

Greenway Homecare (Surrey) Limited

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## Inspection report

3 Venner Close  
Redhill  
Surrey  
RH1 4BH

Tel: 01737762226

Website: [www.greenwayhomecare.co.uk](http://www.greenwayhomecare.co.uk)

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## 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

Greenway Homecare (Surrey) Limited is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service supported 32 people with personal care in the Surrey areas including Redhill, Horley, Caterham, Oxted and Godstone.

The inspection took place on 18 July 2018 and was announced.

There was a registered manager in post at the time of our inspection. 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.

We last inspected this service in November 2016 when we rated the service as Requires Improvement. There were two breaches of Regulations - Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were due to risk assessments not being updated to meet the changing needs of people using the service and no staff supervisions being completed. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good. We used this inspection to check whether or not the provider had made the necessary improvements. At this inspection we found the service still had further work to do in order to meet a rating of Good.

The service did not record and monitor any accidents or incidents for patterns or trends. There was no business continuity plan in place for people in case of an emergency or disaster. Shortfalls were identified in the management of medicines as best practice guidance was not always followed. We also found there was no call monitoring system in place.

Staff and management had received training on Mental Capacity Act 2005 (MCA) but were found to have limited understanding of the principles of the MCA. Consent to care and treatment was always sought by staff.

There was a lack of robust quality assurance. Although the provider had auditing systems in place to monitor the quality and safety of the service, these were not always used effectively to scrutinise records or identify where improvements were needed.

Staff managed risks to people's safely. Where incidents had occurred, the staff took appropriate action to keep people safe. Staff understood how to identify and respond to suspected abuse. Staff took appropriate measures to stop the spread of infection during their care. Robust checks and references were completed before any staff were employed by the service.

Staff treated people in a caring, considerate and respectful way. People told us that they felt staff were kind

towards them. People's choices were considered in the delivery of care.

People were supported to prepare and eat food that they liked in line with their dietary requirements. Staff had sufficient training and supervision to carry out their roles. People's needs and choices were assessed and people were involved in important decisions and choices. Staff worked alongside healthcare professionals and other organisations to meet people's needs.

People's histories and care needs were included in their care plans which helped staff provide responsive care. There were sufficient numbers of staff to support people. People received personalised care that reflected their needs, interests and preferences. People had access to activities that reflected what was important to them. Regular reviews were undertaken and any changes to people's needs were actioned by staff. Staff communicated any changes in care with each other. The provider had a clear and accessible complaints procedure.

The registered manager worked alongside staff and was actively involved in people's care. No one was receiving end of life care at the time of our inspection. Systems were in place to involve people and staff in the running of the service. The provider considered other CQC reports and articles to assist with the service's continuous development.

During our inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Shortfalls were identified in the management and support of people's medicines.

Incidents and accidents were not analysed to help keep people safe. Risks associated with people's needs were sufficiently assessed and planned for.

Staff were aware of how to protect people from abuse and avoidable harm.

The agency employed sufficient numbers of staff to meet its care commitments and carried out robust recruitment checks.

Staff followed infection control measures to prevent the risk of cross contamination.

### Is the service effective?

**Good** 

The service was consistently effective.

The principles of the Mental Capacity Act (2005) were not fully understood by staff but people's consent was always sought.

People's health was monitored and changes were shared with others where required.

Staff had the training and support they needed to do their jobs.

The assessment process considered people's diverse needs to ensure there was no discrimination in relation to the protected characteristics under the Equality Act.

People received effective support with meeting their nutritional needs.

### Is the service caring?

**Good** 

The service was caring.

Staff were kind, caring and compassionate.

People were involved in their care and support.

People's dignity, privacy and independence were promoted

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care specific to their needs. Care plans reflected people's needs and interests. Care needs were reviewed regularly and any changes were actioned by staff.

People took part in activities that they enjoyed.

There was a complaints policy in place that was accessible to people.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Monitoring processes were not always in place to check the safety and quality of the service. The processes in place had not been effective in identifying areas that required improvement.

Where people's views were gained these were used to improve the quality of the service.

People and staff thought the registered manager was supportive and they could go to them with any concerns.

The culture of the service was supportive and staff felt valued and included.

The service notified CQC of significant events appropriately.

# Greenway Homecare (Surrey) 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.

We carried out this announced inspection on 18 July 2018. We gave the service notice of the inspection visit because it is small and 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 11 July 2018 and ended on 20 July 2018. It included one site visit to the office, two home visits, five telephone interviews with staff and nine telephone interviews with people. We visited the office location on 18 July 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by two inspectors.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

As part of our inspection we spoke with eight people and two relatives to gain their views and experience of the service provided. We carried out home visits to two people receiving the regulated activity and went to the office to review care records, policies and procedures. We spoke to the registered manager, the deputy manager, and six care staff. We also received feedback from the local authority who do commission some

services.

We looked at four people's care files, medicine administration records, four staff records including recruitment and training records, the staff rota and staff team meeting minutes. We spent time looking at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems. We also looked at surveys returned by people.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe with the staff who supported them. One person said, "Yes I feel safe. I was very ill earlier this year. The fast action of the carer – she called the ambulance and I think she saved my life." Another person told us, "I would be very lost without them." One relative told us, "They are lovely. Nothing is too much trouble. They are here every day and they do a good job."

At the last inspection in November 2016 there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to risk assessments not being updated to meet changing needs of people using the service. At this inspection we found that risk assessments were being updated every six months and had improved. The registered manager stated that if no changes were identified in the risk assessments then paperwork was not updated. In one person's care plan the risk assessment covered their mobility with a walker, support bar and hospital bed. The assessment also mentioned the importance of oven gloves being available in the kitchen to ensure they were not at risk of burns. Risk assessments were completed and updated appropriately for each person using this service. In other people's care plans we saw where risks had been identified and assessed in relation to falls. Where a person had suffered a fall, the risk assessment was updated to reflect this development.

Despite improvements to risk assessments accidents and incidents were not recorded which placed people at risk. Where incidents had occurred, action had been taken to help keep people safe. However, the registered manager told us that she did not complete any analysis or record and monitor accidents or incidents for patterns or trends to avoid a re-occurrence. The impact of this was limited because of the low number of recorded incidents. The registered manager told us they would complete analysis of any incidents in future. We will check this has been done at our next inspection.

Staff were told about any incidents or accidents. For example, one person was found to have had multiple falls. This had been discussed during a risk assessment review on how they could help prevent further falls.

Medicines administration was not always recorded appropriately by staff. We found multiple gaps in people's Medicine Administration Records (MARs) and there were instances where staff used symbols or letters to record whether medicines had been given. These did not have an explanation as to what they meant and it was unclear whether they had been administered. There was no record of what action had been taken to address the gaps in the records. It was therefore not possible to confirm whether the person had taken their medicine or not on those days.

One person's MAR did not state whether the person had any allergies. This is not in line with national best practice guidance. Since the inspection the provider created a medications audit sheet which will be included in the daily notes of each person to monitor changes and updates. However, as medicines administration records had not been accurately completed we are recommending that the registered provider ensures that all records relating to a person's medicines are completed in a way that follows best practice. The provider told us that medicines audits were carried out as and when needed however the gaps in MAR charts had not been identified or addressed.



People who required staff assistance with their medicines had a care plan. However, these did not always include the information needed to enable staff to administer them in the way they needed. For instance, the deputy manager told us that one person needed to take a medicine every two hours yet their care plan did not document this or any allergies they may have. This meant that any new or agency staff would not be aware of this need.

The shortfalls in medicine management and record keeping along with the failure to adequately record and analyse accidents and incidents is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people could administer their medicines by themselves or with support of a family member or friend who assisted them.

People were protected by the prevention and control of infection. Infection control measures were used by staff to mitigate against the risk of cross contamination. People told us staff wore single use gloves and aprons and staff confirmed they had an ample supply of personal protective equipment. Staff told us they had completed infection control and food hygiene training and staff training records confirmed this.

People were protected because staff knew how to recognise abuse. There was an up to date safeguarding policy in place which included information on how to report safeguarding concerns and the local authority safeguarding process. Staff were knowledgeable in safeguarding processes and knew how to escalate any concerns they had with CQC or the local authority. An up to date whistle blowing policy gave staff the information they would need if they wished to raise concerns about staff conduct within the service externally. The registered manager had appropriately made referrals to the local authority safeguarding teams when concerns had been brought to their attention.

There were sufficient staff to provide people's assessed care and support needs. Staff had sufficient travel time between their care visits to be able to travel from one person's home to the next. Although the provider mentioned that recruitment was a consistent challenge, there had only been two missed calls in the past 18 months. Neither missed call had resulted in the person being left at risk of harm. The head office was run by three managers who were all experienced carers with the ability to fill in for any shortfalls in staffing.

People told us staff were on time, except on some occasions due to traffic or public transport issues. One person told us, "They nearly always arrive on time." Another said, "You can't be absolutely guaranteed of the time they will come. They are nearly always on time. Once or twice they aren't. Generally they always try to phone me." One relative said, "They always communicate clearly and tell us if there's a change or if people are going to be late." People were also positive about the service ensuring that they felt comfortable with new or different staff. One person told us, "I have about five different care workers. I recognise and know all of them well. They always send a new person with a known person first."

There were safe recruitment policies and procedures in place. Guidance when employing new staff to the service was followed appropriately. Potential new staff provided their full employment history and photographic identification had been checked. The provider had checked references before new staff commenced employment. Checks had been made against the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

# Is the service effective?

## Our findings

People told us that staff supporting them knew what they wanted and how to support them. One person said, "If I have any problems or ask them to do something they will do it for me. They won't complain or anything, they will just do it." A third person told us, "(Carer) is kind and you get what you want and expect. She has a kind way with everything."

At the previous inspection in November 2016 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to a lack of regular staff supervisions. We found improvements had been made in respect of this.

Supervisions were now carried out regularly and recorded. One member of staff told us, "They do supervision roughly every six weeks. If we need someone to help us we can always talk about it. They are good at listening." All staff received formal supervision and the people who used the service fed back on the performance of the staff on a regular basis. They discussed support, training, personal development, record keeping, feedback from the registered manager and feedback from the staff themselves.

Records of spot checks carried out by management showed consistent and effective supervision of care. In one example, a member of staff was found to have not been wearing work appropriate shoes. In a spot check the following month, they were wearing the correct footwear.

Staff had the skills, knowledge and experience to deliver effective care. Staff received an induction on commencement of their employment, this included a period of shadowing experienced staff and they received ongoing training and support. Staff were positive that the induction supported them to understand their responsibilities effectively. One staff member said, "I shadowed other staff for over a week. I was given a lot of time to talk to the managers. They kept an eye on me and supported me into the position."

Staff were required to complete an on-line training course Social Care TV. Social Care TV is a training resource set up by the Social Care Institute of Excellence (SCIE). Staff told us about the ongoing training the provider had identified they were required to complete, such as health and safety, moving and handling, basic life support and fluids and nutrition.

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's consent to care was sought by staff throughout their care. When people came to the service and were assessed for care they were asked to sign a consent form. We observed staff consistently asking for consent whilst carrying out care for people in their homes. The service had one person who lacked capacity but they had a relative with power of attorney in place. In total, the registered manager was aware of 11

people who had power of attorney arrangements in place. Staff and management had received training but were found to have a limited understanding of the principles of the MCA.

People for whom staff prepared meals were happy with this aspect of their support. They said staff knew their preferences about the food they ate and any dietary needs they had. One person said, "She (carer) knows what I like to eat and what to get out for me when she comes over." We observed carers asking people what they wanted to have prepared or left out for them at the home visits we conducted. We also observed the carers checking to make sure people had sufficient food in their kitchens.

People were supported to have access to healthcare services. Staff monitored people's healthcare needs effectively and responded appropriately if people required medical or clinical treatment. In one person's care plan we saw assessments had been completed by a physiotherapist and an occupational therapist. Additionally, the registered manager was aware that this person was assisted by staff to attend neurology appointments. There was an electronic system to track healthcare appointments.

People's needs were assessed before they began to use the service to ensure the agency could provide the care they needed. Assessments identified any needs people had in relation to health, mobility, nutrition and hydration, medicines and personal care. We saw detailed care plans which included personal preferences for each person who used the service. The preferences included a detailed itinerary of their daily routine, pets, hobbies, drinks, food, family and communication ability. One relative told us, "They are very friendly and carried out a very detailed assessment of my mother when they started."

## Is the service caring?

### Our findings

People were able to build caring and friendly relationships with staff who supported them. People were complimentary about the caring nature of staff. One relative said, "They are really friendly and approachable. If there is anything they can do to help they will do it." A person told us, "I consider myself lucky that I chose this agency." A second person told us, "They do everything I ask. I miss their company when they are not here. I like talking to them."

People said that staff were always respectful and treated them with dignity. One relative said, "(Carer) went to a lot of trouble to find poems that my mother likes. She made an effort to get poems to engage my mother properly." During our home visits we observed staff discussing a person's hobby of photography. They were aware of the person's photo books and where they liked to sit in their front room so that they could photograph animals in their garden. We also observed staff prepare food for a person and then put it within reach of their armchair so that they could eat it without being watched, as that was their preference.

People's privacy and dignity was respected and promoted. We observed staff closing the curtains in a person's house and asking for the person's consent and agreement before giving personal care. Staff always asked if they could enter people's houses before going through the front door and into any rooms in the houses.

People's independence was promoted and supported by staff inside and outside of people's homes. One person described how, during a trip to the seaside, one person had wanted to put their feet in the sea. Staff assisted them out of their wheelchair and enabled them to walk to sea. We also saw evidence that the service supported people with specific life choices to express their views and be involved in their care. For example, staff had taken one person clothes shopping and supported them to wear what they wanted at their home.

The service had received compliments from people in the past four months, these included the following comments: "You have looked after us so well during the past few days."; "We really appreciated the friendliness and punctuality of your carers."; "I met a lot of carers during my stay with (person) and they were all lovely. (person) is lucky to have such caring carers."

People were supported to express their views and be involved in their care. The service carried out bi-annual reviews for people which enabled them to answer survey questions about the service. The feedback was positive from the last survey and included comments such as; "I am very happy and I am 102" and "The care package is good". People told us that they had met the managers during spot checks that had been carried out. They were all very positive about the conversations they had had with management. One person told us, "I have given them (management) feedback and I had no complaints or changes to make to my care".

People and relatives valued their relationships with the staff team and felt that they often go, 'the extra mile' for them, when providing care and support. People gave us examples of how staff did things for them that they felt went beyond what was expected. We observed one home visit where the staff and the person had

become very close friends through the daily care provided. The person described how the carer had even visited her on Christmas day to make sure she was not alone and had a proper Christmas meal with friends.

## Is the service responsive?

### Our findings

People and relatives confirmed that staff knew their family member's individual needs well and provided responsive care to their family member. One person told us, "When I wake up I am not very good and they need to be kind and gentle with me. (Carer) is kind and gentle with me every day." Another person said, "Every time I call them they respond quickly."

People's care plans were referred to and used to ensure they had responsive care from staff. In one person's care plan there was a clear list of the person's needs and activities they enjoyed for each day. We could see from the daily notes that staff had completed each care activity along with weekly shopping trips.

In addition to recording their needs, people's care plans contained information about their personal histories, which enabled staff to understand their life experiences including family, education and employment. The staff we spoke with knew the people they supported well, which meant they were able to engage with people about their experiences, hobbies and interests. We saw one care plan which included details of the clubs, church and friends that one person visited most weeks.

We observed one home visit where staff ensured that the person had the television switched on to their favourite sport for them to watch. Additionally, the member of staff was aware of the person's interests in art and photography.

People's care plans were sufficiently detailed to enable new staff to carry out personalised care for people they had not cared for before. We read clear details about people's fluctuating mobility, routines, independent activities and general mental health. The daily notes for people also indicated that these details were being referred to and updated. For example, one person's daily notes discussed their daily mobility changes and included their entire completed routine with staff.

People had access to interesting and engaging activities which enabled them to socialise and meet new friends. The service had organised a trip to the seaside which was enjoyed by the five people who went. One sent in a compliment which stated, "Thank you, thank you, thank you for the most wonderful day out to the seaside. It did us all good to get some fresh air and get out of our homes for a few hours." There was a framed picture of this event in the office. The registered manager also informed us that they were planning at least two more trips this year, one to the cinema and another one for a joint Christmas meal.

The provider had a complaints procedure which set out how complaints would be managed and investigated. This was provided to people when they began to use the service. One person told us, "I've met (the three managers). They ask for my feedback regularly. I've never had a reason to complain." There was one verbal complaint which had been recorded about a person's laundry being hung in ways which caused creases. There was a written response to the person and the service had had a conversation with staff about the issue to resolve this.

No one was currently receiving end of life care from the service and there had not been any required since

the last inspection. The registered manager informed us that they worked closely with other agencies and hospices to support people at the end of their life and would continue to do so.

## Is the service well-led?

### Our findings

People, relatives and staff were positive about the management. As it was a small team the provider and care staff spoke regularly. People and relatives told us that the provider communicated with them well and always responded to their queries. One relative told us, "The managers are absolutely charming. They are responsive and I would be happy to speak to them. Communication is very good. They always get back me when I call them. A person said, "(Manager) is lovely. I enjoy speaking to her."

There were ineffective quality assurance audits completed. These were not done regularly and missed areas for improvement that we identified in relation to medicines, care plans and incident recording. The managers explained that care plan and medication audits were completed 'as and when needed' or every six months. This meant that when there was a change in circumstances or needs then the care plan and medication records got audited. This was not a robust method to audit records of people's care. The provider had been completing 'client reviews' every six months for each person receiving care. Although the reviews were good at obtaining feedback from people about the service, they were not complete care plan audits. Since the inspection, the provider has created a new care plan audit sheet which was implemented immediately.

There was no call monitor system in place to ensure visits were being completed by staff. The provider told us that they relied on the person to call if the member of staff had not turned up. They also relied on other members of staff to check the daily notes at the person's house. The provider accepted that with vulnerable people this system was not sufficiently robust or safe. However, the managers did carry out consistent and effective spot checks at the people's homes every six weeks to ensure that staff were providing appropriate care. Since the inspection the provider had taken on a new mobile phone application to monitor staff attendance.

The provider had not sought evidence of power of attorney from the 11 relatives to ensure consent was being obtained in line with the MCA. The provider has now requested documentation and evidence from all of the relatives since our inspection.

Daily notes were checked by management at spot checks and when they were handed into the office every four weeks. However, there was no written record or long-term analysis of the audit completed by management.

The failure to adequately monitor, audit and analyse information and records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had created their own governance framework system for managing staff training, supervision, appraisals and observations. This encouraged staff engagement with management. It also included timetables for spot checks, care plan reviews and healthcare appointments. This was an effective system that could be used to improve the concerns and required quality assurances mentioned above.



People's views about the quality of the service they received were important to the provider. Surveys were sent out annually to people and information gained from these was used to make improvements. The majority of comments on the survey were positive and included, 'I feel very relaxed with them and they respect my dignity.' We read that the service received an 8.8 out of 10 for people being happy with the service and 9 out of 10 people would recommend the service. People were at the heart of the visions and values of the service. The staff we spoke to all described how the office had a family feel to it and that it encouraged honesty and good quality care. Staff we spoke to and the management team had a passion for care.

There were systems in place to engage and involve people and staff in the running of the service. Staff told us they felt supported by the provider and they had the opportunity to meet regularly as a staff team. They told us they could offer up suggestions or observations and these would be listened to. One staff member told us, "You can always approach (managers) with questions or pop into the office for support." Another staff member said, "They (managers) are very approachable. They give a lot of support."

Management held staff meetings every six months. At the last meeting staff discussed record keeping, medicines recording, observed practice and plans for the trip to the seaside. The office maintained close communication with all staff via their phones. Every staff member we spoke with stated that the office was quick to update them with information about people and visits.

The provider informed us that they regularly reviewed other CQC reports and published articles to continuously improve their own service. It was from this research that the provider decided to create the governance framework system they were currently using. It was their intention to increase the amount of information on the system so that further quality assurances could be monitored effectively.

The provider worked alongside relevant organisations to meet people's needs. Information from a variety of agencies was added to people's notes. The provider had developed strong links with other care agencies who also worked with the same people for different aspects of care.

The provider and registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  There were shortfalls in medicine management and record keeping along with a failure to adequately record and analyse accidents and incidents.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to adequately monitor, audit and analyse information and records.