

Greenfield Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Greenfield Care is a domiciliary care service providing personal care to people in their own homes. Not everyone who used the service received personal care.

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. At the time of this inspection there were 23 people using the service, 15 of these were receiving support with personal care.

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

There continued to be a lack of provider oversight of the service which meant risks to people's safety had not been identified and responded to appropriately. The provider's failure to demonstrate appropriate knowledge of legislation and regulation had meant there had been a lack of sustained improvement for the last six consecutive inspections. The location has not reached the rating of 'Good' since registration.

Care plans were not in place for known health conditions such as diabetes, dementia and stroke to provide staff with the information they needed to reduce the risk of harm people's needs. People's capacity in relation to day to day decisions had not always been assessed. It was not evident whether people had agreed or consented to their care and treatment.

We were not assured the registered manager was doing all that was practical to ensure COVID-19 outbreaks would be prevented and managed well. The service was not consistently following the Government guidance, about how to operate safely during the COVID-19 pandemic, in areas such as risk management, testing, screening and training.

Whilst people who used the service told us their needs were met by caring and respectful staff, the registered manager could not assure themselves that staff had the right skills, experience, knowledge or competency for the work. This was because not all staff had received the training, they required for the role they were employed to perform or had their competency to deliver care assessed. Furthermore, full recruitment checks as required by law had not been completed on all staff further contributing to the failure of the registered manager in seeking assurances on the suitability of staff and ensuring a safe service.

We were not assured people's concerns and complaints would be taken seriously. The registered manager did demonstrate an understanding of action they should take when receiving allegations of abuse and safeguarding concerns.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 11 October 2019). There was a breach

of Regulation 19 Fit and proper persons employed. Following this inspection, we met with the provider to seek a response as to the action they would take to make the improvements needed.

Why we inspected

We have found evidence that the provider needs to make improvements.

We undertook this focused inspection in response to safeguarding concerns and to follow up on the previous breach of Regulation 19 [Fit and proper persons employed] and to check the provider had followed their action plan and to confirm if they now met legal requirements. The inspection was also prompted in part due to concerns received from the local authority about the management of complaints, including safeguarding concerns and poor governance systems. A decision was made for us to inspect and examine those risks.

This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to inadequate. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenfield Care on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, safeguarding, complaints, recruitment processes and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of

inadequate for any key question or overall rating, we will act in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Greenfield Care Limited

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

This inspection was carried out by two Inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission who was also the company Director. This person had sole responsibility for the day to day management of the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on the 21 July 2021 when we visited the office location. On the 21, 22 and 26 July 2021 we made telephone calls to people who used the service, their relatives and other professionals.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers.

We reviewed a range of records. This included four people's care records including medication records. We looked at three staff files in relation to recruitment and training and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. However, the registered manager did not respond to our requests for further information. We received feedback from three social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment practices. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 19.

- The provider's recruitment policy was last reviewed in 2010 and referred to out of date legislation and guidance.
- Not all staff files had a full employment history. Gaps in employment had not been explored. Therefore, the provider could not assure themselves that staff were safe to work with people who used the service.
- Two suitable references had not been obtained for all staff prior to staff commencing work. There was no evidence that alternative references had been sought. This meant that the provider did not follow their own recruitment policy or adhere to regulations to ensure that people employed were suitable.
- For newly employed staff there was no recorded evidence of induction training with competency assessed. For example, competency assessment in the safe administration of people's medicines and safe moving and handling.
- Staff received on-line training in safe moving and handling. However, this did not include practical hands on training with competency assessment. This meant people could not be assured staff had the required knowledge and skills to protect their safety and wellbeing.
- The registered manager told us they did not have a system in place to ensure staff had access to regular staff meetings, formal supervision, and annual appraisal to discuss their performance, training and support needs.
- One member of staff told us, "I have never had supervision. The manager mentions it will be arranged, but it never does get sorted. The manager is a nice person but does not follow through on promises. They [registered manager] don't have time for you." Another said, "I do not remember ever having supervision. I cannot remember the last time we had a staff meeting. I can phone the office, but the phone isn't always answered. I feel very isolated at times."
- There was no system in place which would ensure people's care was provided safely due to a lack of performance spot checks on staff.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe recruitment, training and support. This placed people at the risk of harm. This

was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The majority of people we spoke with were happy with the care they received. People and their relatives told us care was provided by a consistent team of staff. One relative told us, "I know who is coming and when. We receive a weekly rota with a regular group of carers which makes a big difference as the care is consistent. They are all kind and caring."
- There was recorded evidence of checks carried out to ensure staff had appropriate insurance when using their vehicles for work.

Systems and processes to safeguard people from the risk of abuse

- We requested from the registered manager their safeguarding and whistleblowing policies. Requests for information was not responded to.
- The registered manager did not demonstrate an understanding of action they should take once they received allegations of abuse and safeguarding concerns. External professionals such as the local authority shared concerns as to the registered manager's understanding in identifying safeguarding concerns and reporting them accordingly.
- It was evident from a recent safeguarding incident notified to us by the local authority that the registered manager had not taken steps to safeguard people whilst an investigation was in process. The registered manager did not notify the Care Quality Commission [CQC] of this incident as required.
- We were not assured people would be safeguarded from the risk of abuse. Two staff described raising concerns with the registered manager about the safety of a person. They told us their concerns were not taken seriously. They also told us training provided had not equipped them with the knowledge needed to report to the local safeguarding authority for investigation.
- Care plans did not provide guidance for staff in the safe handling and safeguarding of people's money when carrying out shopping tasks.
- People's capacity in relation to day to day decisions had not always been assessed. It was not evident whether people had agreed or consented to their care and treatment.

Systems were not in place to safeguard people from the risk of abuse. This placed people at risk of harm. This was a breach of Regulation 13 [Safeguarding service users from abuse and improper treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and wellbeing had not always been assessed with guidance provided for staff to reduce the risk of harm. For example, risk of choking, falls, moving and handling, health conditions such as diabetes, stroke, catheter care and management of medicines.
- We were not assured that people received the care and support they required as care plans and risk assessments were inaccurate or out of date. The majority of the care plans we reviewed contained out of date information including guidance for staff in the management of risk. For example, once person's care plan stated they needed two care staff to safely move and transfer. However, other areas of the care plan stated they moved independently.
- One person's initial care assessment stated they were at risk of choking. However, there was no guidance provided for staff as to how to reduce this risk when preparing and providing meals.
- We noted staff supported people diagnosed with diabetes in testing daily blood sugar levels. This support was not recorded in people's care plans with guidance in how to do this safely with actions staff should take in the event of unsafe blood sugar readings which may indicate referral to health professionals was needed.
- We found care plans and risk assessments without a review since 2017.

- There was no system in place for recording and analysis of late or missed calls. People told us calls were occasionally late. One relative told us they had experienced cancelled care visits within the last 12 months due to a lack of staff, but this had improved.
- The registered manager told us whilst accidents were recorded, however, there was no system in place for management oversight to consider lessons learnt and reduce the risk of reoccurrence.
- The registered manager did not demonstrate an understanding of reporting procedures for serious incidents to relevant authorities when this was needed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risk assessments had been carried out where staff worked in people's homes.

Using medicines safely

- Care staff assisting people to take their medicines had received on-line training. However, there was no system in place to ensure their competency to administer medicines had been assessed.
- For people where staff administered their medicines there was not always a care plan in place to provide staff with guidance. It was not clear if people required support with prompting to take their medicines or staff to administer.
- There was a lack of guidance for staff which would describe the reasons medicines had been prescribed, and any information which would alert staff to adverse reactions.
- Some prescribed creams were recorded but there were no clear instructions of when, where and how these prescribed creams should be applied. This meant there was a potential risk of incorrect administration.
- There were no management audits which would identify medicines errors and ensure people had received their medicines as prescribed. This posed a risk to people because the registered manager did not have the oversight needed to be able to pick up on potential medicines errors.

Preventing and controlling infection

- Risks to people and staff from acquiring infections such as COVID-19 had not been assessed. ● We were not assured that the provider was preventing visitors from catching and spreading infections. There was no system for screening visitors to the office and no access to hand sanitizer.
- We were not assured that the provider was accessing testing for people using the service and staff. When asked if they had a system for ensuring regular COVID-19 testing of staff, the registered manager told us, "I don't have one. I tell the staff if you have symptoms go and get tested."
- Staff also confirmed they had not been provided with any policy or procedural guidance in relation to regular testing.
- We were not assured that the provider's infection prevention and control policy was up to date. The last review of this policy was January 2016. Staff told us they had not received any updated training or procedural guidance in managing the pandemic other than the provision of PPE.
- Whilst staff told us they had access to plentiful supplies of personal protective equipment, the correct use of PPE was not monitored through performance spot checks. One relative told us, "I have had to remind staff to wear their masks and wash their hands."

The failure to protect people by the safe management of their medicines, health conditions, assessing risks associate with the COVID-19 pandemic and implementing measures to mitigate those risks demonstrated a

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

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- We were not assured people's concerns and complaints including safeguarding incidents would be listened to and investigated appropriately.
- The registered manager told us they had not received any complaints since 2016. However, where people told us they had complained no record of their concerns and complaints had been formally recorded with evidence of investigation and outcomes.
- One relative told us when they raised concerns about the conduct of a member of staff, the response they received from the registered manager was defensive and dismissive.
- There was no documentation to show how the duty of candour had been followed. It was not clear what process had been followed to ensure the registered manager had been open and transparent.
- The registered manager had not effectively sought feedback from people, their relatives and professionals to review and plan improvements to the service. The registered manager told us they had not carried out surveys of people's views since 2018. We asked to review the responses received, but these were not provided.

The lack of transparency and action in responding to concerns, complaints demonstrated a breach of regulation 16 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager did not have effective systems and processes in place to ensure they had a good oversight of the service. There were no quality assurance audits, staff performance checks and no action plans to demonstrate how they planned to improve the service.
- The lack of quality and safety monitoring processes meant the registered manager did not identify the shortfalls we found during this inspection. This meant there was a failure to identify poor records management, a lack of robust risk management, ineffective care planning and systems to ensure staff had the training and guidance they needed to keep people safe from the risk of harm.
- Risks to people had not always been fully assessed or planned for. There was a failure to maintain accurate and fit for purpose care records.
- Throughout this report, we have made several references to records relating to people's care and support,

which were not always sufficiently detailed to support staff to meet people's needs and keep them safe. Whilst we did not identify any direct impact, if accurate and contemporaneous records were not in place, this had the potential to put people's health, safety and well-being at risk.

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

- Systems for identifying, capturing and managing organisational risks and shortfalls in the service were ineffective. The lack of systems to ensure staff received regular, planned supervision for support and lack of performance spot checks meant staff were isolated. When asked the registered manager told us, "No we don't have planned meetings, I don't remember the last time we had staff meetings or staff supervision, we haven't had these since at least the start of the pandemic. I don't have the time."
- The registered manager was also director of the service. We discussed with them the shortfalls we identified at this inspection and the areas for development needed. The registered manager's response did not assure us they had an awareness of regulatory requirements associated with their registration and fundamental standards.

Working in partnership with others

- The registered manager was aware that changes needed to be made at the service following local authority audits. A local authority audit carried out in 2019 identified similar shortfalls to those we found at this inspection. However, we found a lack of action in response to improve the quality and safety of the service.
- Feedback from stakeholders told us the registered manager sometimes presented as defensive and unwilling to cooperate with requests for information in a professional, open and transparent manner. This was also demonstrated by the registered manager's lack of cooperation during this inspection.

The failure to understand assess, monitor and mitigate risks, to maintain accurate and fit for purpose care records with ongoing plans to ensure improvement of the service demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems were either not in place or robust enough to demonstrate that staff were provided with the required knowledge and safeguarding concerns were being addressed in a timely way to result in safe outcomes for people. This placed people at risk of harm. This was a breach of Regulation 13 [Safeguarding service users from abuse and improper treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The lack of transparency and action in responding to concerns, complaints demonstrated a breach of regulation 16 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The failure to understand assess, monitor and mitigate risks, to maintain accurate and fit for purpose care records with ongoing plans to ensure improvement of the service demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Systems were either not in place or robust enough to demonstrate safe recruitment, training and support. This placed people at the risk of harm. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a failure to protect people by the safe management of their medicines, assessing risks associated with health conditions and with the COVID-19 pandemic and implementing measures to mitigate those risks demonstrated a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

Restriction on admissions