

Greenbank Care

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Inspection report

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this announced inspection on 27 and 28 November 2018. At our last inspection, in June 2016, we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Greenbank Care provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in and around the Liskeard area of Cornwall. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help them get up in the morning, go to bed at night and support with meals. Longer visits to provide respite care for families and companionship and emotional support for people are also provided. At the time of our inspection the service was providing personal care for 32 people. These services were mostly purchased direct by people, either through their own funds or through the direct payments scheme.

Without exception everyone we spoke with were extremely satisfied with the quality of the service they received and consistently praised staff for their caring attitude. People told us they felt safe using the service and they trusted the staff who supported them. People told us they received a reliable service and had regular staff who visited them. They had agreed the times of their visits and were always kept informed of any changes. Comments included, "If I have any worries I know I can just pick up the phone and talk to someone", "I am very happy with the service", "I am more than happy with the care, it's just fantastic", "I'd ring the office if I had a complaint" and "The office tell me that if I am worried about anything just ring and they will sort it out."

The registered manager and staff were able to tell us about how they went 'the extra mile' for people and the difference this had made for them. Staff were highly motivated and had gone out of their way to support people and find ways to help them in manner that was individual to the person. Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. People said they were treated respectfully and staff asked how they wanted their care and support to be provided.

Staff had achieved exceptional outcomes for people, especially for people who had dementia or mental health needs. The service offered befriending visits to provide companionship and emotional support. These visits had enabled staff to find out about the person's life and what was important to them. This had helped develop more personalised and holistic care plans and enabled staff to understand how to provide care for people who may become anxious or have memory difficulties.

Care plans provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. People were aware of their care plans and had a copy in their homes. People who needed help taking

their medicines were appropriately supported by staff.

Risk assessments clearly identified any risks and gave staff guidance on how to minimise the risk. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

The service acted within the legal framework of the Mental Capacity Act 2005(MCA). Management and staff understood how to ensure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

The service had robust recruitment practices, which meant staff were suitable to work with vulnerable people. Training records showed staff had been provided with all the necessary training, which had been refreshed regularly. Staff told us they found the training to be beneficial to their role and said they were encouraged to attend training to develop their skills, and their career.

Staff told us they enjoyed their work and received regular supervision, appraisals and team meetings. Staff were complimentary about the management team and how they were supported to carry out their work. The management team provided strong leadership and led by example. They had clear visions and values about how they wished the service to be provided and these values were shared with the whole staff team. There was a very positive staff culture and value system which placed people at the heart of the service. Management valued their staff, developed them and had identified ways to retain them to ensure continuity of care for people.

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received. People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Greenbank Care

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 of Greenbank Care took place on 27 and 28 November 2018. The provider was given short notice because the location provides a domiciliary care service. We needed to be sure that someone would be available. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. The expert by experience telephoned a sample of people and their relatives to check people were happy with their care and support.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the registered manager, office manager, administrator, one person using the service and two care staff. We visited two people in their own homes and met another two care staff during those visits. We looked at three records relating to the care of people, five staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Following the visit to the provider's office we spoke with a further eleven people and received feedback from one care staff, a relative and two healthcare professionals.

Is the service safe?

Our findings

People, and their relatives, told us they were happy with the care they received and believed it was a safe service. They commented, "I feel safe because they are so careful in what they do", "I feel safe because I have a key pad on my door which the staff use to get in" and "Because they all wear a uniform, you know who they are."

People were protected from the risk of abuse because staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff had received training to help them identify possible signs of abuse and understand what action to take. Safeguarding was a standard item on the agenda for all team meetings. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures inside and outside of the organisation. If staff had any concerns they were confident managers would take the appropriate action.

There was an equality and diversity policy in place and staff received training in the Equality Act legislation. Staff told us they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Staff supported some people with their shopping and there were robust systems in place for staff to follow when handling people's money. Care plans specified how people wished to be supported in managing their money. When people were supported with their shopping management regularly audited the transactions.

The service ensured there were enough staff to safely meet people's needs by monitoring the care packages being delivered. Staff were matched to the needs of people using the service and new care packages were only accepted if suitable staff were available. There were appropriate arrangements in place to cover any staff absence. The management team regularly covered visits when staff were unable to work and because people knew the members of the management team it meant they still received a consistent service.

A staff rota was produced every two weeks to record details of the times people required their visits and which staff were allocated to go to each visit. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes as close to the agreed times as possible. If staff were delayed, because of traffic or needing to stay longer at their previous visit, management would always let people know or find a replacement care worker if necessary.

People told us they had a team of regular, reliable staff, they had agreed the times of their visits and were always kept informed of any changes. People were given a list of the staff booked to visit them and if changes occurred people were informed of the name of the replacement worker. No one reported ever having had any missed visits. People told us, "The office let me know who will be calling" and "I have a list so I know who is coming."

There were suitable arrangements in place for people and staff to contact the service outside of when the office was closed. There was a rota for management and senior care staff to cover the 'on call' service.

Managers provided people with information packs containing telephone numbers for the service so they could ring at any time should they have a query. People and their relatives told us telephones were always answered, inside and outside of the hours the office was open.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person such as moving and handling, nutritional needs and the risk of falls. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks in the person's home, directions of how to find people's homes and entry instructions. Staff told us information about any potential risks, associated with the environment or the tasks to be undertaken, were given to them before they completed their first visit to people.

If accidents and incidents took place in people's homes staff recorded details of the incident in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

People were safely supported with their medicines, if required. The arrangements for the prompting and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the level of support people would need to take them. All staff had received training in the administration of medicines which was regularly refreshed. The service had a medicines policy which was accessible to staff.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment.

Is the service effective?

Our findings

People's needs and choices were assessed before they started to use the service. This helped ensure people's wishes and expectations could be met by Greenbank Care. People told us they felt confident the staff supporting them had the knowledge and skills to deliver the care and support they required. Comments included, "Everybody knows what they are doing, they are really on the ball", "They get me dressed, help me shower and prepare my meals", "They shower me every morning and put cream on my legs and feet", "All the staff know what they are doing and are as wonderful as each other."

Effective care was provided for people because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a programme to help ensure staff received appropriate training and refresher training was kept up to date.

There was a system in place to support staff working at Greenbank Care. This included regular support through one-to-one supervision, annual appraisals, monthly staff meetings and observations of their working practices. Staff told us they felt supported by the management. They confirmed they had regular one-to-one meetings, team meetings and an annual appraisal to discuss their work and training needs.

The induction of new members of staff was effective and incorporated the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. This induction included completing training in areas identified as necessary for the role and becoming familiar with the service's policies and procedures and working practices. New staff also spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. The management checked staff competency in any skills or knowledge required to meet individual people's needs before they started to work with them.

People told us staff supported them to access healthcare appointments. Management and staff had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs. Care records confirmed people had been supported by healthcare professionals such as, GPs, occupational therapists, dentists and community nurses. Healthcare professionals told us the service always sought their advice appropriately and staff were knowledgeable about people's needs. This helped to ensure people's health conditions were well managed. A healthcare professional told us, "I found staff at Greenbank to be knowledgeable about the person they were supporting. They were also happy to attend professionals' meetings and their knowledge of the client was extremely helpful. Staff knew how the client liked to be supported and how they could work to build and sustain a professional relationship with her."

People were supported to maintain a healthy lifestyle where this was part of their support plan. Staff supported people with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. People told us staff prepared meals of their choosing. Staff had completed the necessary food and hygiene courses so that they were

aware of how to prepare and provide food safely.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also said staff always stayed the full time of their agreed visits. Care records in people's homes showed that staff stayed for the agreed length of the visit.

Management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. We checked whether the service was working within the principles of the MCA.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse support. Care records showed that people, or their legal representative, signed to give their consent to the care and support provided. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. When decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where 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. As the service is not a care home any applications to deprive people of their liberty must be made to the Court of Protection by the local authority. At the time of the inspection there was no one using the service who had any restrictions in place. The registered manager had previously liaised with Cornwall Council, when the service had provided care for people who lacked capacity, where restrictions needed to be in place to keep them safe.

Is the service caring?

Our findings

Without exception everyone we spoke with was extremely positive about staff and their caring attitude. People told us all staff treated them with kindness and compassion. When we visited people's homes we saw care staff providing emotional and physical support for people, which was appropriate to each person's needs. This was provided with respect, affection, at the person's pace and with good humour. Comments included, "They are my helping hand", "The care and the staff are first class", "The care they provide is absolutely marvellous", "They are very attentive to my needs", "Their manner is so warm", "The caring is so personal", "There is a rich seam of loving dedication", "All the carers are so cheerful" and "They are just like friends."

The service provided to each person was person-centred and based upon their specific needs. Staff had a good knowledge and in-depth understanding of people's needs. Staff spoke about the people they supported fondly and showed pride in people's accomplishments and a willingness to support people to develop and maintain their skills. Staff were motivated and clearly passionate about making a difference to people's lives. They demonstrated an absolute commitment to their roles and were totally focused on working worked together as a team. Comments from staff included, "I feel we do go that extra mile and are outstanding in our service", "I really enjoy the work", "We are a really good team, the best I have worked for" and "People get a good service."

We found the service had achieved exceptional outcomes for people, especially for people who had dementia or mental health needs. Packages of care had been set up, for these people, because they needed support to maintain good health and keep safe, when they might not always recognise or be able to fully communicate their care needs. This meant it was vital that staff gained the person's trust and knew the best way to communicate with them to achieve good outcomes for each individual. The service had set up diverse ways to help gain a good understanding of people's communication and emotional needs. These included providing befriending visits, memory boxes for reminiscence therapy and developing people's life stories. Two staff had developed the memory boxes by borrowing war time items from a local museum as well as purchasing bespoke items that would be of interest to specific people. The boxes were stored at the service's office and staff took them to people as needed. All of these services were offered free of charge in addition to the agreed care packages.

We saw numerous examples of how people's experiences and quality of life has been improved by this holistic approach. For example, one person was reluctant to accept personal care and could become very anxious and agitated when staff tried to provide it for them. The person's planned care visits were time limited so it had not been possible, during these visits, for staff to find out what triggered the person to become anxious and how to respond. A number of befriending visits were carried out using memory boxes and reminiscence therapy, which staff told us the person really enjoyed. During these visits staff gradually discovered that the person's behaviour was triggered by talking about particular subjects, such as certain past events. Their care plan had been updated accordingly and all staff we spoke with were aware of the details of how best to provide care and support for this person. Staff enthused about how much happier and calmer the person was and how they now accepted personal care. As one worker said, "It is lovely to see

[person] so relaxed and happy when we visit. We always have a laugh together now."

Another example was where staff, by providing befriending visits, had helped alleviate one person's severe anxiety, which was a symptom of their profound dementia. The additional time spent with the person had enabled staff to realise that certain music would calm them. Their anxiety was so improved that the care worker, they had learnt to trust, went with them to attend a family wedding. This was a massive achievement because the person had previously always declined to go out. This was not only a positive outcome for the person but also supported their family.

A further example was where staff supported one person to go to the dentist, after a ten year gap. Staff went with the person to the first few appointments to support and encourage them. This resulted in the person having necessary treatment but also agreeing to attend six monthly check-ups in the future.

Healthcare professionals told us about how the service achieved extremely positive outcomes for people. Comments included, "Not only were staff aware of my client's care and support needs, but they also worked to get to know her life story, and showed a genuine interest in her. This helped to build a trusting working relationship with the client which was vital to ensure she felt safe and accepted their support" and "Staff do 'over and above' in all manner of ways."

Greenbank Care offered the services of a chaplaincy support worker to anyone using the service or their families. This was a free service that provided social, emotional, pastoral and spiritual support. When people used the service, it was provided in a way that was individual to them. For example, some people wanted support in line with their faith and for others a non-religious emotional support.

People received care from the same care worker or team of care workers. People told us they were very happy with all of the staff and got on well with them. One person told us, "It makes me feel better because I see the same faces." People received a list each week advising them of the names of staff allocated to each visit. Everyone told us if there were any changes to that list the office would ring and let them know. New staff were introduced to people before they started to work with them and because management covered for sickness and absences they knew everyone who used the service. This meant people always knew who was coming to and they received care from staff they had previously met.

People told us staff treated them respectfully and asked how they wanted their care and support to be provided. People's preferences in relation to the gender of their care workers were respected during the visit planning process. Care plans contained detailed information so staff could understand people's needs, likes and dislikes. Care and support was provided in line with those needs and wishes. Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs.

People and their families had many opportunities to be involved in decisions about their care and the running of the service. There were regular meetings for people and their families to share their views about the service. People were involved in monthly care plan reviews and managers frequently spoke with people to ask for their views about the service. Where suggestions were raised these were consistently listened to and acted upon.

People's confidential personal information was stored securely in the office. Information about people's care was anonymised when communicated to staff to protect people's confidentiality.

Is the service responsive?

Our findings

Before using the service, a manager visited people to complete detailed assessments of their individual care and support needs. This information was combined with details supplied by healthcare professionals and people's relatives to form the person's initial care plan. We found people received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, providing extra visits if people were unwell and needed more support, or responding in an emergency situation. People commented, "If I need them at short notice, even that is not a problem", "When I get a hospital appointment I ring the office and they sort it out so [name of worker] comes with me."

Care plans were personalised to the individual and recorded details about each person's specific needs and wishes and how they liked to be supported. A new care plan format had recently been implemented and these had been developed with people and their families. A summary sheet recorded people's daily routines in relation to each individual visit they received. This helped staff to have a brief overview of the information that related to the visit or activity they were carrying out. Care plans were reviewed monthly or when there was a change in people's needs.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans.

Staff told us care plans contained the information they needed to provide the care and support people wanted. Staff were positive about the new format and told us these gave additional information about the person, and their backgrounds, which helped staff to understand the person they supported. Any changes in people's needs were updated in their care plans and communicated to staff in a timely manner. Staff were encouraged to update the management team as people's needs changed and they told us that management always acted on any information given.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. These records were returned to the office each week and audited by management to check that any changes to people's needs had been actioned.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses.

People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

The service sometimes supported people at the end of their life. This included working alongside community nurses to help ensure people experienced a comfortable and pain free death. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. Where possible people's end of life wishes were recorded to support staff to meet those wishes.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they could choose the gender of their workers and were able to tell the service if they did not want a particular care worker. Management respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. Relatives also felt their concerns would be taken seriously.

Is the service well-led?

Our findings

A registered manager was in post who had the overall responsibility for the day-to-day running of the service. There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported, in the running of the service, by an office manager/trainer, an administrator and senior care staff. 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 and associated Regulations about how the service is run.

There was an extremely positive culture within the staff team and staff spoke passionately about their work. The management team were also clearly committed to providing a good service for people. The registered manager recognised that valuing and supporting staff was integral to providing a good service for people. This philosophy was put in practice by the chaplaincy service also being available for staff to use. This meant staff, should they wish to, had access to an independent and confidential counselling service to help support their well-being. Staff were complimentary about the managers and how they were supported to carry out their work. Comments from staff included, "I am very proud to work for them and I feel valued and very much part of our team", "They are really good to work for and support you if you have personal problems" and "The service is well organised and managers are good leaders are well as good carers, because they cover care work as well."

People and their relatives we spoke with were complimentary about the care and support their relative received. Comments included, "All aspects of the agency are very good", "They are wonderful and excellent at what they do", "I can't speak to highly of them", "I'm more than happy, they are the best", "I couldn't think you would find a better care group in the world" and "You just can't fault them."

Management and staff worked in partnership with other agencies, such as community health teams and the local authority, in a collaborative and transparent way. Healthcare professionals confirmed they had a good working relationship and were positive about how the service was managed. One professional commented, "Love your ethos, so refreshing. Keep up the fantastic work you do and excel in. If anyone exemplifies the slogan 'proud to care' it's you and your staff."

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, regular supervisions and at the monthly team meetings. Staff said that management listened to their feedback and acted upon it. As one member of staff said, "Managers welcome ideas from us." An example of this was the memory boxes project, which had been put forward by one of the care staff. Managers had supported the care worker to develop this idea while also giving them the autonomy to make decisions.

The management team strived to continually improve the quality of service provided. There were robust processes in place to seek people's views of the service and monitor the quality of the service provision. The

management team worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. Feedback from people through surveys and informal feedback were used to continuously drive improvement. People told us someone from the office rang and visited them regularly to ask about their views of the service. Compliments received by the service included, "I cannot praise Greenbank Care too highly. The staff are exceptional, they provide reliable and compassionate care. They give a truly outstanding service", "I really don't know what I would do without Greenbank. They are excellent in their care for the elderly and very good at understanding people's care needs."

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act.

The provider had a range of policies and procedures. Staff had access to these and were given key policies as part of their induction. Different policies were discussed at each staff meeting. This helped to ensure staff were kept updated about how their work related to legislation and good practice and to protect them and the people they cared for.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.