

## Greenslade Services Limited







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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?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

This inspection was carried out on 11 and 17 November 2015. Greenslade Services Limited is a domiciliary care service (DCS). A DCS is an establishment that provides specific hours of care and support to a person within their own home. This inspection was announced so as to ensure that someone would be in the office during our visit.

The registered manager had recently been appointed into post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe by appropriately trained and competent staff. Sufficient numbers of staff were involved in delivering the care packages of individual people. Staff were matched with people in accordance with needs, knowledge, age, hobbies and general personality.

# Summary of findings

Systems were employed by the service to recruit suitable staff to work with people. Staff were trained in how to keep people safe by being aware and observant for signs of abuse, and how to report concerns promptly.

We were told by people and their relatives that they were happy with the service that they were receiving. The staff were caring in their manner, and ensured that they maintained the person's dignity at all times. Care plans were reflective of how support needed to be delivered incorporating the views of the person and their family. Six monthly reviews of care plans involved people and their families, where appropriate.

People were supported with their medicines by competent and suitably trained staff. Medicines were managed safely and securely. Medicines administration records (MAR sheets) illustrated correct administration and were audited weekly.

Those individuals who were unable to make specific decisions related to their care and support had their legal rights protected. The care plans showed that when decisions had been made for people about their care, where they lacked capacity, these were done in their best interest.

The service was audited and monitored by the management on a continual basis. Weekly and monthly internal audits, feedback from people sought every quarter during spot checks and bi-annual quality assurance audits enabled the service to develop action plans. New action plans were being introduced by management to continually improve the service.

We found evidence of compliments and complaints that highlighted how the management worked transparently.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were kept safe with a robust recruitment procedure. They were matched with staff that shared similar interests and had relevant experience and knowledge in the areas that the person required.

Procedures to protect people from abuse were in place. Staff had relevant training and understood how to implement this should safeguarding be required.

Generic risk assessments for all people had been written. Management were in the process of writing specific risk assessments related to behaviours.

Good



### Is the service effective?

The service was effective.

People received support on time from staff involved in their care.

Staff received relevant training, supervision and appraisals to help them work more effectively.

People and relatives (where appropriate) were involved in developing the care plans.

Good



### Is the service caring?

The service was caring.

People's individual needs and preferences were well documented. Staff were described as ensuring and maintaining the dignity and privacy of people.

Staff remained with people when a risk to their health was noted, and reported the change in health needs.

Good



### Is the service responsive?

The service was responsive.

Care plans were reviewed regularly to ensure they were reflective of people's needs.

A complaints system was in place that allowed staff and people or their families to confidently make a complaint.

Good



### Is the service well-led?

The service was well-led.

The new management had introduced comprehensive auditing tools to monitor the quality of the service. Action plans were devised to illustrate how and when changes would be implemented.

People and staff stated that the management was both approachable and open.

Good



# Greenslade Services Limited

## 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 inspection took place on 11 and 17 November 2015 and was announced. The provider was given 48 hours' notice as the location is a domiciliary care service, and we required a senior member of staff to be available in the office, to provide us access to documentation.

The inspection was completed by one inspector. Prior to the inspection information was gathered and reviewed. We

looked at the PIR (Provider Information Return), this is information sent to us by the provider, local authority reports and notifications. Notifications are sent to the Care Quality Commission to inform us of any significant events that are related to the service.

We spoke with four members of staff and three people who use the service, as part of the inspection process.

Care plans, records related to health and risk assessments were viewed for seven people. In addition we saw records related to the management of the service. This included, staff files, training matrix, recruitment documents and staff supervision records for four of the regular staff team. We also saw records relating to the management of the service, for example, complaints, quality assurance assessments development plans and audits plans.

# Is the service safe?

## Our findings

People and their families reported they felt they were kept safe. One person told us that they felt safe with the staff who offered them support and care. Staff had an understanding of safeguarding and the whistleblowing procedures. They were able to describe signs of potential abuse, as well as accurately detail the various types. Staff underwent comprehensive training, which included safeguarding. Refresher courses were arranged for staff whose training was due to expire, ensuring that a rolling programme of training was provided. When asked what they would do if potential abuse was reported or witnessed, staff told us that this would be reported to the office. Staff felt confident that if abuse was reported it would be appropriately and effectively dealt with by management. If the abuse involved management, they were aware they could contact the local safeguarding team, social workers or CQC.

Generic risk assessments had been completed for all people. However specific assessments related to risk for complex behaviours had not been done. This meant that where concerns regarding people's behaviours had been raised, appropriate measures were not in place to ensure the person's safety. We discussed this with the registered manager and were advised that this would be completed as a matter of urgency.

The registered manager had introduced staff competency checks for the administration of medicines. This meant that staff were trained and then checked prior to being given the all clear to administer medicines. A new rolling

programme had been introduced to implement this. The Medicine Administration Records (MAR) charts were checked weekly to ensure that no medicine errors had occurred and that medicines were given appropriately as prescribed. Staff were not involved in giving people 'as required medicine' (PRN). We were told by the registered manager, that should staff be involved in administering PRN medicines then guidelines detailing what circumstances these should be given in would be written.

The registered manager was in the process of devising a system to monitor the incidents and accidents. This included looking at how often incidents occurred, the background to these, what strategies could be implemented to prevent a similar occurrence. This would be measured in relation to effectiveness to ensure people were being kept safe.

People were kept safe through a robust recruitment process. This included obtaining references for staff in relation to character and behaviour in previous employment. A Disclosure and Barring Service check (DBS) was also obtained. A DBS allows employers to establish if an applicant has any criminal convictions that will potentially prevent them from working with vulnerable people. A checklist system was implemented by management to ensure staff recruited were safe to work with people. Competency assessments were completed to ensure staff were safely and effectively carrying out all duties through spot checks carried out by the deputy manager. In addition, declaration of health and fitness, interview notes, CVs and character checks were kept in all staff files.

# Is the service effective?

## Our findings

People had effective care delivered by a staff team who had undertaken a comprehensive induction programme. This included all service mandatory training, with additional specific teaching focused on the people they may provide support to. For example, if support was going to be offered to a person who had specific mental health issues, training was provided in that area prior to supporting the person. This meant that staff had an understanding of the needs of the person, and were able to adjust their support in line with their requirements. The training matrix showed that most staff were up to date with their training. Where this was yet to be completed, staff had been booked on the courses. Training needs were discussed and checked during supervisions, to ensure continual effective care and support were provided by the staff team.

Regular supervision was provided to staff. This gave the member of staff and their line manager the opportunity to discuss any issues that may have arisen, as well as areas where the member of staff had excelled. Appraisals took place annually. Both were perceived as useful processes by management and staff. One member of staff stated "Supervisions are useful. They allow me to look at areas that I need to improve in".

An effective way of ensuring that people were given control and choice of who supported them was when staff were matched and introduced to a person through shadow shifts. The registered manager told us that staff were paired

with people depending on their experience, compatibility, and similar interests. One person had a specific interest in learning Asian cuisine, they were therefore paired with a member of staff who not only hailed from an Eastern origin but more importantly was interested in cooking. This pairing had been very successful as the person was able to discuss and be assisted in additional areas of their life.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Training in the MCA had been received and staff spoken with were able to describe the need to assess people's capacity to make decisions. The MCA provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff stated how they asked for permission before doing anything for, or with a person. We spoke with a person who had been refusing support. We were told that staff kept asking until the person was happy to proceed with completing the task.

Nutritional profiles had been developed for some people who required support specifically in this area. These were discussed frequently with the person and the appropriate professional involved in their care. Staff recorded the food eaten so as to ensure an up to date account was maintained of people's nutritional intake. Another person who required involvement from the local mental health team (MHT) had specific guidelines in place to monitor mood. This illustrated an effective monitoring system was developed and carried out by the service to meet people's health needs.

# Is the service caring?

## Our findings

We found that people were involved in decisions related to the care and support they received. One person reported “They came to my home and discussed how I wanted to be supported”. One member of staff took the lead worker role with each person. A team was delegated to work with each client to maintain consistency. A lead worker was appointed to make sure all documents were up to date. The care plans were reviewed by management and the lead worker, with feedback generated to discuss with the person or with the family during the six month reviews.

One person reported, “I’m very pleased with [staff name]. She makes sure I’m looked after”. A feeling of being supported by a caring team was unanimously reported by all relatives and people spoken to during the course of the inspection. People reported they were treated with dignity and care. One relative stated that staff were always respectful of the person’s privacy, maintaining their dignity during personal care. The registered manager and the deputy manager advised that they were revamping the training and induction, with significant emphasis being placed on the role of the support worker to be a facilitator. The training would reinforce that staff are working within the client’s homes, and irrespective of how they need support, their dignity, independence and choice are to be preserved at all times.

The consistent team of staff was developed by focusing on their knowledge and skill base related to the person’s needs. In addition, factors such as hobbies and interests were matched, so that staff could develop a meaningful relationship with the person, as opposed to being task orientated. Management told us of an incident where a person requested a change of the lead worker. This was investigated as the staff met the requirements of the person. It was established that the member of staff would encourage the person to complete tasks with staff assistance, whereas the person felt that staff were being paid to do things for them. This was resolved through an open discussion between all parties. It was explained to the person that staff did not want to de-skill, but wanted to assist the person to retain their independence in various aspects of their life. This open dialogue helped resolve the matter, and the person now felt this member of staff was amongst the best he had had supporting him.

People were treated with respect and dignity. Staff were able to describe how they ensured this in their practice. We were told that people were addressed in their preferred manner, and supported how they chose to be cared for. One family member told us that consistency in approach and staff had been very important for their relative. It had meant that they would not have to re-explain the care package and how the person liked things done. The staff were reported to be courteous at all times, and “genuinely cared for [name]”.

# Is the service responsive?

## Our findings

Prior to any support being offered, each person had their needs assessed. If the service felt able to successfully offer support a further meeting would be arranged where the care plan and risk assessments were developed with people and their families, where appropriate. Each care plan contained relevant information about the person's life, family, likes, dislikes and how they like things done. The care plans provided step by step guidance for staff on how to carry out tasks when working with each individual person. Management had developed new documentation to record care needs, and were in the process of rolling this out for all people. This was more personalised and used terms such as 'I would like to be cared for...'

Care plans were reviewed as the needs of the person changed or every six months. The service had chosen to offer a one hour minimum visit. Management advised that this meant that staff were able to respond to people's needs more efficiently and effectively. One family member stated, "They don't just pop in and out. We get to see them and know them a little." Another family member stated in relation to reviews, "we have to be involved, We were from the start with [name]. They always check things before changing anything". Both people and staff felt that the care plans were appropriately updated to facilitate good responsive care.

The service was responsive in updating support documents with the changing needs of a person. For example management explained new documenting systems were being implemented to ensure that the service could illustrate how they were responsive to meeting the care and support needs of people. New paperwork made staff think how they had supported the person in each aspect of care and report accurately. This further allowed the service to discuss the person's needs to ensure that the care package was responsive to their existing or changing needs.

We were given an example by management of how additional support hours were sought for a person who was feeling unwell following a short stay in hospital. The need for hospitalisation was picked up as a result of staff recording additional care and support needs. This was an example of how the service responded to the needs of the person, providing additional support when necessary and reducing support when not required.

People and their families were able to identify how and who to complain to should they be unhappy with anything. We were told by one person, "They call and check that I'm happy with the support I receive. I'd let them know if I wasn't." The complaints log was reviewed, and illustrated that complaints were appropriately dealt with. Management explained that if a person "grumbled about something" this was recorded as a complaint and dealt with accordingly.



# Is the service well-led?

## Our findings

The registered manager had only been in post for a few months at the time of the inspection. During this period a thorough audit of the service had been completed, detailing what changes needed to be made to the provision. An action plan had been prepared by management clearly identifying what strategies needed to be implemented to better the service and the various stages that these were to be introduced at. One member of staff reported, “The service is changing, for the better I mean. There’s more structure.”

The registered manager completed weekly and monthly audits of paperwork. These were signed to show they had been carried out but did not identify what files had been audited. The registered manager advised that this information would be included in future audits.

Quality Assurance Audits were completed quarterly by the manager. A new rating system was being implemented to illustrate strength and weakness in various areas of management. An action plan would then be devised to rectify issues raised as “great weaknesses”. Quarterly spot checks on staff practice would be used to evidence and support good practice. Feedback obtained from people during the spot checks would be used in conjunction with the bi-annual surveys to identify areas of further development.

Staff reported an honest and open culture in the service. Staff showed an awareness of the values and aims of the provision. For example, they spoke about giving the best care and respecting people. One staff member said, “They [people] are why we are here. We have to give them all our help and support.” Staff told us the deputy manager had begun to check on the care and support provided to

people. They told us they felt able to voice their opinions or seek advice and guidance from management at any time. They told us the registered manager was open and approachable and created a positive culture but was not afraid to speak to staff if they did not perform to the standards expected. We observed staff coming into the office to drop off timesheets. Rather than leaving immediately, we saw that they spent time speaking with the registered manager about different people whom they provided support to, seeking advice and generally giving an update.

One staff member said “I can’t lie; both the [registered] manager and deputy make sure we do a good job.” Another spoke of management as: “Lively, and good to talk to.” This was replicated with a relative stating, “I know the consistency will remain. They [management] seem to have taken on board feedback”. The registered manager referred to the Duty of Candour (Regulation 20 of the Health and Social Care Act 2008 Regulations 2015) when discussing complaints.

We found that the communication within the service was good. We saw clear evidence of written handovers and shift planners being used between visits. We were told by the registered manager that team meetings were held monthly however there was no written record of what was discussed. The registered manager told us that all future meetings would be appropriately minuted to illustrate what was discussed.

It was evident that the new management were introducing new ideas into the service. These emphasised good management and leadership, resulting in positive feedback being obtained from staff, people, families and professionals.