

Greenfield Care Ltd

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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

We carried out an inspection to this service on two separate dates, the 20 May 2016 and the 23 May 2016. During the first day we visited six people using the service in their own homes and on the second date we visited the service's office. The visit was announced to give the provider time to organise the visits for us where we were accompanied by the compliance manager. The compliance manager was a senior member of staff responsible for the coordination and review of people's care.

The service provides domiciliary care for people living in their own homes. There is a registered manager in post who is also the registered 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.

We last inspected this service on the 2 November 2015 and found the service was required to make improvements in each area we inspect against: Safe, Effective, Responsive, and Well led. We rated the service as good in caring and inadequate in safe. We made a number of compliance actions in relation to breaches of regulation. We passed our concerns on to the Local Authority who assessed the service to ensure they were meeting their contractual arrangements.

At this inspection we noted improvements had been made since the last inspection and the feedback we received from staff working for the service and people using the service was very positive. However there was still a significant amount of work to do to improve record keeping, auditing and ensuring staff had the necessary skills to meet people's needs.

There were enough staff rostered to ensure care calls were covered and there were additional staff who could be rostered to work if regular staff went off sick. People using the service were given a timetable so knew who to expect and the time the staff would come to support them as agreed. People were satisfied about their care and most people had regular carers or a small team of carers which meant people had a continuity of care from staff that knew them.

There were systems in place to ensure people were supported correctly with their medicines if required.

However staff had not received adequate training to do this and there were no spot checks to ensure staff were sufficiently competent to undertake this task.

Staff had an understanding of how to safeguard people and who to report concerns to, if they suspected a person to be at risk of harm or actual abuse. However none of the staff we spoke with were able to identify any situation where they had concerns and we identified a safeguarding concern which had not been reported and recorded as such. Staff training required updating but was booked this month.

Recruitment of new staff was adequate to ensure only suitable staff were employed.

Risks to people's safety was documented and records around people's needs and risks associated with their care had improved since our last inspection. However lack of training for staff could place people at additional risk of unsafe care.

Staff spoken with had skills and experience in care. However the provider was not able to sufficiently demonstrate how they supported their staff through a robust programme of mandatory training or provide staff with the necessary support. There was poor evidence of training other than during the initial induction. Staff supervision and spot checks on their performance were did not sufficiently show how staff were effectively supported.

Staff had limited understanding of legislation relating to the Mental Capacity Act 2015 and the Deprivation of Liberties safeguards. Staff received some basic training to help them know how to lawfully support people.

Staff supported people to eat and drink where required and kept records to show how much a person was eating and, or drinking. During our visits we noted staff were following care plans and leaving drinks for people and preparing, encouraging people to eat.

Staff worked in conjunction with other health care professionals to promote people's health and well-being including the community team. Staff were knowledgeable about people's needs and were able to recognise changes. However not all staff had received training around people's specialist needs.

The service provided to people was flexible to take into account people's changing needs and wishes. Staff supported people to attend appointments and also stayed with people when unwell and requiring medical help, until such a time this arrived or a family member was able to take over. People using the service gave positive feedback and staff said it was the best agency they had worked for and said they felt well supported and worked cohesively.

Since the last inspection of November 2015, there has been a marked improvement in the initial assessments completed to help the service determine a person's level of need. Risk assessments and care plans had improved and staff were familiar with people's needs. Care plans were being reviewed but not all were as yet up to date. More information about the person and how they liked their support to be provided would be advantageous for new staff and to help assist nursing staff, if the person required a period of hospitalisation.

The service had a complaints procedure but no complaints had been received or recorded. People we spoke to told us when they had raised issues these had been addressed straight away. There was a quality assurance system designed to capture people's feedback about the service so these could be acted upon to improve the service. We saw lots of complimentary information about the service.

The service had improved and there were now delegated responsibilities for senior staff to help with the smooth running of the business. The provider/manager was still delivering some of the care but had delegated duties which enabled them time to oversee their business. There were gaps in terms of quality assurance systems, and staff performance systems which could potentially impact on the effectiveness and overall satisfaction of the service people received but these were being addressed.

We found breaches of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 in multiple regulations. You can see what action we told the provider to take at the back of the full version of this 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?

The service was not always safe.

Staff had not received sufficient training to assist people with their medicines where they required support.

Risks to people's safety were documented but not fully up to date.

There were recruitment processes in place to ensure only suitable staff were employed.

There were enough staff in post to deliver care effectively.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The provider was not able to demonstrate that staff had the necessary skills and competence for their role.

People were supported to eat and drink appropriate to their needs.

Staff had some understanding about the Mental Capacity Act and Deprivation of Liberties but limited opportunity to reflect on this as there were no staff meetings and infrequent supervisions of practice.

The service worked in conjunction with other agencies to ensure people's health care needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff delivered responsive, effective care.

People received support which helped them retain their independence and dignity.

Good ●

People were consulted about the service they received.

Is the service responsive?

Good ●

The service was responsive.

People's needs were identified and met flexibly by staff.

Care plans were mostly up to date and reflective of people's needs. There was a schedule in place to review the remaining care plans.

There was an established complaints procedure and people were asked for feedback about the service.

Is the service well-led?

Requires Improvement ●

The service was mostly well led but there were still gaps and a number of breaches identified..

People receiving the service were happy that it met their needs and staff felt it was an improving service.

Systems were in place to ensure continuity of care for people receiving the service and promote people's health, well- being and minimising risks.

The service worked with other providers to ensure they could effectively meet people's needs.

The provider needs to ensure that all staff have sufficient competencies and skills and to ensure people's records are reflective of the care required

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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 20 May and 23 May 2016 and was announced in line with our methodology for domiciliary care providers. The inspection was undertaken by one inspector over two days.

As part of this inspection we reviewed information we already held about this service including recent inspection reports, notifications which are important events the service are required to tell us about. We visited six people who used the service and spoke with seven staff and looked at records pertaining to the business. We reviewed five care plans as part of this inspection.



Our findings

The service was rated inadequate in Safe at the last inspection in November 2015. At this inspection we found some improvements had been made but further improvements were still required.

At the last inspection the service did not have safe systems in place to ensure people received their medicines safely. The medicine policy was out of date and there was insufficient information about what medicines people were taking or any special considerations. During our inspection in May 2016, records had been updated. In people's care plans there was a list of medicines people were taking and if it was a regular prescription or taken as required such as pain relief. The dose and time of administration was clear. However what was less clear is what support staff should be providing a person to ensure they were receiving their prescribed medicines. Some staff were recording on the medication administration record, (MAR) sheet, prompt when they had reminded the person to take their medicines but had not actually seen them take it, and at other times were recording taken for the same person when they had observed the person taking their medicines. The person's records stated they could take their medicines independently so it was not clear as to the purpose of the records or how the agency had assessed the person to be independent and able to take medicines without support.

The medicine records did indicate who was responsible for collecting/returning medicines. We noted a number of missed signatures on the medication records and there was no clear system for auditing medication records so errors could be identified. Staff had not received regular training around administration of medication. The only medication training staff had received was through their induction. We therefore were not assured that staffs knowledge was up to date. There was also a clear lack of monitoring of staffs practice which meant mistakes might not be easily identified so corrective actions could be taken. Staff were observed administering eye-drops but had not received sufficient medication training.

We noted that there were no prescribed when necessary (PRN) protocols for people taking medicines as required. This would provide guidance for staff as to what medicines the person was taking because not all might be prescribed by a GP. What the medicines were for and any considerations or side effects. One person was taking their medicines in lemonade? This is not advisable and there was no risk assessment in place for this and the persons consent had not been sought for staff to support this person with their medicines. However the provider said people sign their original assessment which records, if they need any support with their medicines.

This demonstrated a breach of Regulation 12 (1) (g) Safe care and treatment.

At the last inspection in November 2015, we found the quality of information in risk assessments poor because the information was out of date and did not reflect people's needs. During our inspection in May 2016, we found risks to people's safety were documented in their initial assessment of need and separate risk assessment completed before any care was provided. These were detailed but did not always take into account changes in need or risk level. Records seen including promoting skin integrity and good food and fluid intake. We saw that people had the equipment they required and staff supported people with mobility and exercise. Staff using specialist equipment such as overhead tracking ceiling hoists told us they had received training in the past but not recently and new staff had been shown how to use equipment by staff whose own training was not current.

This demonstrated a breach of Regulation 12 Safe care and treatment.

We asked about how the service managed people's finances because this was a concern last time. The financial policy had been updated and staff only supported people with small amounts of shopping completing a financial transaction record and issuing receipts. However we did not see a clear system of financial audit.

Staff spoken with had sufficient understanding of what to do if they suspected a person to be at risk of harm or actual abuse. They knew how and who to report concerns to and had access to policies and procedures. However staff did not have up to date training and we identified a situation in which a safeguarding concern should have been raised and recorded and had not. Safeguarding training had been planned in the near future for all staff. Some staff were not clear about how and where they should record safeguarding concerns and there was little formal opportunity for staff to raise concerns. We discussed this with the provider and they suggested developing a need to know form which would be issued to all staff to record information which was sensitive and not suitable to be included in the person's daily notes.

This demonstrated a breach of Regulation 13 Safeguarding service users from abuse and in proper treatment.

At the time of our inspection the provider confirmed there were no current safeguarding concerns raised by or about the service and were unaware of the issues of concern we identified.

Staff files showed evidence that basic recruitment checks were being carried out by the provider who kept a record of the interview and had systems in place to ensure only people suitable to work in care were offered positions. Checks included previous employment history, references, criminal records check and medical. Certificates of training from other employees were not on staff files so we had to rely on what staff were telling us in relation to their previous training from former employment.

At the last inspection in November 2015, we identified that people mostly received their care visits as planned. The only concern was that changes to people's rotas were not always communicated and the provider did not keep a record of missed calls to show what actions had been taken to ensure this did not happen again. At the inspection in May 2016, people spoken with said they got their visit calls as arranged. They told us that the office kept them informed of changes and they were notified of late running calls. One person told us they had a missed call the previous month but when they called the office this was sorted out straight away.

Staff spoken with told us they received travel time between each calls of fifteen minutes and said they had time to get to their next call which were located close to where they lived and in close proximity to each other. They told us they knew people well and knew which calls were critical and which calls could be held

up if absolutely necessary. Care staff told us they often would make additional calls where required particularly if a person appeared unwell. One staff member told us, "It's a cohesive team who each help the other out. The time is afforded to the client. Calls are spread out with 15 minute travel time, some of my calls only take two minutes to travel to so you are able to accumulate time."

Staff felt the office was well organised and said that there was on call cover for out of hours. They said there were staff who were not rostered who could help cover additional shifts if required, this included the provider/manager. The provider told us they did not have a contingency plan should they have a high level of sickness/staff vacancies. However they said they had a lot of part time workers who would pick up shifts and recruitment was on-going. They would not pick up a care package unless they could meet the agreed call times.



Our findings

At the last inspection in November 2015, we were not confident that staff had the necessary skills, competence and training to undertake their role effectively. We rated Effective as requires improvement. At the inspection in May 2016, we met a number of staff most of whom had previous experience of working in the care sector and some staff who had worked for this service for a number of years. They were knowledgeable about people's needs and had regular people they visited so knew people well. However when we asked for evidence of staff training and support this was very poor. Some training had been booked and was coming up in the next couple of months for all staff. New staff were supported by existing staff and had completed an induction which covered all essential training. New staff were supported until they felt confident about working on their own. However induction records were not seen on all new staff files.

For existing staff none were able to tell us of any training they had completed whilst working for the service and their records demonstrated this. Staff said they felt confident in their role and if they were unsure of anything there were always staff to ask. Some staff had undertaken additional care qualifications but very few had completed specific training around the needs of individuals such as dementia care, skin care or palliative care. There was no programme of training or support for staff. Very few staff had received regular supervision, there were no staff annual appraisals and spot checks on staffs practice were done infrequently. This was confirmed by staff spoken with. This meant we were not assured that all staff had the necessary skills, experience and knowledge to meet people's needs and in the absence of effective quality assurance systems it was difficult to know how the provider assured themselves of the competence of their work force.

This demonstrated a breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

The provider told us that training had been booked and was a mixture of face to face learning and a series of videos and question and answers. They were able to show us this, as one of the compliance managers who was suitably qualified for their role had sampled and completed most of the on line training to ensure it was suitable for the needs of the service. Examples of face to face training including manual handling, medication and they were also looking into enhanced dementia training. The proposed training once complete would be comprehensive. The provider told us training and supervision of staff would be there next priority once they had updated and reviewed everyone's care plans in the next month.

The service worked in conjunction with other health care professionals and accessed specific training around the needs of individuals they were supporting where appropriate such as stoma care. Senior staff

said they always had the equipment they needed before providing support to a person and if people had been to hospital they would always reassess their needs immediately on them returning. We asked why they would not assess at the hospital as the person might not be fit for discharge and they said this was not always practical given the distances of the hospital but would if the person's needs were likely to have changed significantly.

Staff told us they monitored how much people were eating and drinking if this was a concern identified as part of the assessment or if a person had an infection. We spoke with one person who told us they would rather not drink so much but said they had visits four times a day and staff were constantly reminding them to drink and making them fresh drinks. They told us they were prone to infections which all the staff were aware of. We saw from their records lots of fluids taken and healthy food options, (fruit.) On people's initial assessment there was a section about the person's nutritional and hydration needs and staff kept a record of what people were eating and drinking.

The provider had a reasonable understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. We asked if anyone they currently supported lacked capacity and they told us this would be assessed by Social services who they worked closely with. They said some people had fluctuating capacity and would be supported with each decision as appropriate.

They told us and we saw a brief overview of legislation was covered as part of staff induction but not all staff had received the basic training so this was an area that needs to be addressed. Everyone we spoke with were clear about how to support people and promote their independence.



Our findings

At the last inspection in November 2015, we found staff to be caring and this was still the case. Staff we spoke with demonstrated good values and principles and we observed a number of staff and their approach with people which were good.

Staff told us complimentary things about the service and how it was managed. They said nothing was too much trouble for the provider and he supported his staff, covered shifts as required and always ensured people received the support they needed. Staff said he always acknowledged their hard work and thanked staff for this which they said went along way. We visited one person who showed us their flowers for their birthday from the company. Staff told us people were always given cards/presents at Christmas.

Another staff member said staff worked well together to ensure people's needs were met and said they had as much time to spend with people as they needed and said this was never questioned. Staff said waiting for an ambulance or doctor could sometimes takes several hours but they were never pressurised to leave and go and see the next person on their list. They said their work was covered by the team. One staff member said they had time to do people's nails and hair and spend a bit of time with them discussing their life story and how they were on that particular day. Staff told us they were able to support people as required including taking them to health care appointments and the hairdressers which helped to maintain people's well- being.

One person told us the number of calls they received had reduced as their confidence had been regained. They told us staff supported them with what they needed but helped them retain their independence and this was important to them. They told us they looked forwards too seeing the staff. They told us they would have preferred to go to bed a bit later but said, "I have to fit in with the girls." Times had been agreed on their care plan. Other people told us how they were supported by staff and all said they were 'wonderful' and 'helpful.'

Everyone we spoke with were aware of their care plan and who was in charge and who worked in the office. People said they were able to raise any issues with the office and these were responded to. They also told us they were asked for feedback about their carers particularly when someone new arrived just to ensure they were happy with them. People were involved in their initial assessment of need and subsequent reviews of their care plans.



Our findings

At our last inspection in November 2015, we found improvements were required as people's care plans were not up to date or reflective of people's needs. During the inspection in May 2016, the feedback during the inspection about the support people received was very good with everyone expressing their satisfaction and gratitude to the staff. The service were supporting a number of people with complex needs and worked in conjunction with other family members to ensure the persons needs were met. Staff were aware of the family's needs and were quick to put in additional support if needed or to work flexibly according to the person and their family's needs. For example, one person told us their family member's behaviour could be quite erratic and sometimes would not accept support but at other times needed additional support. This was provided as required and the relative told us it was crucial that their family member had continuity which they received and they said staff were very skilful at meeting their needs. They were not always compliant with aspects of their care and the staff liaised with the family and GP about this. One person told us they had experience with other agencies and this one was much better. They said due to the continuity and flexibility of the support and being able to work with the service and only receive carers they were happy to have.

One person with a degree of memory loss was able to recall who had visited because they had the same few carers and told us how delightful they all were.

Since the last inspection the initial assessment completed by the service had been revised and was in much more detail and was very helpful. Staff told us before visiting a person they had access to a brief pen profile which gave them enough information about the persons main needs.

When visiting people we saw that most care plans were up to date and had been reviewed recently. The frequency of review depended on the person's needs and circumstances. For example one person had complex needs and their care was reviewed regularly but another person with relatively low needs was being reviewed annually as a minimum. The provider told us the reviews were still ongoing and not all the care plans were up to date. The provider did not have an oversight of the reviews or how many care plans still needed reviewing as there was no schedule in place and these were planned by the .

The care plans themselves were good but could be in more detail to help the reader and to ensure they clearly documented people's needs. For example care plans stated a person to be independent or needing assistance but did not clearly break down what the person could do for themselves or what they needed assistance with. We also noted risk assessments completed did not always take into account hazards or

what staff had done to reduce the hazard. For example, one person had a number of falls but this information had not been evaluated in line with their care plan or risk assessment to identify a possible cause or actions staff could take to minimise the risk. Another person's home was potentially hazardous and they were prone to falls. We pointed this out and staff told us the person repeatedly moved their furniture back to where they wanted it which in effect gave them less space to move around freely. It would have been helpful if this was recorded as part of the risk assessment. Another risk assessment failed to document specific equipment a person had in place.

This was a breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

Staff told us they could meet a range of needs and some staff had specific training around the needs of individuals such as stoma care and percutaneous endoscopic gastrostomy (feeding tubes.) Some staff were experienced and was asked to cover people with more complex needs. However we were not confident that all staff had sufficient knowledge about the long term conditions some people had as there was no evidence of regular training.

New staff told us they worked with more experienced staff when first supporting someone with their needs and people we visited confirmed this.

The provider had a complaints procedure and people using the service had access to the policy and contacts as to whom they should raise concerns if they had any. No complaints had been recorded since the last inspection. The provider told us they had received a lot of compliments and we saw a sample of these. These were from people who had used the service and their relatives.



Our findings

At the last inspection in November 2015, we identified improvements were required throughout the whole service but particularly in terms of having effective quality and monitoring systems. At the inspection in May 2016 we noted improvements but the service was not always safe or effective and more needed to be done in terms of providing staff with appropriate training and support. The quality and monitoring systems in place needed to be more robust to ensure that both good practice and practice requiring improvement was identified quickly to enable the provider to take swift actions to improve things.

Staff and people using the service spoke highly of the service. One staff member said, "Best company I have ever worked for." Another said the provider was aware of staffs needs and stresses they were facing and would help if required and helped staff maintain a good home/work life balance.

The provider was knowledgeable and they had acted on concerns raised at the last inspection. A number of things had improved and this was in part attributed to the delegation of duties to two staff known as compliance managers who each were sufficiently skilled and had a geographical area they were responsible for. Their priority had been to review and update each person's plan of care and ensure their needs were being met. They said their next priority was around staff support and training but felt they had been given insufficient time since the last inspection to achieve everything they had needed to.

It was clear that staff were being supported but there was very little forward planning with no planned supervision matrix, dates when reviews had been done and needed renewing or a system recording staff spot checks. However the provider had invested in new computer software which would be used to plan and record staffing issues, training, supervision and information about people they supported. In addition they were investing in electronic monitoring which meant they would know when staff had arrived at someone's house and when they left.

The service provided was flexible according to people's needs. The service provided mostly personal care to people but would assist people to attend appointments and access social clubs. The service has an accessible vehicle which they could use to support and transport people. They were also looking at providing social support such as a trip to the air field and, or sea side at additional cost. However staff also gave up time freely to ensure people remained well and were adequately supported. Staff said they visited people in hospital and attended funerals of people they had supported.

We looked at records showing us how staff were meeting people's needs in line with the persons plan of

care. Notes seen were in sufficient detail and clear to read. The compliance managers were responsible for reviewing the records and ensuring the plan of care was up to date. Records kept in people's homes were only being reviewed as part of a review some of which only took place annually. There was no system to regularly review daily notes and medication records to check for accuracy and clarity. The provider was reliant on staff reporting concerns about people's care rather than being proactive in their monitoring. Quality assurance systems could be improved upon to ensure the service being provided was effective at meeting people's needs.

Staff were reminded of the importance of record keeping and memorandums were sent out occasionally but there were no team meetings or newsletters. Staff told us the provider would text them to ensure they were alright but there were poorly established formal systems of support of mechanisms to assess staffs performance.

The provider had since the last inspection updated their forms and had accident/incident and near miss forms although nothing had been reported or recorded. The provider informed us there were a number of missed calls since Christmas and this had been recorded on people's individual records with an explanation and there were no ill effects to anyone using the service. The service has an on call system and members of the management team would deliver care as required. They also had updated their policies and these were linked to an on line service which meant they were updated automatically as required.

We asked the provider about their quality assurance systems. They did not do regular audits but had delegated people's reviews, care plan updates and support to staff to the compliance managers. They also had an administrator and between them they did payroll and staff rotas.

The previous year the manager sent out questionnaires to people and their families. The manager informed us again they had just repeated it for this year but was waiting for questionnaires to be received back before collating the results. They said they had received good feedback from health care professionals who recommended to people to use this agency. We asked him to capture this feedback as part of their quality assurance.

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 did not take formal enforcement action at this stage. 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>1. The provider was not assessing risks to people's health and safety or doing all that was practicable to mitigate such risks.</p> <p>(C) The provider did not ensure that person's providing the care had the right qualifications, competence, skills and experience to do so safely or that</p> <p>(F) There were proper and safe management of Medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>There were not adequate systems in place to help staff recognise and report potential abuse to ensure the person was adequately safeguarded.</p>

