

Greenwrite Healthcare Limited

# Greenwrite Healthcare

## 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?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection they were supporting three people.

### People's experience of using this service

The service had made some improvements since the last inspection but had failed to improve in other areas. We found further breaches of the regulations.

People told us they were happy with the care they (or their relative) were receiving. They told us care workers arrived as expected and carried out their required tasks in a friendly and helpful way.

Risk assessments and care plans were not always completed in a meaningful way. The service did not adequately assess people's risks around medicines and instructions in care plans were unclear or misleading. This put people at increased risk of harm.

Staff were not safely recruited. Although they had Disclosure and Barring Service (DBS) checks in place, they did not have full employment histories and verified references had not always been sought from previous care employment.

The service was not keeping effective records and was using forms that were not always suitable for domiciliary care. Quality assurance and auditing systems were not effective.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff told us they enjoyed their work and spoke of the people they supported in a caring and supportive way. Staff were aware of the signs of abuse and knew how to report any concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The last rating for this service was requires improvement (published 16 January 2019) and there were multiple breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve). At this inspection we found some improvements had been made but the provider was still not meeting some regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to keeping people safe, assessing and managing risk, safe recruitment and the good governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report. 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Greenwrite Healthcare

## 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 consisted of one inspector.

#### 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. 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 provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed the information the CQC held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection report. 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 the registered manager. We reviewed a range of records, including three people's risk assessments and support plans. We spoke with two people and one relative. We spoke with three care

workers. We looked at four staff files and various records relating to the running of the service, including quality assurance documents and incident records.

#### After the inspection

We received feedback from local authority commissioning teams. We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection the provider had failed to ensure persons employed for the purpose of carrying on a regulated activity were of good character. This was a breach of regulation 19 (Fit and proper persons) 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.

- At the last inspection it was noted that references had not been sought and verified correctly. At this inspection we found three of the four staff files we looked at lacked references from previous care employment. Where other references had been received these had not always been verified. Further, in all four of the files, staff did not have a complete employment history, including explanations of any gaps, as required by the regulation.

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

- Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable candidates from working with people who use care and support services.
- There were enough staff to meet people's needs. People and their relatives told us their care workers arrived as expected. Staff told us their schedules were practical and they had enough travel time between visits.

### Using medicines safely

- The support people required with medicines was not being correctly assessed or recorded. Information given in all the documents was contradictory or unclear. For example, one person's assessment document stated they were able to take their own medicines, but the list of medicines included the instructions for 'support worker to administer' and elsewhere it was stated to 'prompt'.
- Staff did not always have adequate information to enable them to manage medicines safely. The emergency contact details on one person's medication assessment were those of another person. On all assessments the 'action to be taken in an emergency' had been copied and pasted from the policy of

another organisation and included instructions which were not relevant to this context.

- The medicines people were taking had not been appropriately risk assessed. Information about the medicines people were taking had been copied and pasted and included only basic, generic information about what each medicine was used for. It did not include useful information such as potential side effects and included superfluous information such as noting that one medicine was 'also used in the treatment of polycystic ovary syndrome' when this was completely irrelevant to the person taking it.
- Controlled drugs were not being correctly managed. The service had failed to assess the potential risks in supporting someone to take a controlled drug. Only a generic description of the drug was in the assessment. This meant staff supporting the person would be unaware of potential negative effects of the medicine. The person's care plan stated staff were to collect the medicine but there was no further information in the assessment or care plan. The pharmacist's information was only available at the bottom of the printed MAR sheets that they had supplied. The registered manager told us that the person's relative actually collected their medicine.

Failure to ensure the proper and safe management of medicines is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported with their medicines by staff who had been trained in the safe administration of medicine. Staff told us they were familiar with the agency's procedures and told us they adhered to them, including completing medicine administration records (MAR) each time they supported someone with medicine. Printed MAR charts were supplied by the pharmacist.

#### Assessing risk, safety monitoring and management

- Risks to people were not appropriately assessed or recorded. People's risk assessments included generic information about their conditions which was copied and pasted into the assessment documents. We noted several instances where this information was incomplete, ending in mid-sentence, or was unclear in terms of assessing the risks presented to the person.
- Known risks to people's safety and wellbeing were not assessed or recorded. During the inspection, the registered manager told us that one person presented a risk of violence towards the staff, but this had not been assessed or documented. Another person's assessment noted they were diabetic, and the medicines they were taking for this was recorded, but the risks presented to the person by their diabetes had not been explored further. This failure to assess and document potential hazards puts both staff and people at risk of harm.
- There was a risk scoring system but this was not being used appropriately. Every assessment was labelled on the front as 'CATASTROPHIC' in large red letters even when the risk score was actually very low, potentially causing distress or confusion to people and staff. Information in the documents was often irrelevant, for example, containing long and detailed instructions for catheter care when the person was fully continent and independent.

Failure to assess and mitigate risks to the health and safety of people is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Information about people's health conditions and what to do in an emergency was documented in people's risk assessments, for example, how care workers should respond when a person with epilepsy had a seizure.
- Staff usually visited the same people regularly and so were able to routinely monitor their safety on a day to day basis. They told us they were confident in reporting any safety concerns to the office and felt that they would be dealt with appropriately.



### Learning lessons when things go wrong

- The service did not always keep proper records of accidents and incidents. The incident and safeguarding files we were shown during the inspection were incomplete. The records of significant incidents were missing and had not been included in audits.
- We saw records of instances where the service had acted appropriately in response to incidents, for example by re-training and assessing staff following errors in medicines administration.

### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in safeguarding and were aware of the signs of abuse. Staff told us they were alert to changes of behaviour and physical evidence of abuse. They understood their responsibilities to raise any concerns with management and how to escalate them further if necessary.
- There were safeguarding policies and procedures in place. Staff gave us examples of how they worked in practice, such as protecting people from financial abuse by making sure they kept receipts when doing shopping for people.

### Preventing and controlling infection

- People were supported by staff who had been trained in infection control. Staff correctly described for us when and how to use personal protective equipment (PPE) such as gloves and aprons, and confirmed there was a plentiful supply. People told us that staff were clean and tidy and disposed of waste appropriately.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs and choices had not been properly assessed and documented in line with the required standards. The service was using a mix of documents from a variety of sources, including other services, some of which were not effective when applied to this service. People currently being supported were able to express their needs to staff so this had not impacted on their care, but the lack of information could affect the care of people less able to express their needs.

Staff support: induction, training, skills and experience

- The service had only recently began supporting people again so staff had not recently had supervision or appraisal. Staff told us they had previously had regular supervision, however the records we saw from earlier in the year contained information which had been copied and pasted from month to month and person to person.
- Staff induction training had been developed in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet. Care staff told us their training was up to date, and the records we saw confirmed this. They told us they found the training useful. One said, "There's always something new to learn."

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

- The service was supporting people with their nutritional needs when it was part of the commissioned service. At the time of our inspection, people required only basic prompting or support with meal preparation and they told us staff were doing this as they expected.

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

- The service worked with other organisations and services to promote people's health. Staff gave examples of times they had worked with other professionals, such as district nurses.
- When people needed urgent or emergency support, staff knew what to do and followed the correct procedures. We could see from the records that recently staff had responded appropriately when they arrived to support a person and found them in a medical emergency.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- At the time of our inspection, the service was not supporting anyone who lacked capacity to make any decisions. People had signed to indicate their consent to receive support. Staff understood the importance of routinely seeking consent before supporting people.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who treated them well. People we spoke with confirmed that staff were caring. A relative told us, "They are pretty good! At first we didn't like people coming in, it was a bit of a shock... It was very hard on the first day, second day easier, then just got easier and easier."
- Staff told us they enjoyed their work and spoke of the people they supported with warmth and kindness. One staff member told us, "Care is the most important thing in my life."
- People's diverse needs, including religion, culture and language, were assessed and included in their support plan appropriately. People's protected characteristics under the Equality Act were identified and any related needs were assessed.

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

- The service sought people's views about their care. Their feedback was sought not long after services started, and then again at regular intervals according to the person's needs. We saw that telephone monitoring had been completed for two people recently and they had given positive feedback about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to protect people's dignity. They described for us how they ensured people maintained their dignity during personal care, such as keeping doors closed, using towels to cover them and making sure people did everything they could for themselves. A relative confirmed they thought staff respected people's privacy.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement.

At this inspection this key question has remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Complaints and concerns were not appropriately recorded or audited. Audits of complaints and concerns raised were not always accurate as complaints records were missing or incomplete and had not been counted in the audit or properly reviewed. We had to request further records after the inspection when a local authority made us aware of complaints they had received, which were not in the file we were given on the day or the records we saw were incomplete.
- It may not have been clear to people how to escalate complaints and concerns outside the organisation. Although the Service User Guide contained the contact details for the local authority and the CQC, the information had been copied and pasted from a website and included pages of superfluous contact information for other organisations such as local hospitals. This could make it difficult for people and their relatives to raise concerns about their care. The registered manager said she would review and update the guide.

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

- A computerised system of support planning had recently been put in place, and although the documents produced on this system were personalised and detailed, we found instances where important information was contradictory or unclear when compared to the person's risk assessments. For example, one person's risk assessment stated they had a 'Do Not Attempt Resuscitation' order in place, but their 'long term care plan' stated they had not expressed a preference and should be resuscitated. The registered manager said she would check the information in these documents and correct any other errors.
- Other planning documents we reviewed were not personalised. Each person had a lengthy 'person centred plan' in place but this document used a template designed for residential settings and was often irrelevant to a domiciliary context. The information in these documents was of little use to staff as most of it had been copied from person to person with minimal or no editing, had been left behind from a previous use of the form, or was the sample information for a residential service. The registered manager told us she would stop using these documents.

Meeting people's communication needs

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

- People's communication needs were assessed as part of the initial assessment. At the time of our inspection, the service was not supporting anyone with any specific communication needs. Staff were able to give us examples of how they had supported people's communication needs in the past, such as by speaking clearly but not shouting when supporting people with hearing loss.

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

- Staff supported people to access the community and take part in activities where it was part of their agreed plan of care. The support they required had been noted in the care plans.
- The service was enabling people to maintain family relationships. A relative said, "They are doing a good job taking the pressure off me."

End of life care and support

- At the time of the inspection, the service was not supporting anyone at the end of their lives. Policies and procedures were in place and staff had been trained in end of life care. People's end of life wishes and preferences would be noted if they shared them with the service during their assessment or later reviews. Where people had declined to share this information, that decision had been noted.

# 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.

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

At our last inspection the provider had failed to consistently assess, improve, monitor and sustain the quality of experience for people who used the service. This was a breach of regulation 17 (Good governance) 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 17.

- There were still not effective systems to assess and monitor the quality of the service. Systems were in place, and we saw an action plan dated January 2020, but these had failed to identify the significant breaches of the regulations and other issues we found. Further, the notes on the action plan about what had been done were not always accurate.
- At the previous inspection, it was identified that staff had not been recruited safely, and at this inspection we found that action had not been taken to address this. The same issues were found in four staff files. Two of these were staff who had been in service at the time of the previous inspection.
- People and staff were being placed at significant risk by the service's poor assessment and care planning practices. There were several instances where the incomplete or contradictory information could be critical to someone's safety and wellbeing, such as information about the support people required with their medicines.
- Risk assessment and care planning documents had originated with other services and were not always appropriate for this service. One person's medicines assessment included the name of another domiciliary service. Care plans were originally from a residential context. Outcome monitoring tools were being used incorrectly and contained information copied from person to person.
- The practice of copying and pasting information between different people's records caused confidentiality breaches. The personal and contact information of people and their relatives had been copied to other people's documents.
- There were gaps in the records of complaints and safeguarding concerns which we saw on the day of the inspection. Audits of these records were not accurate.
- Records of staff supervision were not accurate. Information was copied and pasted from one month's

records to the next and from one staff member to another, including factual information such as their name and length of service.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider had failed to notify the Care Quality Commission of allegations of abuse. This was a breach of regulation 18 (Notifications of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found the provider was now meeting this regulation.

- The registered manager had reported significant incidents and allegations of abuse or neglect to the CQC as required by the regulations.
- The registered manager acknowledged the concerns raised during the inspection and that significant improvements still had to be made.

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

- People told us their outcomes were good. A relative said, "People are coming in and telling [my relative] how well he looks now."
- Staff felt engaged with the service and supported by the registered manager. They told us, "One thing I like best is the support you get when you need it" and "Any time you call, she's there."
- The registered manager told us service worked with other professionals when part of people's agreed support plans.



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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure the proper and safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to ensure persons employed for the purpose of carrying on a regulated activity were of good character.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to consistently assess, improve, monitor and sustain the quality of the service, and had failed to manage risk and keep records necessary for the proper management of the service.</p>

**The enforcement action we took:**

A Warning Notice was issued.