

GreenSquareAccord Limited

# GreenSquareAccord Leicester

## Inspection report

2 Berners Street  
Leicester  
Leicestershire  
LE2 0AF

Date of inspection visit:  
16 May 2022

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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 ●

# Summary of findings

## Overall summary

### About the service

GreenSquareAccord Leicester is a domiciliary care service providing personal care to people who are living 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 our inspection there were 35 people receiving personal care.

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

People and their relatives felt the care provided was safe. Staff had received safeguarding training and felt confident to report concerns to the management team. Staff were recruited safely. There were enough staff to meet people's needs. People were supported to manage medicines safely.

The provider worked closely with health professionals. This improved outcomes for people who used the service. People were offered food and drink of their choice. Staff told us they sought consent before providing care. Training records showed most staff had completed training in relation to infection control. However, there were some shortfalls. The registered manager had identified this and had a plan in place to ensure all staff were up to date with their training.

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.

People felt staff were very caring. Staff explained how they maintained people's dignity and privacy. Staff provided examples of how they treated people with respect and encouraged them to be independent. People and their relatives told us they were consulted in decisions about their care. People spoke highly of care staff and the management team.

Care plans had been completed and were reflective of people's needs. We saw evidence that people were supported to communicate in ways which they preferred. Staff had received training in end of life care. People told us they knew how to make a complaint if they were unhappy with their care.

There were quality assurance systems in place to monitor peoples care. Whilst some shortfalls had been identified in the quality of auditing, there was a plan in place to resolve this. The registered manager acted on feedback received from people and staff. Staff knew how to deliver person-centred care and people told us they received this. Staff told us the registered manager was approachable, supportive and fair. Staff also told us they enjoyed coming to work.

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

This service was registered with us on 21 July 2020 and this is the first inspection.

#### Why we inspected

This inspection is the first inspection for this service. We inspected the service as part of our routine monitoring of providers.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# GreenSquareAccord Leicester

## **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 Health and Social Care Act 2008.

#### Inspection team

The 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 houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. 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.

Inspection activity started on 16 May 2022 and ended on 18 May 2022. We visited the location's office on 16

May 2022.

#### What we did before the inspection

We reviewed information we held about this service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service, and two people's relatives about their experience of the care provided. We spoke with eight staff which included the registered manager, the regional operations manager, the compliance manager, a head of service and four care staff.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe.
- Staff received safeguarding training and were confident in reporting concerns to the management team. One staff member told us, "I would speak to my supervisor or manager." The provider had a safeguarding policy in place and staff told us they had access to this.
- The registered manager understood their responsibility to keep people safe and explained how they would deal with and report a concern to the relevant authorities.

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

- Risk assessments were completed and contained accurate information to guide staff on how to support people in an effective way. For example, one risk assessment explained how a person was at risk of skin breakdown. The assessment documentation guided staff to apply prescribed cream, check the area regularly, and encourage the person to use a pressure cushion.
- Staff told us assessments were completed prior to them attending the persons home. This meant staff were able to support people safely.
- The registered manager told us they had oversight of assessments, and ensured they were completed in a timely way. This meant staff had up to date information regarding people's care and support needs.
- The provider had a system in place to record accident and incidents. This included an electronic system which enabled quality managers to analyse the incident to ensure appropriate action was taken to keep people safe.

Staffing and recruitment

- There was enough staff to meet people's need. During inspection, we saw that hours of care were being delivered as commissioned.
- People received care from a regular team of care staff. When new staff started, people were informed. One person told us, "They [the office] let me know if they [the carers] are running late, or if I've got a new carer coming, like tonight."
- Staff were recruited safely. The provider conducted checks on staff before they started employment, which included obtaining references and checking their DBS. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This was to ensure staff were suitable to work with people who used the service.

Using medicines safely

- People were supported to receive their medicines safely. Medication Administration Records (MAR) had been signed by staff when medicines were administered. Staff had guidance on how to order, store and dispose of medicines in people's homes.
- The provider had protocols in place for people who needed 'as required' medicines. This meant that staff had guidance on when to administer these medicines.
- The provider completed monthly audits of the MAR charts. This was to identify any potential issues in a timely way and ensure action was taken to address this.
- Staff received training in medicines, and had their competency assessed regularly to ensure they were safe to administer medicines to people.
- The provider had a medication policy in place, which staff had access to.

#### Preventing and controlling infection

- Training records showed most staff had completed training in relation to infection control. However, there were some shortfalls. The registered manager had identified this and had a plan in place to ensure all staff were up to date with their training.
- Staff described the level of Personal Protective Equipment (PPE) they wore, and how often to change this. Staff were also aware of their responsibilities in relation to disposing of used PPE. This was in line with national guidance.
- Staff were able to demonstrate their understanding of good infection control practices. One staff member told us, "I wash my hands, and sanitise on the way in, wear PPE, get rid of my PPE properly, wash and sanitise my hands on leaving, I wash my uniform after every shift on a hot wash, and I make sure I dispose of any tissues properly."
- The provider had policies and procedures in place and kept staff up to date with national guidance in regards to COVID-19.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role. However, some staff training was out of date. This had been identified by the registered manager who had a plan in place to bring all staff training up to date in line with the provider's new training programme.
- New staff completed a comprehensive induction programme, which was delivered with a combination of face to face training, online training, shadowing and competency checking. It also included the staff member completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Relatives informed us they were consulted during the assessment process which took place before the person received support from the service. When asked if they felt involved with their loved one's on-going assessments, one relative replied, "Very much so."
- People's life history, likes, dislikes and preferences were recorded on their care file. This allowed staff to provide consistent support to people and ensured people's needs were known.

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

- Care plans contained adequate information about people's dietary needs. This allowed staff to provide the correct nutritional support in line with people's needs.
- People told us they were given choices of meals prepared by staff, and staff knew how to cook their meals in line with the person's preferences.
- People were supported to drink enough. People at risk of dehydration had effective measures in place to reduce this risk. For example, we saw one care plan which guided staff to move a person's beverage closer to them to encourage them to drink more.
- People told us staff knew them well, and staff were confident in reporting concerns in people's health conditions. For example, we saw evidence of staff noting a person's appetite had decreased and was losing weight. Staff made the appropriate referrals to health professionals.

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

- The provider worked in partnership with health care professionals. Records showed contact was made with the GP, district nurses, and others when required.

- People's care records contained grab sheets at the front, which could be taken with them in the event of a hospital admission. This guided other health professionals on how the person preferred to be cared for, and other essential information.
- One person lived with diabetes. Staff had guidance on how to encourage the person to eat a low sugar diet to maintain their health.

#### 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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- Where appropriate, people's mental capacity had formally been assessed with regard to specific decisions relating to their care.
- Where it was deemed people lacked mental capacity, best interests' decisions had been completed to demonstrate how people should be supported by care staff. However, we found information of others involved with the persons care had not always been recorded. We raised this with the registered manager during the inspection who advised more details would be completed on future assessments.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Supporting people to express their views and be involved in making decisions about their care

- People spoke very positively about the kind and caring nature of staff. People told us they were well looked after, and relatives echoed this feeling. One relative described staff as, "Friendly, caring and effective."
- Staff had information in care plans to explain how to communicate with people in a way which was best for them. This allowed effective communication to take place between staff and people and aided the delivery of good quality care.
- People told us they were encouraged to make choices about their care.
- Relatives commented they felt involved and listened to by staff and the management team. One relative said, "Most definitely, whatever I say they do it, no questions asked."
- The registered manager told us they encouraged staff to treat people like they would their own relative or loved one.

Respecting and promoting people's privacy, dignity and independence

- Staff described examples of how to promote people's privacy and dignity. One staff member told us, "By closing doors, curtains, and making sure no one else is in the room apart from carers."
- Staff told us how they protected people's private information, by maintaining confidentiality. One staff member told us, "I don't say anything about that person unless it's to the office staff to sort out a problem." People's care records told staff what tasks people could complete for themselves. This meant that staff knew which tasks the person needed help with and ensured they did not compromise the person's independence.
- People commented very positively on the staff. People and relatives told us staff were friendly and they felt safe when they were there.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- The provider produced care plans which were factual, and reflective of people's needs. We spoke with relatives and staff who confirmed this.
- Staff told us they had enough time to read people's care plans before delivering care. This meant they were up to date with the most accurate information available about the person they were supporting. One staff member told us, "Yes I do have time to read care plans, and they contain enough info for me to know about them [people] if they are new."
- Staff told us they were kept up to date about people's changing needs. One staff member told us, "The care plan is generally our main plan but if something else has happened we do also get messaged."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been considered and this had been recorded in their care plan. For example, one person communicated using picture cards, and another person required short sentences and additional time to respond. Staff were aware of people's needs, and communicated effectively with people.

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

- The provider had been commissioned to provide support to people to go out and avoid loneliness. Staff supported people to carry out activities and hobbies they enjoyed. We saw care plans detailed this information to guide staff, and ensure people avoided social isolation. For example, we saw one person's care plan advised the person was a keen knitter, enjoyed going to garden centres and having a walk around the park. Care notes we reviewed reflected they had completed these activities with staff.
- Staff made notes of tasks which had been completed at each visit, including social visits. For example, we saw records which showed one person had been supported to complete multiple activities during their social visit.

Improving care quality in response to complaints or concerns

- The registered manager kept a log of complaints. During the inspection we found the service had only

received a small number of concerns. When a concern was received, we saw the provider had taken action to rectify any issues. For example, one concern related to a person's call time. We saw the registered manager had spoken with the care coordinator, and the time had been adjusted in line with the persons wishes.

- The provider had a complaints policy in place and people told us they knew how to make a complaint if they were unhappy.

#### End of life care and support

- The service supported people as they reached the end of their life. Advanced directives were recorded by medical professionals which contained the persons wishes and preferences. For example, one person had expressed their wish to be supported at home where possible.
- Staff had completed specific training regarding end of life care. Care staff told us they felt confident with the training they had received.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a quality assurance system in place to improve the quality of people's care and we saw this was effective. However, we found that not all audits had been fully completed. We found this had already been identified by the internal compliance team who had put together an action plan. We raised our concerns with the registered manager during the inspection who described how they would complete audits moving forward.
- The registered manager had oversight of the service, changes in people's needs and quality of care. People, staff and relatives told us management was good.
- The registered manager understood their regulatory responsibilities, including notifying us of certain events or incidents which took place in the service.
- Staff were clear on their roles and responsibilities. Staff described feeling confident in raising concerns, and felt they had sufficient training for them to be competent within their role.

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

- The registered manager had created a positive culture. Staff told us they loved coming to work and enjoyed their jobs immensely. Staff felt supported by the registered manager and found them to be approachable and fair to all staff.
- People and their relatives felt good quality care was being delivered, and the registered manager would listen and take action if there were ever any issues. One relative told us, "Any problems, I ring the manager and we get it sorted."
- The registered manager undertook regular reviews with people, or responded to their change in needs, to ensure people were receiving the most appropriate level of care and support.

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;

- The registered manager described their responsibility in relation to duty of candour. This is a set of specific legal requirements that registered managers must follow when things go wrong with people's care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager regularly spoke with people and their relatives to obtain their views on the service, and the standard of care being delivered. One relative told us, "Normally the manager rings me up to check in, to make sure things are okay and to see if there are any issues."
- The provider completed a customer service satisfaction survey. The surveys were in large print and also had thumbs up and thumbs down icons to make them inclusive for all. We saw evidence that where people had raised their concerns, an action plan was in place and steps had been taken to resolve the issue.
- The provider worked closely with significant others, to ensure that people received the care and treatment they needed. For example, we saw care plans which referenced liaising with district nurses, GP's, chiropodists and hairdressers.