

Greenfield Care Ltd

Greenfield Care Limited

Inspection report

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Date of inspection visit:
09 September 2019
12 September 2019

Date of publication:
10 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Greenfield Homecare is a domiciliary care agency and provides care to people living at home in the community. This service supports older people in South Suffolk and North Essex. At the time of our inspection there were 41 people using the service, of which 32 people were in receipt of personal care. Rating at last inspection: Requires Improvement and the report was published on 19 September 2018.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

People's experience of using this service:

At the last inspection we found shortfalls in areas such as medicines and overall governance. At this inspection we found that improvements had been made but there was still some work to do. The service met the characteristics of Requires Improvement.

Medicines were better managed, and practice largely followed professional guidance.

There were systems in place to recruit staff and ensure their suitability before they started work at the service. However, this was not working effectively, and staff started work before all the checks were complete.

Risks were identified and there were management plans in place to reduce the likelihood of harm. We did identify one area that was not fully documented but the registered manager agreed to immediately address this.

People's experience of the service remained good. There were enough staff available to provide the care that people needed when they needed it. People received support from familiar staff who knew them well.

The timings of calls varied on occasions, but people told us that they were never rushed, and staff stayed for the agreed time.

Staff received training to develop their skills and told us that they were supported in their role.

People told us that staff were kind and helpful and they had good relationships with staff.

Where required people were supported to eat and drink and maintain a balanced diet. When people's needs changed they were referred for specialist health care support.

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

Care plans were in place and were in the process of being updated.

Staff and people using the service told us that the registered manager of the service was approachable and helpful. There was a complaints policy in place, but none had been received.

Quality assurance systems were in place, but they were not fully effective as they had not identified some of the areas we found such as shortfalls in recruitment.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

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

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 effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Greenfield Care Limited

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and an assistant inspector.

Service and service type:

Greenfield Care is a domiciliary care service and is registered to provide personal care to older people.

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 24 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 09 September 2019 and ended on 12 September 2019. Activities included visiting two people in their own homes and speaking with people who used the service by telephone. We also interviewed staff and visited the office location on 9 and 12 September 2019 to see the registered manager and to review care records and policies and procedures.

What we did:

We spoke with seven people who used the service. We interviewed five staff and spoke with a member of

staff who worked in the office and the registered manager.

We reviewed the care records of three people. We also looked at records relating to the overall quality and safety management of the service, complaints, two staff recruitment files, staff training records and medicines management.

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.

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. Regulations may or may not have been met.

Staffing and recruitment

- The recruitment processes for new staff were not sufficiently robust and the checks did not provide adequate assurance that people of a suitable character were employed. Disclosure and barring checks were undertaken but for one of the staff members whose records we reviewed they were not in place when the staff member started to provide care to people.
- References were requested but for another member of staff, a request had not been sent to their previous employer. While there was no evidence of people being harmed, the checks did not comply with the requirements.
- Staff car insurance details were checked to ensure that they were correctly insured.
- The service benefited from a stable staff team and there was a low turnover of staff. People told us that there were enough numbers of staff available and that staff came when they were supposed to and stayed for the required period.
- People told us that staff were sometimes late but if there was significant delay they received a telephone call to let them know. The registered manager told us that they were aware that there was a recent issue with timings of some calls, but they were in the process of looking again at travel times for staff to improve this.
- People received a weekly planner which set out the names of staff who would be supporting them and the times they were due to arrive.
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support. Staff told us that this worked well.

The shortfalls in recruitment are a breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

- There were systems in place to identify any potential risks to people, environmental and health and safety risk assessments were undertaken. Management plans included the provision of equipment and additional checks.
- Staff knew people well and if they had concerns they reported these to the office for action. They gave examples of how they supported people to manage risks, such as ensuring that they had a drink nearby to reduce the risk of dehydration or ensuring that people's property was secure at the end of their visit.
- Staff recorded one person's blood sugar levels daily at their request and told us that they would work with

the individual and diabetic nurse to manage the risks, however the management plan was not clearly documented. The provider told us that they would liaise with the diabetic service and update the risk assessment accordingly.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken training in safeguarding and understood their responsibilities to ensure that people were protected from harm. They told us that they would report any concerns to senior staff within the agency.
- People told us they felt safe. One person told us, "I do feel safe with all of the staff, I trust the people they send."

Using medicines safely

- Improvements had been made to the administration of medicines.
- Staff supported people with the administration of their medicines and care records contained information about the support people needed and when PRN or as and when medicines should be administered.
- Staff received medication training and checks were undertaken to check on staff understanding of what they had learnt.
- Audits on people's medicines were undertaken on a weekly basis.

Preventing and controlling infection

- Staff told us that they had undertaken training in infection control and had good access to personal protective equipment [PPE]. We observed staff using PPE during our visits to people in their own home.
- People told us that staff maintained good infection control practices. One person told us, "They do wear gloves when helping me and they will wash their hands before helping me."

Learning lessons when things go wrong

- Staff told us that the agency communicated well with them. One member of staff told us, "Yes if something has happened we need to know the office know and they will send out a message to all staff to alert them."
- Accidents were recorded and reviewed. The registered manager told us that there had been no missed calls, and this reflected what people told us.
- The registered manager gave us examples of changes which they had introduced to develop the service. This included changes to the rota, increased training and the move to electronic recording.

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 good. At this inspection this key question has remained the same.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager told us that they had links with industry groups and kept up to date with developments in the sector.
- People and their relatives were involved in an assessment process which aimed to establish their needs and preferences before they started to use the service.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained. Care staff told us that they received training to ensure that they had the skills to meet people's needs. Training consisted of primarily on-line training and included areas such as first aid, safeguarding and nutrition.
- Some but not all staff had completed practical moving and handling training. The registered manager told us that the agency had plans to address this but was not currently providing assistance with mobility as the people they supported were independent with their mobility.
- People told us that staff were knowledgeable and they were confident in their skills and experience.
- All new staff received an induction which included shadowing an experienced colleague. The registered manager told us that they were looking at accessing the care certificate which is a national scheme for the induction of staff new to the care sector.
- Spot checks were undertaken on a regular basis. This is where a senior member of staff calls at the persons home just before or during a visit by a member of care staff, so they can observe them going about their duties and check that they are working to the required standard.
- Staff were positive about the support available and told us there was a good ethos and staff helped each other.

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

- People were supported to eat and drink and maintain a balanced diet as outlined in their care package. Most people had food reheated but those we spoke to told us that they had a choice.
- Staff communicated well with families to ensure that people had an adequate stock of foodstuffs.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support.

- People told us that they were supported to maintain their wellbeing and had access to health care

professionals if this was needed.

- Staff told us that if they were concerned about a person's health they would relay these concerns to the office or speak with health professionals directly to ensure that the person received the care they needed.
- Records evidenced that the agency liaised with a range of health professionals such as district nurses, GPs and occupational therapists.

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.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff helped people to make choices in a variety of ways. They were able to tell us about people, how they made their views known and any preferences.
- Where people lacked the mental capacity to make specific decisions best interest decisions were in place to make sure that decisions made were in the persons best interests.

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 good. At this inspection this key question has remained the same.

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 told us that they were supported by staff who were kind and polite. One person told us, "The care I have has been amazing. I find all of the staff wonderful."
- People were supported by a consistent and familiar team of carers who covered specific geographical areas. Staff communicated well and kept each other up to date with any changes to people's wellbeing.
- People enjoyed the care visits and told us that they had a good relationship with the care staff. One person told us, "I get on well with my carers we have a laugh." Another person told us, "I have the same staff they know what I need and like, I cannot fault them."

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

- Staff knew people's daily routines and could tell us about how people liked to be supported and what was important to them.
- People were consulted and asked for their opinions in several ways including surveys. These were undertaken at regular intervals. Where issues were identified actions were taken.
- People told us that they were actively supported and involved in decisions about their care. One person told us, "If I want something changing I just say, and they listen." Another told us, "I am supported the way I want to be. They do what I need them to do."

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy was respected, and they were supported to be as independent as they could be. One person told us, "I do as much as I can myself and they help where I cannot do it myself."
- Care records were stored securely, and electronic documents were password protected. Staff understood the importance of keeping people's information confidential.

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 now improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection we found that care plans were not sufficiently detailed. At this inspection we found some work had been undertaken but this was not yet complete.
- Copies of care plans were held in the office and in people's homes to guide staff. People had a pen picture and a care plan which included brief details of people's needs and the support they required. The registered manager acknowledged that further work was needed and told us that they planned to complete a review of all care plans shortly.
- People were supported by a consistent team of staff who knew people well so the lack of detail in the care plans did not significantly impact on people. Daily records were maintained which set out which care people had received. These provided an overview and highlighted any areas where people required closer monitoring.
- There were effective systems in place to handover information and ensure that staff were made aware of people's changing needs. Staff told us that they received an update by telephone to highlight where there was a change.
- People's needs were reviewed. One member of staff told us, "If you feel someone needs more time you tell the manager and they will assess their needs."
- People were supported to undertake activities of their choice if this was part of their care plan.

End of life care and support

- At the inspection we were told that the service was not providing end of life care to anyone but would do so if required.
- Care records provided some information on people's wishes but would benefit from further detail. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) were in place for some individuals which set out their wishes not to be resuscitated.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and a system in place to log concerns or complaints. The registered manager told us that no formal complaints had been received.
- People told us that they would raise any concerns directly with the registered manager and had confidence that issues would be resolved.

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 remained the same.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was committed to providing a good standard of care. However, documentation was not consistently good, and we found gaps in recruitment records and care plans. While there was no evidence that these shortfalls had directly impacted on people's experience or wellbeing, they did present risks.
- Quality assurance processes had been strengthened since the last inspection, but they had not identified some of the areas that we had found. We saw that some audits were being undertaken which looked at areas including staff training and medicines.
- We discussed our findings with the registered manager and they told us that they had a plan to address the areas that we had found.
- The registered manager had day to day oversight of what was happening in the service. They told us that they were continuing to provide some care and therefore knew the people that the agency was supporting and staff personally. All the people we spoke with knew the registered manager by name and told us that they were approachable and helpful.
- Contingency arrangements were in place to cover in the event of such as bad weather to ensure that people received the support they needed. One member of staff told us, "We had an emergency plan last year when the snow came, and we could not drive so the office moved everyone around and I walked to my calls, but everyone got the care they needed."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff were positive about working for the agency and one told us, "I have worked in other services and this is by far the best. They look out for the people using the service."
 - People told us that it was well run. One person told us, "This is the best agency I have been given, they are kind and respectful and help me as much as they can."
 - We saw that the agency was helpful and accommodating, where possible changing the times of calls to accommodate people and their needs.
 - The registered manager had several ways of engaging with people who used the service.
- Regular reviews of people's needs were undertaken, and surveys sent out to both people using the service

and staff to ascertain their views on the quality of care and the support provided.

- Surveys had recently been sent out and the registered manager was in the process of collating the results. We saw that people had praised the work of staff, but some had raised issues with timings. The registered manager told us that they had started to address this and had reorganised the rotas to take better account of travel times.

Continuous learning and improving care; Working in partnership with others

- There were systems in place to drive improvements. There was a training matrix in place to review training and identify which staff required updates. The registered manager and other senior staff undertook spot checks on staff to see if they were working to the required standards or if improvements could be made.
- Team meetings had been established and staff told us that they were encouraged to contribute. Records of meetings showed that they had been well attended.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The recruitment of staff was not sufficiently robust and did not meet the requirements.