

Green Arrow Care Providers Limited

# Green Arrow Care ,Ilford

## 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

This announced inspection took place on 10 October 2017. This was the first inspection since this service registered on 31 October 2016.

Green Arrow provides personal care to people living in their homes in the London Borough of Hackney. At the time of our visit there were four people using the service.

There was no registered manager at the time of our inspection. The current manager told us they were yet to put in an application as a previous candidate had not stayed. After the inspection we received an email to confirm the process to register a new manager had started. 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.

We had concerns about the current online training in place as staff had not completed all the training and had not scored high enough scores to demonstrate understanding of the training completed.

Staff were aware of the risk assessment in place although some risk assessments had not been completed fully or reviewed in a timely manner leaving people at risk of receiving unsafe care.

The current recruitment practices in place were not always safe as appropriate procedures to ensure staff were suitable to work in social care environment were not always followed. Three out of four staff had only one reference. In addition references had been completed a few months after staff had already started to work for the service. Similarly disclosure and barring checks were in all files but had also been sourced after staff had started to work at the service.

There were some quality assurance processes in place which included telephone monitoring and spot checks in order to obtain feedback from people. However these were not effective as they were yet to address current failures in recruitment, training and risk assessment processes in place.

People told us they were treated with dignity and respect by staff who were polite and kind. They felt safe using the service and told us staff left their property secure. Staff had completed online safeguarding training and were aware of the steps to take to report any allegations of abuse in order to protect people from avoidable harm.

People told us they were happy with support at meal times and that they were supported to access healthcare services when required. They were aware of the complaints process and felt the manager listened to their concerns.

Staff told us they were supported by the manager and were happy to work at the service. They had an

understanding of the Mental Capacity Act and how they applied it within their role to ensure there were no unnecessary restrictions on people who used the service and although some staff were still to update their training and knowledge.

People told us there were enough staff to look after them. We saw schedules to support staff were deployed to meet people's needs although we noted some missed visits. However, these were investigated in order to ensure they did not recur.

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

We always ask the following five questions of services.

### Is the service safe?

recruitment checks in place which did not always ensure the provider had completed the necessary checks before staff started to work at the service.

Medicines were not always managed as staff were yet to complete medicine competency assessments.

Although risk assessments were in place they were not always updated in a timely manner or specific enough to outline how risks were mitigated.

Staff were aware of the safeguarding procedures in place in order to protect people from avoidable harm.

**Requires Improvement** ●

### Is the service effective?

People were not always supported by staff that had undergone the necessary training. This left people at risk of receiving inconsistent care that was not based on the latest guidance.

Staff were aware of the Mental Capacity Act and how they applied it in their daily role. They were supported by means of regular supervision and spot checks to ensure care was delivered according to people's preferences.

People were supported to maintain a balanced diet when it part of their care plan to do so. They were supported to attend healthcare appointments and maintain their health.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People and their relatives told us staff were polite and respected their wishes.

People told us they were treated with dignity and respect.

Staff were aware of people's cultural and religious preferences and ensured they supported them according to their needs.

**Good** ●

### Is the service responsive?

**Good** ●

The service was responsive. Care plans reflected individual's preferences and were updated every six months.

Staff were aware of people's preferences and were flexible to suit people's needs.

There was an effective complaints policy known by staff and people.

### Is the service well-led?

The service was not always well-led. At the time of our inspection there was no registered manager in place.

The monitoring systems in place were yet to fully address the shortfalls within the current training and recruitment practices in place

There were effective systems in place to get feedback from people, their relatives and staff

**Requires Improvement** 

# Green Arrow Care ,Ilford

## **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 announced inspection took place on 10 October 2017 and was completed by an adult social care inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Prior to the inspection we spoke with one relative who had concerns about missed visits. We had received three separate complaints relating to late visits, poor matching of people and inconsistent recruitment. We also reviewed information we had from notifications. We contacted the local authority who commissioned services from the London Borough of Hackney.

We spoke to the interim manager and the nominated individual. We looked at four care records which included support plans, risk assessments and daily records. We reviewed six staff records which contained recruitment checks, training records and supervision records. We examined five spot check monitoring forms, policies and four sets of staff meeting minutes held in May July and August 2017.

We spoke briefly to two people who used the service over the telephone after the inspection as people using this service could not always communicate effectively due to varied degrees of cognitive impairment. We also spoke with two staff and two health care professionals.

# Is the service safe?

## Our findings

There were inconsistent recruitment practices in place. This put people at potential risk of being supported by staff who were yet to undergo the necessary screening checks to ensure they were able to work in a social care environment. In two recruitment files we found only one reference even though the provider's recruitment policy stated they should gain two references. Furthermore some references including the two files that only had one reference were dated several months after staff had commenced working for the service. Similarly Disclosure and Barring Service checks (DBS) to ensure staff did not have any criminal records, were also dated months after staff had started to work for the service. This indicated that staff started to work prior to the services receiving documentary evidence that staff did not have any criminal records and put people at potential risk of being supported by unsuitable staff.

Recruitment procedures were not always established and operated effectively to ensure that persons employed were of good character and had the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Recruitment procedures had not been followed. The interim manager had stated at time of interview that they always waited for two references and DBS clearance before staff started. Checks such as DBS checks and reference checks had been completed in retrospect after staff had already started to work for the service. This was not in line with the recruitment policy which stated references were to be confirmed before employment commenced.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they did not require support with medicines. One person told us, "My [relative] helps me with my tablets most of the time." Risk assessments were in place for medicines management and three out of four stated family members supported people with administration of medicines. None of the people according to the manager were supported to take medicines. However, in daily records for one person it was recorded on four separate occasions that staff had prompted the person to take medicines. Although there were Medicine Administration Records (MAR) available these were not completed to show what medicine was administered on the four occasions. This showed medicines were not always managed safely. Furthermore not all staff had completed the medicine management online training and none of the staff had competency assessments to evidence they were competent to support people safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they had no restrictions and were able to take some risks within their limitations. One person said, "They leave everything close by so that I can reach the things I need." Risks to people and their environment were assessed but not always reviewed in a timely manner. For example one risk assessment for behaviours that challenged was due for review on 14 June 2017 and was yet to be reviewed on the day of inspection. We looked at risk assessments and found they included fire, falls and moving and handling. Staff

knew where to locate the risk assessments and were able to tell us how they managed risks for specific individuals. For people that required moving and handling with equipment, the risk assessments did not always specify the type of equipment required or the number of staff required to complete the procedure. We spoke with staff and they told us they always waited for a second member to arrive before they started to use equipment. They told us they had been shown how to use the equipment and we saw documentation to support this. We recommend further guidance is sought to ensure risks are assessed and appropriate steps to mitigate identified risk is evidenced.

People told us they felt safe. One person told us, "I am quite safe. It helps to have the same carers coming out. That helps me relax." Relatives told us people were cared for safely. People were kept safe by staff who could recognise signs of potential abuse and knew how to raise concerns when they witnessed it or were informed of any allegations of abuse. One staff member told us, "I would inform the manager straight away. The manager would pass on the information to safeguarding social worker and CQC, sometimes the police if money is involved or assault." Records we reviewed showed appropriate measures were taken to ensure people were kept safe. These included ensuring key safe codes were kept safe where required alarm pendants were left within peoples reach.

There were procedures in place to deal with foreseeable emergencies. Staff told us they would stay with a person in a medical emergency and call the emergency services and the office to inform them of the situation. However, we noted that two staff had not yet attended basic life support training. We spoke to the manger about this and they told us they were setting up a system to ensure there was always someone tracking staff training and sending reminders as the training was online.

People and their relatives told us they thought there were enough staff to support them. One person told us, "Yes I think there is enough staff." Relatives told us there were enough staff but one relative wanted the same staff everyday. We spoke to the manager about this and they told us they tried to do this but it was not always possible. We reviewed weekly rotas and found staff looked after the same people each week. Staff and the manager told us rotas were sent to staff one week in advance and all visits were covered. If staff were not able to cover their shifts the manager and the nominated individual covered the shifts. We saw evidence to support this in the documents we reviewed. We found missed visits between July and September. However, we noted that most of the missed visits were due to people or their relative refusing the visit and the appropriate local authority had been notified. At times visit times had been rescheduled or reduced when there was persistent cancellation of the same visit.

People were protected from acquired infections because appropriate guidance was followed. People and their relatives told us staff always washed their hands and wore gloves when assisting with personal care. One person told us, "No concerns at all, they are quite clean and ensure everything is clean and put back in the rightful place before they leave." Relatives confirmed staff appeared clean.

## Is the service effective?

### Our findings

The service was not always effective. We found that although training was in place, not all staff had completed mandatory training such as safeguarding, basic life support and infection control. Although induction training was completed, there was no standardised induction program documented to evidence training and orientation given. Most training so far was online Care Certificate modules and only one out of the six staff files we reviewed had completed all of the modules. For staff that had completed some of the Care Certificate modules, two of the staff hadn't achieved scores high enough to demonstrate understanding of concepts learnt. For example, four staff had scored below 68% for privacy and dignity, three staff had scored less than 67% for communication and equality and diversity online training modules. There was no planned date for them to redo the training in order to achieve at least 75%, which was the pass score for these training sessions.

Staff told us they sometimes prompted people to take their medicines and we saw evidence of this recorded in daily logs we reviewed. However only one staff member had completed the online medicines training which did not include a competency assessment to ensure staff were able to administer medicines safely. This put people at risk on unsafe practices.

There were ineffective systems in place to ensure staff completed training on time and to ensure staff understood the content of the training completed. We asked for a training matrix but were shown a list of staff with a list of training but no dates or details of when training was due. We spoke to the manager about this and they told us they were in the process of implementing a tracking system. We also asked about practical training such as moving and handling and were shown evidence of an external company that had been sourced but was yet to provide training due to insufficient numbers of staff.

Staff had not always received appropriate training and support to enable them to deliver care safely.

This was a breach of Regulation 18 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who had regular supervision and spot checks. One person told us, "Yes we see the manager comes to check what carers are doing. They also call from time to time to check if we are happy with the service". Staff told us spot checks were good as they highlighted anything that could be improved. We confirmed this within the supervision and spot checks documentation we reviewed. This ensured staff adhered to policies and procedures and delivered care according to people's preferences. There was an appraisal policy in place but appraisals were yet to be completed. However, none of the staff had been employed at the service for over a year as verified within the recruitment records we saw and staff and manager interviews.

People told us that before care was delivered consent was sought. One person told us, "They ask want I want before helping me with my wash." The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.

The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Currently only one of the people using the service did not always have capacity to make certain decisions. Staff were aware of this and they told us and care records confirmed they had capacity to make decisions about their personal care. 50% of the staff records we reviewed showed that staff had attended MCA training. Staff we spoke with were able to explain how they enabled people to make decision. One staff member says, "It's all about choice. We ask at every stage, whether they want a shower or bath or strip wash, what they want to wear or eat." Another staff told us how they managed behaviour that challenged the service by saying, "If someone refuses personal care, we try to persuade, we never force. Sometimes I go back later or ask someone else to try."

People were supported to maintain a balanced diet when it was part of their care plan to do so. One person said, "They leave out some drinks, but my family do the rest." Staff were aware of people with swallowing difficulties and told us precautions they took when delivering mouth care to ensure peoples safety. Care plans outlined if people needed support to heat up meals and daily logs monitored whether people were eating and drinking enough or if they had medical conditions such as diabetes.

People were supported to maintain their health. A relative told us, "They are quite flexible and make sure visit times were altered on days [person] has to go to hospital for regular [treatment]." For people with chronic healthcare conditions we saw flexible visit times within the daily logs. On days they had to attend hospital appointments. This ensured they got to their appointment on time.

## Is the service caring?

### Our findings

People told us staff behaved in a caring, compassionate and appropriate manner. One person said, "Staff are very good and kind." Another person commented, "They are good". Relatives also mentioned that staff were helpful and treated people well. Weekly feedback telephone monitoring logs we reviewed confirmed people were happy with the staff that visited them most of the time. Where people had expressed concerns we saw evidence that different staff that had a rapport with people had been allocated to complete the visit. This showed that consideration was made to ensure people were comfortable with staff that supported them.

People and their relatives were treated with dignity and respect. One relative told us staff took time to listen and respected the person's wishes. In addition feedback forms completed by people and their relatives stated they felt they were treated with dignity and respect. Staff told us they had attended dignity training as part of their induction and told us that they always put the people's wishes first. We saw confirmation that discussions about dignity had taken place and an online module was completed by staff to ensure they understood the need to preserve people's dignity. Staff gave examples of how they would leave people if it was safe to do so in the bathroom and stay by the door until they needed assistance.

We found people were supported to maintain their independence where possible. One person said, "They understand me and let me do the little bits I can myself." Staff told us and we confirmed in the daily record logs that people were encouraged to as much as they could for themselves such as wash their face, brush their teeth or take a few steps.

Care plans we reviewed demonstrated involvement of people and their relatives. There was evidence that people's support needs were reviewed regularly via telephone monitoring and at care plan reviews or during spot checks. In addition we saw several emails between people, their relatives and social workers relating to discussions about the support needs required and ensuring people's views were considered even at times where these views differed from their relatives' views.

When people started to use the service they were given a service user guide with all the relevant contact details and key policies and information such as the complaints policy. One relative confirmed the guide was helpful and had all the contact details they needed. This meant that people who used the service, and where appropriate, their relatives, knew what to expect from the service and who to contact for further information.

The manager and staff confirmed people were sign posted to advocacy services where required. Staff we spoke with had an idea about advocacy and support. They told us how people were supported to make decisions by an advocate. We saw evidence in a support plan we reviewed that showed contact with an independent advocate to enable a person to make an informed decision about their care and finances.

Staff we spoke with were mindful of the use and storage of documentation to ensure people's records were kept safely and their confidentiality maintained. They demonstrated an understanding of how to protect

people's confidentiality by not volunteering information to third parties without people's consent and storing daily logs in a an appropriate place within people's homes.

## Is the service responsive?

### Our findings

People told us they were happy with staff and were involved in planning their care, including visit times. One person said, "We sat and had a chat about what I wanted. So far they come as expected." Relatives and other healthcare professionals told us people usually received visits at the requested times. One staff told us, "We try and stick to peoples preferred times. Where this fails we always call to apologise. Also if they let us know in advance of any appointments or their family is taking them out we try and change the call time to suit them."

Care plans specified visit times and length of visits. However, daily log records where staff recorded each time they visited did not always indicate the time they visited or the length of the call. This made the audit trail of visit times difficult as there was no electronic signing out and in system to ensure staff stuck to the visit times and allocated length of visit. This was echoed by some relatives and professionals who told us people had said sometimes staff did not stay for the required time.

We recommend further advice and guidelines are sought to ensure consistent recording of time and duration of each visit.

People received an assessment when they started to use the service from which a support plan was completed. People and their relatives told us they were involved in the assessment and care planning process. One person's relative said, "The manager came and asked us lots of questions and then came back with a care plan. We have a copy which the carers refer to and write notes each time they visit." Care plans were completed following assessment and they specified people's physical, emotional, religious preferences. They also contained information about their medical history and any allergies. Staff we spoke with demonstrated an awareness of people's preferences. One staff told us, "[Person] likes a bath once a week, we also agree on the day."

Care plans were scheduled to be reviewed every six months. Three out of the four care plans we reviewed had been updated on time and reflected peoples current needs. Staff we spoke with were aware of people's care plan and what they told us corresponded to what was written in the care plans we reviewed. For example, a care plan specified that a person had different coloured flannels for different parts of the body and staff told in great detail the persons morning routine.

People and their relatives knew how to raise a concern or complaint, and told us they felt comfortable doing so. One person said "If I have any issues my [relative] calls the manager who sorts everything out." A relative told us, "Where things have not gone smoothly, the [manager] met with us and tried their best to resolve all the issues we had." There was an up to date complaints procedure available for people within their service user guide. People and their relatives were encouraged to give feedback on a weekly basis via telephone monitoring where issues such as visit times and staff person matching were discussed. Staff told us they also provided feedback to the manager if a person or their family had raised any issues. Where complaints had been made investigations had been completed and documented. Any learning from the experience was shared with staff.

## Is the service well-led?

### Our findings

The service was not always well-led. At the time of our visit there had not been a registered manager in place since April 2017. After the inspection we received information to indicate that the application process to register a manager had started.

People and their relatives had mixed reviews about the management of the service. Most were happy with the management with the exception of one relative who was having ongoing discussions with management about the current care package. One person told us "[manager] is very good. [Manager] comes to check how things are and responds to concerns." Another person and their representative felt management did not always understand their needs which were linked to their current medical condition and this sometimes impacted them negatively on their care.

People, their relatives and staff members were asked for feedback and their concerns were acted upon most times. One person told us, "They always call every week to ask if everything is ok." We saw telephone monitoring was completed to check if people or their relatives were happy with the service being provided. Where issues had been identified appropriate remedial action was taken such as changing the care staff where people or their relatives had reported they were not happy to receive care from certain staff members. However, some staff thought there were issues around payment and some people and their relatives felt their feedback had not been fully acted upon. We spoke with the interim manager about it and they told us and we saw some meetings had taken place to discuss these issues which were still work in progress.

We found the current monitoring systems in place although recently reviewed had not yet fully addressed several issues. These included medicine administration competencies for staff to ensure medicines were managed safely and ensuring all staff received mandatory training in a timely manner. Furthermore current systems in had failed to ensure all risk assessments in place were not always specific, or reviewed in a timely manner. In addition more analysis was required to ensure missed visits as a result of people refusing care were minimised in order to keep people safe.

Systems were not established and operated effectively to ensure recruitment, training and risks were assessed, monitored and mitigated. The risks relating to the health, safety and welfare of people and others who may be at risk which arise from the carrying on of the regulated activity were not always mitigated. Although feedback was sought from relevant persons it was not always fully acted upon, for the purpose of continually evaluating and improving such services. This was in relation to mitigating reasons for missed calls for two people using the service.

This was a breach of 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us meetings were useful to share information and discuss any concerns. We also saw spot check records and telephone monitoring records to ensure people were receiving care that met their needs.

Staff were aware of their roles and responsibilities and told us that the manager was always available when

they needed them. They were aware of the policy for double up visits and told us they always waited for another staff member to arrive. The interim and service manager told us both completed visits on a regular basis and had the support of two care coordinators. This was confirmed by people, staff and spot check records we reviewed. We found management cover was available out of hours and enabled people and staff to get assistance at any time. Staff told us they were supported by management and that they were enabled to do their job.

We reviewed policies and found them up to date. We observed records were stored securely in a locked cupboard within the office.

We saw and were told by staff that management had an open door policy where all staff were encouraged to contact them at any time. Staff thought there was an open, honest supporting culture where learning was encouraged among staff. One staff told us, "The manager is very good. I can call at any time and will get all the advice I need." The quality of care delivered was monitored by means of regular telephone calls to obtain feedback from people and their relatives. This included regular monitoring checks by the manager in the form of unannounced spot checks on staff during their visits to ensure staff were following appropriate procedures that ensured the delivered support safely.

The service worked in partnership with key organisations such as the local authority who provided their current contracts on a spot purchase basis. We saw evidence of joint communication and liaison with the local authority in order to discuss and change packages as well as deal with any complaints about package provision with the exception of one ongoing case.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Although the risks to the health and safety of service users of receiving the care or treatment was assessed, reasonably practicable steps to mitigate any such risks were not always included.</p> <p>The proper and safe management of medicines was not ensured as medicine administration records had not been completed. Not all staff had completed the medicines management training and none of the staff had medicine administration competencies in place.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not established and operated effectively to ensure recruitment, training and risks were assessed, monitored and mitigated. The risks relating to the health, safety and welfare of people and others who may be at risk which arise from the carrying on of the regulated activity were not always mitigated. Although feedback was sought from relevant persons it was not always fully acted upon, for the purpose of continually evaluating and improving such services. This was in relation to mitigating reasons for missed calls for two people using the service.</p>
Regulated activity	Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment procedures were not always established and operated effectively to ensure that persons employed were of good character and had the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Recruitment procedures had not been followed as checks such as disclosure and barring checks had been completed in retrospect after staff had already started to work for the service.

## Regulated activity

## Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not ensured sufficient competent staff were employed. Staff had not always received appropriate training and support to enable them to deliver care safely.