

Harrogate Neighbours Housing Association Limited

Greenfield Court Care

Inspection report

The Cuttings
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Tel: 01423888777

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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

Greenfield Court Care is a domiciliary care agency and provides personal care to people living in the local community, as well as in their extra care housing. Within the purpose-built extra care housing there were 55 one or two bedroomed flats and apartments. The service supports older people and younger adults. The service was supporting 68 people of which 53 people were receiving a regulated activity at the time of our inspection.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received a responsive service from caring and committed staff who were appropriately trained and supervised. There were enough staff to meet people's needs and robust recruitment processes were followed.

People were supported with their communication needs and staff demonstrated effective skills in communication. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Staff sought people's consent before delivering care and respected their choices.

Support plans contained information about people's needs, preferences and goals, so staff had access to the information they needed to support people. People were supported to be independent and to access activities and facilities in the community. There was a system to ensure any complaints were investigated and responded to.

People were supported with their nutritional and health needs. Staff worked with healthcare professionals and specialists when required. People received their medicines as prescribed.

A effective quality assurance system and policies were in place. Staff told us the management team were approachable. The provider had systems in place to safeguard people from abuse and staff demonstrated an awareness of safety and how to minimise risks.

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

Rating at last inspection

This service was registered with us on 17 March 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

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 ●

Greenfield Court Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by two inspectors 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.

Service and service type

This service is a domiciliary care agency providing personal care to people living in the local community. This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 a short period notice of the inspection because we needed to be sure that the provider or manager would be available to support the inspection.

Inspection activity started on 30 June 2021 and ended on 9 August 2021. We visited the office location on 4 August 2021.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority

and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person and five relatives to discuss their experience of the care provided. We contacted a further seven people by telephone. We contacted several care staff and managed to speak with the registered manager, assistant manager, team leader and two care staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff's files in relation to recruitment, induction, training and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to review information from the inspection and to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staffing levels were calculated and reviewed regularly to ensure people's needs were fully supported. Staff told us, "We have plenty of cover all the time, we have a good team and we all work well together to cover all our calls." A senior member of staff said, "We are not understaffed, we are encouraged to stay and take extra time with people if needed. We make a point to ensure neither client or staff feel rushed."
- Recruitment processes were robust. Checks had been completed to ensure applicants were suitable to work in a care environment.

Learning lessons when things go wrong

- Accident and incidents had been recorded. The provider had taken steps to ensure measures were in place to mitigate future risks to people.
- The provider had an accident and incident policy to guide staff on actions they should take to manage and respond to risks. This included an easy to follow flow chart for staff to reference.
- The provider had shared information with the staff team following incidents. This ensured staff were aware of any new risks and how to manage them effectively.

Preventing and controlling infection

- Staff were undertaking regular COVID-19 testing on a weekly basis. In addition, testing protocols were in place to support visitors to the service and people consent had been obtained to test should they complete any activities within the local community.
- The provider had COVID-19 policies and procedures in place. These supported staff to carry out their roles safely in line with current government guidelines.
- Staff had the personal protective equipment (PPE) they needed to help keep them and the people they supported safe.
- Staff had completed infection prevention and control (IPC) training. COVID-19 training had been sourced and competencies completed during spot checks.

Using medicines safely

- People received their medicines on time and as prescribed. Feedback included, "They [staff] give [name] all their medication and that is recorded which we can see."
- We identified some minor issues with recording which the provider addressed as part of this inspection.
- Audits had been completed to help monitor and ensure medicines were managed safely. We discussed how these could be improved to further enhance them.
- Staff completed medicines administration training. Competency was checked to support their

understanding of how to safely administer medicines before working alone.

- People had been assessed to check they were able to self-administer their own medicines. The provider encouraged this practice to support people's independence. One relative advised, "[Name] does all their own medication, but the carers do check it to make sure they have taken them."

Assessing risk, safety monitoring and management

- People's needs, and any associated risks were assessed, monitored, and regularly reviewed.

Systems and processes to safeguard people from the risk of abuse

- People's relatives that we spoke with told us their loved ones expressed they felt safe with staff. Feedback included, "[Name] and I do feel safe with carers who come here" and, "It has made their life much safer now and I have every confidence in the staff."
- The provider had safeguarding processes in place. Staff received training to identify and report any safeguarding concerns to the appropriate agencies.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received appropriate support from management.
- Staff felt supported by the management team and they told us they could approach the manager at any time. Staff told us, "We are managed well, the manager is approachable and fair with staff."
- A staff induction and training programme was in place. Staff told us they enjoyed their training and found it informative. One staff member said, "Our trainers are hot on training, very passionate and always looking at where we can gain extra knowledge." People told us, "The training is very good and they seem to attract good people."

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

- Assessments of people's needs were completed, and care and support was reviewed.
- Care and support was planned and adapted in line with people's needs.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain a balanced diet. One person told us, "The carers prepare breakfast, they always ask what I want." A staff member said, "We work closely with dietitians, if we have any concerns, we contact the GP and they come to assess."
- People were protected from risks of poor nutrition and dehydration. Guidance and support from healthcare professionals was obtained and followed.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.
- Staff had a good understanding of the application of the MCA and could describe how they offered choice and sought consent.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 were treated with kindness; they were actively listened to and their choices respected. One person told us, "I feel very comfortable with them [the staff]." A relative said, "Staff are caring and kind and understand people's needs."
- Staff showed understanding and compassion to people during the pandemic and adapted their support to meet people's wider needs. A staff member said, "It has been a lonely time and people needed more companionship during this time. We would take an extra 15 minutes to sit and reassure people. We ask if there is anything they are worried about and chat with them; a friendly face really helps."

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

- Staff supported people to make decisions about their care. They knew when people wanted help and support from their relatives. Where needed staff sought external professional help to support decision making for people, such as other health professionals.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity.
- Staff were mindful to provide discreet and respectful support to people during personal cares. One person said, "When helping with my personal care, the staff never make me feel uncomfortable."
- Systems were in place to maintain confidentiality and staff understood the importance of this.
- People were supported to remain as independent as possible. Staff could describe how people were encouraged and supported to do things for themselves and how this was captured within care planning. One person said, "I try to be independent and the carers understand that and respect my wishes."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs and information on how best to meet their preferences were recorded.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

- People's communication needs were identified, and reasonable adjustments were made.
- Information in people's care plans supported staff to understand people's forms of communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People regularly engaged in the local community and accessing activities within the building.
- People were also encouraged to access the community independently, if appropriate.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to any complaints. Complaints had been investigated and responded to in line with their policy. One person told us, "I did make a complaint once. It was handled well, they were on the ball and dealt with it."
- People told us they knew how to make complaints. One person told us, "I would know how to complain, but haven't needed to. I cannot think of any improvements, they are pretty good."

End of life care and support

- At the time of the inspection no one was being supported with end of life care.
- Staff were aware of how to make people comfortable and worked alongside district nurses to meet their needs.
- The provider had received previous compliments for the support given to people at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Regular, effective and consistent checks were in place. Action was taken where needed following checks on quality of the care provided. The registered manager was in the process of creating a development and improvement plan for the service.
- Lessons learnt was considered and evidenced to show continuous learning and improving care provided.
- People and staff had confidence in the registered manager and found them to be approachable. A staff member told us, "The registered manager is really fair and approachable, they are always available."
- Staff treated people with respect and in a professional manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- People had opportunities to be involved in developing the service. People and their relatives were asked to complete regular feedback questionnaires. Feedback was summarised, and action was taken where people made suggestions.
- Staff told us the management team and would encourage and listen to their concerns or ideas. One staff member said, "The management are open to suggestions, they do listen to us."
- Staff recognition was promoted by the provider and the registered manager. People were encouraged to nominate staff for awards with the registered manager recently receiving an award for their contribution during the pandemic.
- The provider took steps to support staff's wellbeing throughout the pandemic including support workshops.
- The provider sent out regular updates some to people, their families and staff to ensure effective communication during the COVID-19 pandemic.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong. They felt they received sufficient support in their role from the provider.

- The service worked closely with key organisations and had good links within the local community to ensure good outcomes for people.
- The provider had received external recognition for community engagement.