

Green Care Services Middlesex Ltd

Green Care Services

Inspection report

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Tel: 01784391214

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Green Care Services is a domiciliary care agency providing personal care and support to people living in their own homes in the London Borough of Hounslow. At the time of the inspection 13 adults were receiving personal care from the agency. The agency provided support to younger adults with a learning disability and physical disabilities. They also provided care to older adults, some who were living with the experience of dementia. The agency was a private company, and this was their only location. The owner was also the registered manager.

People's experience of using this service :

People using the service were happy and well cared for. They were cared for in a way which reflected their preferences and met their needs. They liked the care assistants and told us they were polite, caring and kind. The care assistants arrived on time and stayed for the right length of time for each visit. People received their medicines in a safe way. They were involved in planning their care and making choices about this.

The staff were well supported and enjoyed working for the agency. They had access to a range of suitable training and had the skills they needed to care for people. The provider's recruitment procedures made sure only suitable staff were employed. They regularly met with their manager and discussed their work and any queries they had. The registered manager assessed the staff in the work place to make sure they were following procedures and delivering effective care.

There were procedures designed to safeguard people from abuse, and the staff were familiar with these. The staff recorded any accidents, incidents or complaints and these were investigated and responded to. The staff were provided with protective clothing, such as gloves and aprons.

There were systems in place for monitoring the quality of the service and making improvements. The registered manager liaised with people using the service, relatives and staff to ask for their feedback and ideas. There were a range of suitable policies and procedures which the people using the service and staff had access to.

Rating at last inspection: This was the first inspection of the service since it was registered on 29 April 2018.

Why we inspected: We inspected the service as part of our scheduled programme of inspections based on the date of registration.

Follow up: We will continue our ongoing monitoring of the service and visit again in line with our schedule of inspections based on the rating of Good, or sooner if needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Green Care Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection visit was conducted by one inspector. In addition to the visit to the office, we contacted people using the service, their representatives and staff to ask for their feedback and experiences. Telephone calls to people using the service and their relatives were made by 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.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Telephone calls to people who used the service and their relatives took place on 19 March 2019. We visited the office location on 27 March 2019 to see the manager and office staff; and to review care records and

policies and procedures.

What we did:

Before the inspection we looked at all the information we held about the provider and also public information from the provider's own, and other, websites. We contacted the local authority commissioners to ask for their views of the service.

We spoke with five people who used the service and four relatives of other people.

During the visit to the office location we met the registered manager (also the owner of the company), the care coordinator and two care assistants . We also received additional feedback from a third care assistant by email. We looked at the care records for four people who used the service, four staff files, records of staff training and meeting minutes, information about medicines management, records of complaints, incidents and accidents and the provider's quality assurance records.

At the end of the inspection we gave feedback about our findings to the registered manager.

Following the inspection visit we spoke with one external professional who supported one person using the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives told us they felt safe with the agency and trusted the staff. One person explained the agency supported them with shopping. They said that they were happy with the way in which the care assistants handled their money and that they were always shown the change and receipts.
- The provider had a procedure for safeguarding adults. This was summarised in the staff handbook and service user guides. The staff received training in this. The staff we spoke with were able to tell us what they would do if they thought someone was at risk of abuse. There had not been any safeguarding alerts at the agency since they had started operating.

Assessing risk, safety monitoring and management

- The provider had assessed the risks to people's safety and wellbeing. These included risks associated with people's physical and mental health, nutritional risks, equipment being used and risks of social isolation or connected to living alone. The assessments included information about the action staff could take to mitigate risks and keep people safe. The provider had also assessed people's home environment and any risks relating to this for the person or the staff who were accessing the property.
- The provider regularly reviewed risk assessments and updated these when there were changes in people's needs or home environment. The records of care provided showed that the staff monitored people's safety and any risks at each visit.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. The provider employed a core group of care assistants who provided most of the support. People using the service lived within a small geographical area and this meant the staff had time to travel between care visits. People using the service and their representatives told us care assistants usually arrived on time and stayed for the agreed length of time. They explained that the agency let them know if they were running late.
- The provider's procedures for recruiting staff included checks on their suitability. There were records of these for each member of staff, which included, an application form detailing their employment history, references from previous employers, checks on any criminal records from the Disclosure and Barring Service, checks on their identity and eligibility to work in the United Kingdom. The registered manager interviewed staff to make sure they had the skills and attitude needed for the role. The staff undertook a

range of training and shadowed experienced workers before they were able to work independently.

Using medicines safely

- People received their medicines safely and as prescribed. People who were supported with their medicines said that they were happy with this support .
- The registered manager trained the staff so that they understood how to administer medicines safely and assessed their competency at this. There were appropriate procedures for administering medicines. The staff recorded all administration for each person. Records of this were checked regularly when the registered manager or supervisors visited people's homes. The records were collected and audited each month. We saw that audits had identified any discrepancies in recording and that these had been followed up to find out what had happened. Where staff had made an error with recording, the provider had taken appropriate action.
- Information about the medicines people were prescribed was recorded in their care records. The provider had details of the prescribing doctors and pharmacists, so they knew who to contact if anything went wrong. People had signed consent for the staff to administer their medicines and there were risk assessments in relation to medicines management.

Preventing and controlling infection

- The provider had procedures regarding infection control and prevention. The staff had received training in these. The staff were provided with protective equipment, such as gloves, aprons and shoe protectors. They told us these were available whenever they needed.
- People told us that the staff washed their hands and followed good infection control practices. The provider carried out regular assessments of the staff caring for people and these included observations about infection control.

Learning lessons when things go wrong

- The provider responded to accidents, incidents and complaints so that improvements could be made to the service. They used an electronic recording system where the staff recorded any adverse events and the registered manager was able to view these instantly and respond.
- The staff also completed written records which detailed the action they had taken. These were analysed by the registered manager who recorded their action as well. We saw evidence that the provider had taken appropriate action, alerting healthcare professionals to any changes in people's needs, accidents or illness.
- The provider had also looked at long term solutions to support people and reduce the risk of reoccurrence. The staff were able to give us examples about their response to specific incidents. For example, one person fell at their home. The agency liaised with the person's family to find out if anything could be changed to make the person's environment safer. The care coordinator spoke with all the staff about checking the environmental safety and administering pain relief to the person.
- The care coordinator told us they had undertaken a course run by the local authority about falls prevention and they had shared their learning with the staff team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider undertook assessments of people's needs and preferences before they started offering a service. They met with the person and their representative and discussed their care needs and other aspects of their lives connected to this. People or their representatives had signed agreements to these assessments. Assessments were used to develop personalised care plans.

- The registered manager told us that they met with each person and became familiar with their needs. They had a good knowledge of people and demonstrated this through their discussions with us, and those they had with staff during the day of the inspection. They told us that they always introduced care assistants to people, so they had an opportunity to meet them and get to know them before they started providing their care.

Staff support: induction, training, skills and experience

- New staff undertook an induction which included classroom-based training with the registered manager, who was a qualified trainer, on line training and shadowing experienced staff. The training was provided on an individual basis and the registered manager told us this was tailor made to the needs, experience and learning style of the member of staff. The registered manager assessed the staff member's competency at providing care and their knowledge of the training they had received.

- The staff told us they felt well supported. They explained that they met with the registered manager often and had daily contact with them. They told us they could ring and speak with the registered manager if they needed any help or advice. All of the staff were provided with a handbook which outlined their roles and responsibilities as well as some of the policies and procedures. Staff could also access on line information via the provider's website and staff portal. The care assistants told us they worked well as a team and there was a good rapport between the staff. They said they met for formal and informal meetings and that there were good systems for communicating with each other.

- The staff were given opportunities to learn, develop and undertake professional qualifications. One care assistant explained to us about how they had been given additional responsibilities supporting the registered manager with administrative jobs. They explained that they enjoyed this and felt well supported learning the new role.

- The care coordinator told us they worked alongside the care assistants to provide care and support. They

also visited people to carry out assessments and checks to make sure the staff were providing the right support. They said they knew the different members of staff's strengths and areas where they needed more support. The care coordinator explained how the registered manager had organised for training for the staff to reflect specific people's healthcare needs. They told us, "[The registered manager] invests a lot of time into the employees."

Supporting people to eat and drink enough to maintain a balanced diet

- The agency provided support for some people at mealtimes and with the preparation of food. People using the service told us they were happy with this support and the choices they were offered. The logs of care visits included information about what people had eaten or drunk during the visit. Care plans outlined people's nutritional needs and any areas of risk relating to this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were recorded in their care plans. The staff monitored their health on a daily basis and recorded this in their care logs. They also reported any changes in people's health or condition to the registered manager, who liaised with healthcare professionals and people's families when needed.
- The care coordinator gave us an example of this when they described how the staff had seen that a person's skin looked red. The agency had referred this to the district nursing team. The care coordinator also arranged to undertake a joint visit with the doctor and recommended the doctor make a referral for specialist equipment to help prevent the risk of pressure sores. This was arranged, and the person's skin had improved.

Ensuring consent to care and treatment in line with law and guidance

- 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found that they were.
- The provider had carried out assessments of people's mental capacity and these were recorded. Where people were able to they had consented to their care and treatment. The provider had requested their signed agreement with these or recorded where they were unable to sign. Where people lacked capacity, the provider had sought information about their legal representatives and had worked with them to make decisions in people's best interests.
- The staff had received training regarding the MCA and were able to tell us about this and their responsibilities relating to this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People using the service and their relatives told us that the staff were kind, caring and they had good relationships with them. Some of their comments included, "They are very polite", "They are very good, and they always talk to me and help me out with anything" and "They are professional and friendly."
- People's care plans recorded their cultural needs, religion, belief and other aspects of their identity and how they wanted to live their lives. The staff received training regarding equality and diversity. We saw they spoke about people and recorded care logs in a respectful way.
- The staff sometimes went out of their way to provide a personalised and caring service. For example, two people who used the service did not have friends or family nearby. On Christmas day, the staff visited people and spent time with them playing games and helping them celebrate. They planned the activities by buying food people liked and things that would make them feel cared for and appreciated .

Supporting people to express their views and be involved in making decisions about their care

- People using the service were involved in planning their care. Their preferences were recorded in care plans. People told us they had been asked for their views and they had a copy of their care plans. People also told us that the staff offered them choices at each visit and respected their decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Their preferences regarding gender specific staff were recorded. Care plans included information about ensuring privacy and respect. People confirmed the staff supported them in this way. Some of their comments included, "They always respect my privacy, they are very nice people", "They shut the door and wait outside whilst I use the toilet" and "They always cover me up when providing care."
- People explained that they were supported to be independent where they were able to and wanted this. The care plans described the things people could do for themselves and people told us the staff respected this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which met their needs. People told us that their needs were being met and that they were happy with the care and support they received. They, and their representatives, said that the agency had been responsive to changes in their needs and had adapted their care accordingly. We saw evidence that the registered manager had met with people and their representatives to review their care. They also visited people to observe the staff and make sure people's needs were being met.

- One of the care assistants spoke about the positive changes they had observed for the people who were cared for by the agency. They explained how the care had made a difference for one person who was at risk of neglecting themselves. They said that since the person had started being supported they had attended more medical appointments, been outside the home for leisure activities (supported by the staff), they were happier, eating better and living in a clean home.

- The external professional also told us about the "positive life changing" impact that the agency had provided for one person. They said that they were very impressed with the care assistant who had provided support and made a difference for the person.

- The provider had developed care plans with people. The plans included a breakdown of tasks the staff needed to perform, the desired outcomes and how these would be achieved. There was an emphasis of providing choice and understanding people's routines and how they wanted to be cared for. The information was detailed and outlined specific likes, needs and interests.

- The staff recorded logs of their visits. These showed that care tasks were followed, they also showed how the person felt. Information was clearly recorded and detailed. Logs showed that staff stayed for the right length of time and arrived at the same times each day. The staff also recorded any symptoms or behaviour that was out of the ordinary for people. They reported this to the registered manager and discussed with people's families if they had a concern that someone was unwell or confused.

- The care assistants told us that they were able to care for the same people on a regular basis. They got to know people well and had good relationships with them.

Improving care quality in response to complaints or concerns

- People using the service and their representatives told us they knew how to make a complaint and who to speak with if they were unhappy with anything. They said that they felt the registered manager responded to

concerns or anything they wanted changed.

- The provider recorded all concerns and how these had been investigated and dealt with. There was evidence they took all feedback seriously and made changes to the service to improve the care people received.

End of life care and support

- At the time of our inspection, no one was receiving care at the end of their lives. However, the staff had received training about caring for people at this time. They worked closely with families and healthcare professionals to make sure people received the right support when they needed this.

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

Good The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People using the service and their representatives told us it was a good service and they received personalised care. Some of their comments included, "They have been very, very good, the best agency we have had – I would highly recommend them", "They are doing everything on time and nicely", "It is a very good service and the carers respect me and [my relative]", "They do everything for me", "I have been with some other services and this is the best one, I like the timing, they are very respectful and they give you their full attention, they ask me what I need", "They are very professional and on top of everything" and "They are respectful, kind and talk to us, we are very happy."

- The staff also felt supported and happy working with the agency. Some of their comments included, "I love my job and role", "I use personal reflection for my work with each customer and change myself and my approach for each person" and "We have a good understanding of the individuals, we have one person who often refuses care, but we make sure [they] are well by telling them we will just pop in to empty their bins, when we get there, they let us do more for them. It is knowing things like this that means we can give a personalised service."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was also the owner of the company. They set up the business in 2018. They had over 15 years of experience working in the care sector, were a qualified trainer, had a management qualification and had managed other services. They demonstrated a good knowledge of the service, individual people's needs and the staff. They visited people regularly and worked alongside the staff to get to know them.

- The staff told us they felt well supported. One member of staff told us, "I have a lot of contact with my manager, he listens and responds."

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

- The registered manager stayed in regular contact with people using the service and their representatives.

We saw evidence of meetings they had held to discuss people's care and review how the agency was meeting their needs. One person's feedback to the agency included, "The team we have in place for mum is great, I get weekly rotas from the coordinator."

- The registered manager told us that they would be sending out stakeholder surveys to people using the service and other stakeholders to ask for their opinion in May 2019 and annually after this. The provider recorded all other feedback and we saw they had responded to this, for example addressing concerns.

Continuous learning and improving care

- The provider had systems for monitoring the quality of the service and making improvements. These included audits of care records, log books and medicines administration records. Where things had gone wrong this had been identified and action had been taken to make improvements.
- The provider had a range of policies and procedures which were regularly reviewed and updated.

Working in partnership with others

- The provider liaised with the local commissioning authority to make sure they were providing the service people wanted and needed. They worked with an external organisation to develop and implement policies which reflected best practice and legal requirements.