

Greenway Homecare Limited

# Greenway Homecare Limited

## 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 ●

# Summary of findings

## Overall summary

### About the service

Greenway Homecare Limited is a home care agency providing personal care to people who live in their own houses and flats. At the time of the inspection, the agency supported 25 people with physical disabilities, some of whom also lived with dementia.

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.

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

People received safe care meeting their needs which was provided by small and consistent staff team. People had their support visits as planned and felt in control of their own care. One person told us, "They were very good in responding and I would not manage without help. They would listen and not leave me (without the required support)."

The provider regularly sought people's feedback and supported people to address any changing needs they might have had by accessing other services. A professional working with the service said, "[The agency] will also deal with a lot of stuff- they will call doctors, nurses, mental health specialists. They are very proactive. I think they are very good company, would use them for my own family if I needed."

People received safe support with their medicines where needed and were protected from the risk of spread of infections including COVID-19 as well as any safeguarding risks. Staff supported people to minimise the overall impact of the pandemic on their health and emotional wellbeing.

People told us staff were caring, kind and respectful. One person said, "They are lovely, they are diamonds. They just do it. They are so nice." Another person told us, "They are splendid, magnificent, not only in care but also personality, very cheery every day, marvellous."

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 felt supported by the provider and had ongoing access to the training and management advice they needed to provide people with high quality care. The management team were very involved in day to day care provision and knew people well.

The registered managers were fully aware of their legal responsibilities and maintained transparent and open communication with CQC and other partners such as community nursing teams or social services. The registered managers had a good oversight of the service and we saw evidence of action taken to address

identified improvement needs. For example, people's care plans were being updated to a new, more person-centred and robust format.

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 provider of this service changed and was registered with us on 12/06/2019 and this is the first inspection. The last rating for the service under the previous provider was requires improvement, published on 29 August 2018.

#### Why we inspected

This inspection was based on the date of the changes to the registered provider of this service.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as 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?

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.

# Greenway Homecare Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had two managers 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 a short period 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 27 May 2021 and ended on 8 June 2021. We visited the office location on 27 May 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We requested feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion

that gathers and represents the views of the public about health and social care services in England. The provider did not complete the Provider Information Return as it was not required due to the changes in how CQC gathered information from providers in the period of COVID-19 pandemic. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the two registered managers and the operations manager. We reviewed a range of records. This included six people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with seven people using the service and three relatives about their experience of the care provided. We also spoke with two staff members providing care to people. We looked at business contingency plans, additional staff records, and care plans following provider's review. We received feedback from two professionals who regularly visit the service.

# 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 for 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 told us they felt safe with staff who knew how to help them protect themselves when needed. One person said, "I feel very safe when they come. I would not be able to shower without help. I can't lift heavy things so [staff] do that for me." A relative of a person receiving care said, "I feel very comfortable (leaving my relative with staff), I do not worry."
- Staff knew how to recognise someone could be at risk of abuse or neglect and were aware of their responsibility to act to protect them. Staff were confident they could report any concerns to the management who would promptly address them to safeguard people. One staff member said, "I would go for it all together, my first call would be to the office. If it was not actioned, I would take it further myself. I had training and I have all safeguarding contacts."
- The provider appropriately reported and actioned any safeguarding concerns. They also had robust policies for safeguarding adults at risk, whistleblowing and incidents and accidents management. These policies set out what actions should be taken to protect people, report any concerns externally and how the managers would work with the local authority.

Assessing risk, safety monitoring and management

- People told us staff knew them well and supported them safely. One person said, "[Staff] help me to shower as I get very dizzy, I need to be sitting in the shower. [Staff] are very careful, I think we have it all sorted out and they know me well." One relative said, "[Staff] are careful and competent to help and very aware of signs of infection. They are another pair of eyes, they spot things. I am really happy it is working extremely well."
- Staff were aware of what to do should risks to people change. One staff member said, "We always talk through that, any changes major or small but significant I will update the office." Staff told us how they ensured they were up to date with any changes to people's needs prior to providing support, for example by having effective handover from the management before care visits, checking the care records and by regular communication with family members.
- People's care plans explained their individual needs and risks and guided staff how to support them safely. For example, one person was assessed to require support to maintain good balance during mobilising and there were clear instructions for staff how to do that and what to avoid to minimise the risk of falls. Care plans also included information on individual risks around personal care, nutrition, mobility, skin integrity and home environment.

Staffing and recruitment

- People told us they received care as planned and were supported by a consistent staff team. One person said, "All together I had five to six carers coming over the last two to three years, all were very good and

pretty well on time and they are here until they are not needed. They do not to rush. There is nothing I could criticise so far."

- The provider had effective systems of monitoring the timeliness of the care visits and no visits were missed in the past year. Staff had to report their attendance via an electronic application and any lateness for more than half an hour would alert the managers who would take immediate action to ensure people were not left without support. One person said, "[Staff] always come to help me. If they are going to be late, they phone me not to worry."
- Staff felt they had enough time to reach people as planned and to provide quality support. One staff member said, "The roster always has enough time for travel and with the client (person). If ever needed I would ring the office and tell them I would be late. We have a policy we can be late or early up to 15min."
- The registered managers followed safe recruitment practices. This helped ensure only suitable staff were employed. The provider obtained proof of identity, references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

#### Using medicines safely

- People told us they could access safe support with medicines and were encouraged to remain as independent as possible. One person said, "[Staff] ask every single time 'have you taken your medicines?'" and continued to explain they were able to take them independently but found the reminders helpful and reassuring. Another person said, "I have specific needs and [staff] know them. They sorted my medication for me. Yes, they are competent."
- Staff recorded support provided with medicines on administration charts and supported people to order and collect their medicines if needed. People's care plans included personalised information on how they like to take their medicines and what level of support they needed. There was also information for staff on any special instructions and risks, for example if medicine had to be taken with food or certain creams posed a fire safety risk.
- The provider had a robust medicines management policy in place and audited people's medicines records monthly. The registered manager was also in the process of reviewing people's medicines care plans to improve the level of detail and information included and to enable better oversight. The registered managers investigated any recording discrepancies and ensured people received their medicines as prescribed. Staff were trained and competency assessed in safe management of medicines.

#### Preventing and controlling infection

- People told us staff knew how to keep them safe from infections. One person said, "They always wear mask and gloves. They do, all the time." A relative said, "It is absolutely fine. They are very hot (on infection prevention and control) and make sure all is cleared away properly."
- Staff we spoke with confirmed they received training and support around good infection prevention and control (IPC) and correct use of personal protective equipment (PPE). One staff member said, "I have done COVID-19 training recently. I was shown how to do it (put on and take off PPE), as soon as we had to, we had enough PPE. We were never without. We change face masks in between visits. We have supervision when managers come out when we are with clients, with their permission, and observe us, talk to us." Staff confirmed they had access to regular testing and COVID-19 vaccines.
- People received support to 'shield' during the pandemic and to ensure their houses were clean and hygienic where needed. One person told us their usual cleaner could not come during COVID-19, so care staff had supported her to keep her house well-maintained. The operations manager also said, "We tried to minimise down to few care staff with a client, it was hard but worthwhile, keeping them all (people supported) safe. We were also helping people in getting vaccinations."
- The registered managers implemented effective COVID-19 policy and business contingency procedures which were up to date. The registered manager completed a COVID-19 checklist included in the policy to



ensure all elements of the national guidance were appropriately considered.

#### Learning lessons when things go wrong

- The registered managers regularly reviewed any accidents and incidents. They also ensured risks to people were reviewed and addressed with their family and other professionals on an individual basis when needed.
- The registered managers closely monitored the changes to the service provision in the last year. They identified staff required more support due to the pressures of working during the COVID-19 pandemic. For example, managers increased their use of social media for sharing general policy updates and carried out additional management telephone checks to ensure staff remained well whilst also providing additional financial support.

# 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.

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

- The provider worked closely with people, their families and other professionals. People's care needs were initially assessed and reviewed later on. One professional working with the service told us, "I was always really impressed with them." The professional explained how the provider addressed one person's quite complex needs and commented, "[The provider] managed fantastically well."
- Where people started receiving care from the agency, care plans were completed with them prior to that support commencing. The registered manager recently improved the structure of their own care plans to include greater level of detail on people's risks and wishes. They also ensured social services care plan was available and any changes were raised with social services where needed.
- People's needs and individual risks were reviewed during the pandemic to establish the level of risk and contingency planning around COVID-19 as per the national guidance for community care. People had individual risk scores in place to ensure those with high needs would not miss essential visits in case of COVID-19 related service disruption and appropriate contingency plans were in place.

Staff support: induction, training, skills and experience

- People told us staff who visited them were competent to provide high quality support. One person said, "Yes, they are competent. I can't fault them in any way."
- Staff confirmed they had regular access to training and support and received a good induction into their roles. One staff member said, "I completed all my online training and moving and handling. I did shadowing (a period of time where new staff observes more experienced staff supporting people). I do feel supported, [the managers] are always there. I regularly have checks, [the managers] makes sure I am doing what I am supposed to be doing, so any issues are picked up very quickly."
- The provider had good oversight of staff training and competency. The registered manager had clear plans on addressing additional staff training needs as the COVID-19 restrictions were easing. Face to face refresher training sessions were planned from June 2021 onwards as the registered manager identified structured learning in a classroom environment would additionally benefit staff. Staff also received regular competency checks to ensure they remained competent to support people.

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

- People told us they received support with food and drink preparation if needed. One person said, "I have milkshakes from the dietician and [staff] gets it ready for me."
- People's care plans detailed what support they required with eating and drinking and their preferences. For example, one person liked fruit and staff were asked to make them available for her during their visits. A visiting professional commented they had seen staff cooking fresh meals for a person who previously was

unable to maintain a healthy diet. They commented this improved person's overall quality of life and health.

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

- People were supported to access healthcare services when their needs changed. One relative said, "[Staff] seem to keep them better. We could not work out why their blood pressure was off, now it is better as GP balanced medicines. [Staff] are aware and careful they look after them very well."
- Staff were able to recognise when to involve other professionals and did so timely. One professional working with the service said, "[Staff] are always incredibly helpful and keep in touch if there are any problems. They make sure we are aware of any changes in condition but they will also deal with a lot of stuff- they will call doctors, nurses, mental health specialists. They are very proactive. I think they are very good company, would use them for my own family if I needed."
- People were supported to organise appointments and could use the service car to get to the doctor's with support of the staff. This included appointments in hospital, at the dentist or to receive vaccinations. Staff also completed referrals to occupational therapist where needed and worked in partnership with mental health support service to provide people with good quality care.

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.

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.

- People told us they were asked for consent and felt involved in day to day decisions around their care. We saw written evidence confirming that. For example, there were individual contracts and privacy notices in people's care records. Where applicable, people's legal representatives were included in decisions around their care and any decisions made in their 'best interests' with multidisciplinary team's involvement were reflected in their care plans.
- Staff knew how to support people in line with the MCA and received appropriate training. One staff member said, "I ask [people] what they want and how they would like to do things and make sure what they want is done."
- The provider had robust and detailed policies in place around consent and deprivation of liberty safeguards which clearly referred to the up to date code of practice and legal framework.

# 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 and their relatives told us staff were very caring and considerate. One person said, "They are lovely, they are diamonds. They just do it. They are so nice." Another person said, "They are all very dedicated."
- People told us staff were caring and interested in their wellbeing. One person said, "[Staff] usually have a little chat. If there is not much to do, they stay here 5-10minutes. They are always a bit chatty and lovely, and very nice."
- People's relatives said staff treated their loved ones with kindness and involved them in their care. One relative said, "[Staff] are very good with [person]. They take their time, they ask questions and talk to him. They try to engage him, laughing or singing."
- People felt involved in their care and able to express their views. One person said, "Yes, I was involved in my care plan. My care plan is currently for review which is planned." This person explained to us how staff addressed his wishes around the care visits and his changing abilities following a conversation with him.
- People's care was planned in an inclusive and caring way, respecting their equality and diversity and human rights. One professional working with the service told us, "[The agency] are very caring, very good for working around peoples' individual needs and very person centred. They never make any judgments, (they support the person) brilliantly as an individual. They listen to her and make her feel valued which is very important to her. Sometimes the only person [people] see is the carer."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful towards them, their home environment and their family members. One person said, "I find [staff] very respectful."
- People were offered support and encouraged to receive it in a way which promoted their dignity and independence. A professional visiting the service gave an example of how this impacted on people, "[Staff] have absolutely without seemingly taking over cleaned up [this person's] house. They do not just rush in, whenever I visit, [staff] are always very respectful and really quite motivated to care for them. They are so nice and want to do the right thing." The professional explained this person's home environment and general quality of life significantly improved since the agency started supporting them.
- People were encouraged to be as independent as possible. People's care plans included details on day to day tasks they could do themselves and what support they needed to enable that. For example, one person's support plan guided staff to 'prepare bowl for washing, [the person] will call when she is ready and will wash her face independently'.

# 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 and to meet their needs and preferences

- People told us care they received was meeting their individual needs and preferences and staff knew them well. One person said, "Yes, [staff] know exactly what I need help with." People's care plans included personalised information around their day to day preferences, routines and needs, including how they wanted to be addressed, what emotional support they required or what were their life story and future care wishes.
- Staff were responsive to people's changing needs and people said they could count on the service to meet their changing needs. One person said, "[The provider] have been very good to me. My [other private carer] went off sick and I needed a carer with a short notice. [The manager] covered the next day. They were very good in responding and I would not manage without help. They would listen and not leave me (without the required support)."
- Staff were praised by people for their personalised approach to care. One person gave an example, "The carer in the morning loads my toothbrush. They always do little tasks for me- wash up, put it on draining rack. They are very attentive and very helpful."

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 were supported to use the communication method meeting their needs. For example, a person who was registered blind was supported by staff to listen to her correspondence which was read to her, used a talking medicine dispensing aid to be able to self-medicate and was supported to receive 3D Christmas cards. This person was also sensitive to certain sounds and staff knew what to avoid when supporting them.
- Staff knew people's communication needs well and knew how to effectively encourage them to engage in a conversation. One staff said, "I repeat or change the way I speak." Staff also told us how they used light-hearted encouragement and jokes to engage with a person who lived with dementia. The relative of this person confirmed staff knew how to communicate with their loved one which positively impacted on their engagement in day to day tasks.
- People's care plans included information on their communication and sensory needs. For example, where people required hearing aids.

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 enjoy meaningful activities and social interaction to prevent social isolation. For example, the registered manager explained on few occasions staff supported people outside their planned care visits to enjoy trips out and to socialise with others outdoors in a COVID-19 secure way. The provider had accessible vehicles which were purchased to enable people to access support for outings and appointments.
- People told us staff spent quality time with them when on care visits, for example by chatting and spending some social time together. For one person living with dementia, staff told us how they referred to their past life story when the person had a better day to support them to enjoy a longer conversation.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and were confident the provider would look into any concerns to resolve them. One person told us, "It is all very satisfactory but if I had a complaint, I would complain to [the registered manager]. I have their phone number, they are always willing to talk."
- The provider had clear complaints policy in place which explained how to make a complaint and what action would be taken by the management to address any concerns and resolve them. The policy also provided staff with guidance on how to reassure people and encourage them to freely raise any concerns.
- The management did not receive any formal complaints but addressed any feedback from people, for example any less positive comments made in satisfaction surveys were looked into and resolved.

End of life care and support

- Where people required care at the end stages of their lives, this was provided in a caring and effective way. A relative of a person who received such support said, "[Staff] were so kind to [the person]. They felt so much better with [staff]. I appreciate very much what they did for us. It was a very difficult time to go through and they were very nice and kind carers. I can't speak highly enough of them."
- The provider had effective policy around end of life care. The agency did not provide palliative care at the time of the inspection but supported some people with such needs at the beginning of 2021. The service had systems in place to plan and deliver personal care support jointly with other healthcare professionals as per people's wishes.

# 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 registered manager had a good oversight of the quality and safety of the service. They developed and continuously improved the electronic data base used to audit the key areas of the service, such as, for example, people's care records, incidents and accidents or staff training. They ensured key information on the service was analysed periodically and action was taken to address any improvement needs. For example, they added information on people's key needs and risks which enabled them to easily access that information when needed in emergencies or for external reporting.
- The service management team was heavily involved in day to day care provision, leading the staff team from the forefront throughout the pandemic. They ensured all people could access support they needed, and any COVID-19 related risks were safely managed in line with the national guidance.
- The managers also ensured staff could access support when needed and their practice was regularly observed. The registered manager told us, "I am proud of how we supported our staff." Staff we spoke to confirmed they felt supported by the provider. One staff said, "[The managers] are very good. They inform us and are there to support when we need them. We can call anytime and they are available to help."
- The provider implemented new care plans called 'This is my care plan' which were more person-centred and robust. The registered manager also planned further improvements to their electronic management oversight systems. The management team assigned an experienced member of the care staff team to support them to update people's care records as one of the service priority actions. We saw this work was underway and half of the care plans were already updated on the day of our inspection with a planned completion of reviews of all records by the end of June 2021. Following the inspection, the registered manager advised us this action had been completed.
- The registered managers were aware of their regulatory responsibility to notify CQC of certain events in the service and had done so when required. The registered manager communicated with CQC in an open and transparent way around any other issues relating to the service throughout the pandemic.

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

- People told us they felt the staff and the management created a supportive, inclusive and positive atmosphere of the service. One person said, "They are splendid, magnificent, not only in care but also personality, very cheery every day, marvellous."
- Staff provided personalised support which empowered people and had good impact on their overall

wellbeing. One professional working with the service commented about how a person had changed since the agency started supporting them, "I have known them for so long. They have been helped a lot, they are so much more vocal. Their mental wellbeing is better despite [certain health conditions deteriorating]. They are in the best situation possible."

- The registered manager was aware of their responsibilities to act on the duty of candour. The provider also had a clear policy in place. The external partners working with the agency and people's relatives commented staff and management were communicating with them openly and transparently.

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

- People and their relatives told us they felt involved in the service and listened to. One person told us, "[The managers], I know them well. [The registered manager] asks how it is going." Other people commented the managers were 'very thoughtful', 'always helpful' and they were 'very familiar' with them.

- The provider encouraged people to give regular feedback on the care they received. The last satisfaction survey completed by people in December 2020 included positive feedback about the service and 79% of people scored the service as 'outstanding'. Where people made comments around possible improvements, we saw evidence that the registered manager had visited them in person to discuss their feedback and addressed any issues.

- Staff felt involved in the service and supported by the management. One staff member told us, "We are all very good in communicating. We let each other know what is going on, [electronic communication group] keeps us updated so we are in the loop." Staff and staff records confirmed the managers carried out staff supervisions, appraisals and direct observation visits. Staff meetings were also being reintroduced in COVID-19 secure way since March 2021.

- The provider worked well with other professionals and organisations involved in people's care, for example community nurses, social services or local churches. One professional working with the agency said, "I am not concerned. They will always contact us if needed and they undertake care well. They work with us but they are not continuously on the phone. They ask (for advice) at the right time."