. Checks were undertaken on medication at reviews but this was not clearly documented and we have advised the service to formalise these audits.

The provider told us that they had changed the recording tools for medication and most people were now using a monitored dosage system (MDS), which was changed on a weekly basis. We looked at a sample of

Medication Administration Records (MAR) and saw that they recorded what people were prescribed and the times that the medication should be administered. When we visited people in their homes we checked a sample of people's medication against the records and found that they tallied. There were as required medicines (PRN) charts for staff to complete but we have recommended that staff receive further guidance on the circumstances that these medications should be given. Medicines such as eye drops were dated upon opening to ensure that they were safe to use. People told us that staff applied their creams and lotions as required.

People told us that the staff were effectively deployed and they received their care visits as planned. One person told us, "The timekeeping is very good. If they are going to be late they'll usually ring up." Another person told us, "They are pretty much always on time. On a couple of occasions when they have been detained elsewhere they have phoned up to let me know they'll be late."

People told us that they received a weekly planner which set out the times and names of the carer attending, so they knew who to expect and when. Staff told us that they had regular people they supported each week and had travel times between each call. People were advised to allow staff 30 minutes either side of their call time. Staff told us that if they were delayed they knew people well and which calls were time critical. They told us that the agency was adequately staffed and the agency only accepted new packages of care if they had the staff available in the location to support them. Existing staff who predominantly worked on a part time basis covered sickness and holidays. There were clear on call arrangements to cover staff shortfalls outside of office hours.

Staff completed timesheets which the office staff transcribed onto invoices. Some concerns were raised about the accuracy of some of the invoicing as there had been some errors with the transcribing. People assured us however that staff were very trustworthy and the issue was caused by administrative shortfalls. None the less we have recommended that these processes are strengthened to protect people and the staff.

People told us that they felt safe and that they knew how to contact the agency if they had any concerns. One person told us, "I can rely on them and they haven't let me down." A relative told us, "[My relative] has regular carers that they have got to know and the timekeeping is very good, as is their support with their medication."

Staff spoken with had sufficient understanding of what to do if they suspected an individual of being at risk of abuse or harm. They knew about safeguarding and whistleblowing and told us that they would not hesitate to speak to the manager, and expressed confidence that they would address any concerns. We saw that new staffs knowledge of procedures such as safeguarding were checked on an ongoing basis, and where shortfalls were identified these were followed up with individuals. The agency had recently introduced, 'cause for concern' forms which staff could use to raise any concerns about individuals and staff were clear about the purpose of these and were able to give us examples of where they might be used. The manager showed us some forms which had been completed and the actions taken.

Staff files were well organised and showed that recruitment checks were carried out by the provider to check on people's suitability for the role. We saw that staff completed an application form and checks were undertaken on their identity and references obtained from their last employer. Disclosure and Barring checks (DBS) were undertaken to check if prospective staff had any criminal offences and these were resubmitted every three years. The majority of checks were undertaken before individuals started to work for the agency but we found some anomalies between the date of the DBS check and some staff members

recorded start dates, and have recommended that this is clearly recorded to evidence that the systems are robust.

Is the service effective?

Our findings

At the last inspection in May 2016 we identified that there were some shortfalls in training and supervision which meant that people were at risk of receiving care which may not meet their needs. At this inspection we found that some improvements had been made but training was not well developed and the service continued to not to comply with the regulations.

Risks to individuals were reduced as a number of the carers were very experienced and people using the service expressed confidence in their skills and abilities. People told us that they had confidence in the staff skills and abilities. One person said their carer, "Is wonderful and knows exactly what they are doing." Another said, "The care is exceptional."

However there was a need for a more comprehensive training strategy to address those new staff with no background in the care sector, as well as ensuring that experienced staff skills were kept up to date. We looked at the training matrix and could not see that staff had completed training in areas such as the mental capacity act, diabetes, dementia, first aid and food hygiene.

Some staff were supported to undertake additional qualifications such as qualification and credit framework (QCF). Since our last inspection some of the staff had undertaken training in areas such as moving and handling and they had certificates on their files however this had not yet been accessed by some of the newer staff who were providing support to people.

We identified the shortfalls in training constitute a continued breach of Regulation 12 c of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The manager told us that new staff were starting the care certificate which is a national initiative to ensure that newly appointed staff are properly inducted into their role. New staff told us that they received an induction which prepared them for their role. They told us that they worked on a supernumerary basis to start with, and observed their colleagues providing care before they worked alone. A new member of staff told us that they were given the time they needed to learn about the role of carer. One of the senior staff told us that the length of time that staff worked as supernumerary depended on their previous experience and skills. Senior staff told us that undertook checks on newly appointed staff to make sure they were working to expectations, however these checks were not always documented.

Staff said that they were well supported and could contact the office and the out of hours on call person when they needed to. Staff told us that they received supervision from a senior member of staff to discuss how they were progressing. There was some evidence that staff also received work performance spot checks when working in a person's home. This was to ensure that the quality of care being delivered was in line with best practice and reflected the person's care plan. The systems for undertaking these checks however could be developed further to ensure that they were being undertaken regularly and consistently

The provider had an understanding of the Mental Capacity Act (MCA) and we saw that as part of peoples

care records there were pen pictures in place which set out peoples preferences. Staff told us and we observed that they gave people choices of what they wanted to do and how they wished to spend their time. They were aware of unwise decisions and about capacity. People told us that they were given choices and were in control of how care was delivered. One person told us, "They give me choices so I can decide." Another person said, "I feel very much in control."

Where people required assistance, they were supported to eat, drink and maintain a balanced diet. People told us they were satisfied with the support they received from staff and were provided with appropriate support to eat and drink according to their preferences. People we visited all had drinks close by which they could reach and told us that staff were helpful and cooked them items from scratch if they preferred. One person told us, " Sometimes they do me vegetables but other times I have a ready meal." Where there were concerns about people's food and fluid intake food and fluid charts were put into place to enable closer monitoring. We saw from one person's records that they had recently declined a meal, but the carer had recorded, 'But I put together a salad and said they could eat it later, but they started to eat it immediately.'

People were supported to maintain good health and told us that they had access to healthcare services when needed. A relative told us, "Things are working really well. [My relative] has got one carer and she's kind and caring. They noticed something and I was able to contact the doctor and get it sorted out. We're happy with the service and would recommend it."

A number of people told us that staff accompanied them to hospital and GP appointments. Care workers understood what actions they were required to take when they were concerned about people's wellbeing. One member of staff told us that they had sat with one person until the paramedics came and the agency was very helpful and had rearranged their calls to enable them to stay with the person and provide comfort. Records showed that where concerns in people's wellbeing were identified, health professionals were contacted.

Is the service caring?

Our findings

At the last inspection we found the staff to be caring and this was still the case. People had positive, caring relationships with the care workers who supported them. One relative told us about the relationship their relative had with their carer, "They've almost become like friends." Another person said, "They have some very dedicated staff."

Staff were observed to be kind, caring and considerate of people during our visits. We saw that people were relaxed and comfortable with staff and observed light hearted discussions taking place. Interactions were warm but respectful. One person told us, "We have a giggle."

We observed that staff made sure that people were comfortable and had all they needed to hand so they could access it after they left. Records also demonstrated that positive caring relationships, for example one carer had recorded in the notes, 'Had a lovely catch up' and another had noted that an individual was not themselves and had written for a colleague, 'We need to keep an extra eye on them.'

People told us that they were treated with respect and staff gave them the time they needed. One person told us, "They don't rush me." A relative described how staff, "Sit down and talk to [my relative] about the past, (which she likes)." Care staff we spoke to, understood the importance of treating people with respect and ensuring privacy, one member of staff told us, "I always call out when I come through the door to let them know its me."

People told us that staff involved them in making decisions about their care. One person told us, "They ask me what I want to wear today and then find it in the wardrobe." The staff we spoke to had a good knowledge about people's needs and were able to tell us about people's preferences daily routines and their likes and dislikes. It was clear from our discussions with staff that they knew people well, and they enjoyed their role. One member of staff told us, "We have regular clients so they get the same face." Another member of staff said, "I love it ... I look after them as a family member." One member of staff told us, "Helping someone to make their life better is a lovely feeling." Some of the staff had known people for a number of years. Staff gave us examples of where they had gone the extra mile, including popping back to see people who weren't themselves when they visited. We heard that one person recently had a fall and the member of staff stayed with them and put the person's head on their lap and sang with them while they waited for a paramedics.

Peoples independence was promoted, one person told us, "They help with what I can't do." A relative told us, "They will only do what [my relative] wants them to do, [my relative] is very independent and they work with that." Staff described how they supported people to remain in control of their lives as far as possible and described situations, such as when assisting people with cooking where they supported people to express their choice and be independent.

Is the service responsive?

Our findings

People told us that their needs were assessed before they started to use the service. One person told us, "We sat down and had a very thorough discussion. " Another person said, "We had a very detailed chat." We saw that this information was developed into profile which set out people's needs and preferences. This included information about the care people needed such ensuring that they had their glasses and hearing aids as well as their preferences regarding the gender of carer and how they preferred to be addressed. People were supported by a consistent staff team who knew them well. Daily records were maintained in people's homes and these were detailed and informative enabling staff to provide continuity of care.

Everyone we spoke with was satisfied with the service they received and told us that the agency communicated with them well. One relative told us, "If there are any problems they'll contact us and we've been working together to ensure [my relative] eats properly which is working well." Another person told us that the agency was flexible and, "Have responded well to a change in my circumstances."

We saw that reviews of people's needs were undertaken particularly where there was a change in people's needs such as after a fall. Staff told us that if a person's needs had changed whilst in hospital a reassessment of their needs took place to ensure that the support provided from the service was appropriate and reflected the current care needs of the individual. This meant that people received effective and coordinated care when they returned home from hospital. Staff were clear about actions they would take if they noticed deterioration in people's wellbeing and this included contacting the office and relatives/GP as necessary.

People we spoke with knew how to make a complaint and told us they had confidence in the manager to deal with any concerns they might have. We looked at records of concerns that had been raised since the last inspection and saw that records were maintained and people received responses promptly. Where shortfalls were identified apologies were given and learning identified. This demonstrated that the arrangements to address concerns worked effectively

Is the service well-led?

Our findings

At the last inspection we identified that there had been improvements to quality monitoring but more work was needed to be done to ensure that the agency was meeting requirements and that issues were being identified and addressed quickly.

At this inspection we found that staff were well supported but the systems for the oversight of areas such as training and staff competency were not well organised. The agency had started to implement some spot checks on staff performance however, there was a need for further development to ensure that these checks and other audits on areas such as medication, care plans and risk assessments took place regularly.

The provider told us that they had planned to address the previous issues raised at the last inspection in May 2016 by investing in new computer software but this had not yet happened, which meant that they had not done as much as they had planned.

People were very positive about the staff and the agency and they clearly benefited from being supported by a consistent team. One person told us, "They are lovely girls, a good team, they will do anything for me." Another person said, "I'm extremely happy. [The agency] was recommended to me and I would do the same."

The provider was also the registered manager and staff told us that they were approachable and accessible. We saw that the manager was based in the office but still delivered personal care on occasions, telling us that they, "Still enjoyed going out" The manager was assisted by two senior staff who worked across two nearby geographical areas and both provided care to people. These staff had additional responsibilities for undertaking reviews and overseeing the induction of newly appointed staff. People told us that this worked well and the care delivery was better as a result.

Staff told us they were motivated and worked well as a team. They had confidence in their colleagues and described a culture where they were valued and they in turn went the extra mile to support people. They told us that they wouldn't hesitate to recommend the agency and appreciated the fact that the provider sent all the people who used the service, and staff flowers on their birthday.

There were systems to ensure effective communication and handover including emails from the provider updating staff on changes to individual's wellbeing but staff also told us that they were in regular contact and updated each other. Supervisions took place but there were few formal opportunities for the staff team to come together and there were no team meetings. The provider told us that this was an area that they planned to develop.

Annual satisfaction surveys were carried out by the provider and this showed that the majority of people were satisfied with the service they received. One of the comments made included, "A big part of [my relative] feeling this way is because of you all for caring for them." We saw that some issues had been raised about the out of hour's services and the manager told us that they had responded by purchasing additional

mobiles and advising people to leave a message to enable people to respond promptly.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Training did not always provide staff with the skills they needed to do so safely and in line with legislation
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The arrangements in place to support people with shopping did not provide adequate safeguards