Greenhill Support Ltd

Northamptonshire Office

Inspection report

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25 September 2018
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27 September 2018
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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 25, 26, 27 and 28 September 2018 and was announced. It was the first inspection since the provider registered on 6 March 2017.

Northamptonshire Office is a domiciliary care agency providing personal care, to adults in their own homes in the community. It is registered to provide a service to younger adults, older people, people with learning disabilities or autistic spectrum disorder, people with a physical disability and people with dementia.

Not everyone using Northamptonshire Office receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection it was confirmed that 16 people using the service received 'personal care'.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to report any concerns of abuse. Risks to people's safety were assessed to ensure they were effectively managed.

The provider had systems in place to assess and identify the support people required before receiving care. People received care from staff that had the skills and knowledge to meet their needs. People confirmed that staff respected people's individuality and enabled them to express their wishes and make choices for themselves.

People were treated with kindness, compassion, dignity and respect. Their rights to privacy and freedom of choice were fully upheld. The provider was committed to ensuring they had the right staff with the right approach and understanding to meet people's individual needs.

People's assessments and care plans considered people's values, beliefs, hobbies and interests along with their goals for the future. Care plans and risk assessments were reviewed regularly. The management team had committed to ensuring continuity of support to people while they recruited new staff. The management team regularly supported people with personal care.

The management team and staff understood the importance of working in accordance with the principles of the Mental Capacity Act, 2005 (MCA) and people's consent was gained before staff provided people with their care. The provider needed to make improvements to ensure that best interest decisions were recorded if appropriate.

The provider had procedures in place to respond to people's concerns. People felt comfortable approaching the management team with a complaint and were confident that concerns or complaints would be appropriately responded to.

Further improvements had been identified by the provider in relation to the electronic system used to plan staff rotas to improve accessibility and reliability for the people receiving care and staff members.

The provider had systems and processes in place to monitor the quality of the service. The provider had recognised the need to further develop these as the business grew to ensure it continued to meet its regulatory requirements.

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.

People felt safe with the staff providing their care, they were protected from the risk of infection and received their medicines on time. People were supported by staff that had been recruited safely.

Is the service effective?

Good

The service was effective.

People received care from staff who had the skills and knowledge to meet their needs. People received support to eat and drink to maintain a balanced diet and were supported to access health services to maintain good health.

Is the service caring?

Good

The service was caring.

People received kind and compassionate care from staff that knew their individual needs and preferences. People's privacy, dignity and confidentiality was respected.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in developing their care plans. Care plans were person centred and were reviewed as people's needs changed. The provider had a system in place to respond to people's concerns

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems and processes that supported the operation of the service needed further development to work effectively. A registered manager was in post. People and staff spoke positively of the provider.

Northamptonshire Office

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25, 26, 27 and 28 September 2018 and was announced. We gave the provider short notice of the inspection visit because Northamptonshire Office is a small service and the management team are often out of the office supporting staff or providing care. We needed to be sure that they would be in the office. The inspection visit was carried out by one inspector.

The inspection started on 25 September and ended on 28 September 2018. It included telephone interviews with people using the service, relatives and staff. We visited the office location on 26 September 2018 to meet with the management team and to review care records, policies and procedures and visited people in their homes on the 27 September 2018.

Due to technical problems the provider was not able to complete a Provider Information Return. This is the information we require providers to send us as least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We took this into account when we inspected the service and made the judgements within this report.

We reviewed other information we held about the service. This included notifications regarding important events which the provider must tell us about. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We contacted the local authority/ who commission packages of care for people and Healthwatch Northamptonshire to obtain their views about the care provided at the service.

During the inspection we spoke with four people using the service and five relatives. We spoke with four members of care staff, a care coordinator, a care manager, the deputy manager and the registered manager.

We looked at care records in relation to six people using the service. We looked at three staff recruitment

files and staff training records. We looked at records that showed how the provider managed and monitored the quality of service. These included unannounced spot checks records, audits, complaints, compliments, incident reports and a sample of the provider's policies and procedures.

Good

Is the service safe?

Our findings

The systems, processes and practices in place protected people from abuse. People told us they felt safe with the staff that provided their care. One person told us, "Feeling safe was always important to me when choosing a [provider], they are efficient and I feel safe." Another person told us "I get used to the carers, so feel safe." A relative told us "I have been able to go out and be reassured that [name of relative] is safe with all the [staff]."

Staff we spoke with all had a good understanding of safeguarding procedures and could describe what to do if they suspected or witnessed any form of abuse. One staff member said, "If there is a safeguarding concern I will inform the management team, they will follow it up." Records showed staff had up to date training in safeguarding procedures. The management team knew how to escalate safeguarding concerns and had policies and processes in place to ensure that prompt action would be taken to keep people safe.

Risks to people's safety were assessed and closely monitored. Risk assessment records confirmed specific risks to people's health and well-being were appropriately managed. For example, moving and handling, diabetes care and support with medicines. The provider had identified a fire risk in one person's home and had put measures in place to reduce the risk. Personal emergency evacuation plans had been introduced, to ensure staff knew how to support people to evacuate their homes safely in the event of a fire.

The registered manager told us there were not enough staff employed and that the provider were actively recruiting new staff. However, this did not impact on people receiving care as the management team had committed to covering visits themselves, whilst they recruited more staff. This ensured that people received the care they needed. People told us they were happy with the staff and were confident that staff would always attend their home to provide their care. One person told us "They [the staff] are always on time, on occasion they have text to say they are late but it is rarely." Another person told us "They [the staff] have never missed any calls. If someone is off the [management team] get someone else in," A relative told us, "The carers are always there." Staff told us that if they were late due to traffic or delayed at a previous visit, they would call the office to ask the management team to let people know they were running late.

Staff told us that the travel time was adequate, other than during peak times of day. One staff member told us "The travel time is enough, that is what I am happy about working in one area. It's not stressful as I won't be late." Another staff member told us "In the evening time the travel time is not enough, but recently I have had more travel time." People told us and records showed they received their care within half an hour of their planned times and care staff stayed the allocated times. The electronic call logging system used by the provider alerted the management team if a staff member had not arrived at a person's home within 20 minutes of their visit time. This enabled the provider to check with the person and staff that they were safe.

The provider followed safe recruitment processes to ensure staff were suitable to work. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with

children and vulnerable adults, to help employers make safer recruitment decisions.

There were appropriate arrangements in place for the management of medicines. Staff had received training and were knowledgeable about how to safely administer medicines to people. Records viewed confirmed staff competence had been checked before they were able to administer medicines. The provider used Medication Administration Records (MAR) to record when people received their medicines. People we spoke with confirmed that they received their medicines on time. One person told us "I always get my tablets." A relative told us "There is a page in the folder for the [staff] to sign the MAR." The provider ensured that they updated MARs on the day they were notified of a change to people's medicines. This ensured staff had the correct information and there was no delay in people receiving the medicines they needed for their health and wellbeing.

People were protected from the risk of infection. The provider had infection control procedures in place. Staff understood their responsibilities in relation to infection control and hygiene and told us that personal protective equipment (PPE), such as disposable gloves and aprons was available in people's homes. People told us that staff used PPE appropriately. One person told us "I always make sure [staff] have got their gloves on, and they have. They always wash their hands." A relative told us "There are aprons and gloves in the home if needed."

The staff told us they knew how to report and record accidents and incidents. We saw evidence that accident forms were completed by staff. Of the two incidents recorded, the registered manager had reviewed the incident data and ensured that risk assessments reduced the likelihood of incidents occurring in the future.

Good

Is the service effective?

Our findings

The provider had systems in place to assess and identify the support people required before receiving care. The provider discussed the preferred visit times with people when they completed their pre-assessment to ensure they could meet people's requirements. The management team completed the risk assessments and care plans with people and their relatives where appropriate. These were updated as they got to know people or as their needs changed. One person told us "When they [provider] first came, they took all the information about me. I was able to put things forward that I wanted for my care." A relative told us "When they [the management team] were writing the care plan, they asked what [name of relative] likes to be called, how [they] likes things and [staff] stick to the plan."

People received care from staff who had the skills and knowledge to meet their needs. Records showed that staff had an induction and had undertaken training for their role, which the provider deemed was mandatory. This included training in medication, safeguarding of vulnerable adults, moving and handling, infection control, Mental Capacity Act and health and safety. The provider had identified through supervisions with care staff the need to offer dementia and diabetes training and had purchased an alternative online training programme to be able to offer this. One staff member told us "I have done all of the training." Another staff member told us "I had enough training to start out. We had hoist training and were shown how to use the hoist." Staff told us that if they needed additional support to access online training or classroom based training, the management team would support them with this.

Care staff undertook at least three shadow shifts and worked alongside the deputy manager who assessed their practice and whether they were competent to meet peoples care needs. Spot checks were undertaken regularly by the management team. A spot check is an unannounced visit to observe staff practices and to ensure that staff remain competent in providing effective care. The care records confirmed that spot checks were being undertaken regularly. Staff received on-going support and supervision. One new member of staff told us "I have had supervision, it was a positive experience, I had good feedback." Another member of staff told us "I've had regular supervisions." The management team had planned dates for staff members annual appraisals.

People received support to eat and drink enough to maintain a balanced diet and stay healthy. Records showed people's dietary needs were assessed and any allergies, food intolerances and preferences were recorded within their care plans. Staff we spoke with were knowledgeable of people's food and drink likes and dislikes, and the level of support they needed. Care plans detailed what the staff needed to do to support people with their meals. For example, one care plan for a person with diabetes advised staff they needed to prompt a person to take their insulin after meals. It also took into consideration the person's right to make choices about their diet and informed staff of the person's food preferences.

People were supported to live healthier lives and maintain good health by attending regular health checks and medical appointments. We saw that with people's consent the management team had liaised with health professionals to ensure people's care plans remained up to date and that their health needs were being met. For example, one relative told us "[name of manager] is going to an appointment next week with

my [relative]." People were supported by staff to attend health appointments as needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the provider was working within the principles of the MCA. People's mental capacity had been assessed and people were empowered to be as independent as possible. The staff and management team understood their responsibility around MCA and had received training as part of their induction. Where people lacked capacity, the provider had not always considered whether best interest decisions were required or recorded whether people had a lasting power of attorney (LPA). This is an ongoing arrangement that will allow another person to make decisions on people's behalf. The provider assured us that consent forms would be reviewed and consideration given as to whether best interest decisions were required.

People told us that staff always asked for consent before supporting with care and offered choices and respected people's decisions. One person told us "They [the staff] always check how I want things and don't do anything unless I ask." Another person told us "I am in control of my personal care." A staff member told us "Most people have capacity and can make their own choices."

Good

Is the service caring?

Our findings

People were happy with the care and support they received. People told us that staff treated them with warmth and kindness and staff interacted with people in a polite and respectful manner. One person told us, "[Staff] are professional, caring and honest." Another person told us, "[Staff] are kind and if they've got time, they sit and chat to me and ask if everything is alright." A relative told us "I am really pleased with all the staff, they [the staff] have time for [name of relative] on a personal level which is so important."

Staff and the management team all spoke positively about the people using the service, and were knowledgeable about people's needs and preferences. The care plans had information about how people wanted their support provided by staff. This helped staff to provide person centred care that fully supported and respected people's individuality.

The care staff provided care that was kind and compassionate and were committed to supporting people to enhance their lives and maintain their independence. People felt valued by the care staff. One person told us "They [the staff] care, I feel that I am not just another customer or number." A relative told us "[name of staff] stayed until we got here when [name of relative] was unwell, as they knew [name of relative] were worried and didn't want to leave them on their own." We saw that one of the management team had stayed with someone for three hours to provide emotional support and reassurance while waiting for an ambulance to arrive. Staff were committed to going the extra mile to ensure the people they supported received personalised care. For example, picking up a newspaper, collecting prescriptions and collecting a fish and chips dinner for someone on their way to the visit.

The management team were committed to ensuring they had the right staff with the right approach and understanding to meet people's individual needs. People had a core group of between five or six staff that supported them on a day to day basis. This enabled people and staff to develop caring relationships together. To minimise disruption to the people using the service, the management team were providing personal care to people while they recruited new staff. One person told us, "I have confidence with all the carers." Another person told us "The owner comes as well, and is very personable."

People told us that they could speak to the management team to provide feedback on their care. The provider told us that they were planning to introduce telephone interviews to formally record people's feedback and undertake a customer satisfaction survey by the end of the year.

The management team and staff understood when people may need additional support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive and when they are unable to speak up for themselves the advocate will represent them to ensure any decisions are made in their best interests. The providers service user guide provided details of an advocacy service that could be contacted by people and their relatives. At the time of the inspection people were supported by their family members and did not require advocacy support.

Staff respected people's confidentiality. There was a policy on confidentiality in place. Staff were provided with training about the importance of confidentiality and they could refer to the policy staff guidance as needed. Information about people was shared on a need to know basis. We saw that people's files were kept within a locked cupboard at the office and that the electronic system utilised to record people's addresses and the rotas was password protected. The management team were aware of their responsibility in complying with the Data Protection Act and the General Data Protection Regulation. Records showed that staff members had signed documentation relating to the protection of their personal data.

People told us that care was carried out in a dignified and person-centred way. One person told us, "They [the staff] close the curtains when I have a shower." Another person told us "They [the staff] respect my dignity." People's preference for male or female staff was taken into consideration when planning care.

Good

Is the service responsive?

Our findings

There was a person-centred approach to the service offered. People's assessments and care plans considered people's values, beliefs, hobbies and interests along with their goals for the future. People, and where appropriate, their relatives were involved in developing their care plans. People's care plans demonstrated that the management team had taken time to get to know them and involved them in completing risk assessments and planning their care. People's care files included a one-page profile that gave a summary of their life history and needs. The care plans were adapted to meet people's individual needs and how they wished to be supported. For example, one person's care plan detailed how they liked to have a wash; what products should be used and how they liked to be dried. People were supported by staff who enjoyed spending time with them and getting to know them. One staff member told us "I enjoy talking to people. A lot of peoples' history of their life is so interesting." Another staff member told us "I love having a chit chat with people I see, they tell me about their lives."

People's care plans had been reviewed regularly, or as their needs changed and staff had been updated of any changes. Staff were alerted to any changes to people's needs via the electronic system on their mobile devices. Daily records were maintained to demonstrate the care provided to people. People told us they received their care as planned. One person told us, "They [the staff] check if there is anything else I want them to do. I can't fault them." A relative told us, "They are very thorough, they know everything and [name of staff] makes the best cup of tea."

Peoples social and cultural diversities, values and beliefs were considered during the initial assessment and staff demonstrated an understanding of equality and diversity. The provider had ensured that people's individual needs had been considered and responded to. For example, visual prompts had been made for a person with dementia to support them to understand their personal care routine and to reduce distress and confusion. At the time of the inspection people were supported by family members to meet their religious needs. The management team told us that should people need support with meeting their beliefs they would ensure this was provided.

The service understood it needed to look at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider had offered people with a visual impairment the option of having their care plan documentation translated to braille.

The provider had systems and processes in place for referring to external health care services. Care records showed that the provider was liaising with health professionals and social workers regarding people's care, when needed. For example, the provider had regular contact with the district nurse regarding the ongoing monitoring of a person's skin condition.

The provider had procedures in place to respond to people's concerns. The service user guide detailed how

people could complain. Complaints and compliments forms were available in people's homes. The provider had received one complaint, which they were in the process of investigating and responding to during our inspection.

People were encouraged to raise any concerns or complaints they might have about the service with the management team. People told us they felt confident that any complaints would be dealt with. One person told us, "I have never found an issue with the carers. If I did, I would tell the manager and they would sort it." Another person told us "I would raise a complaint, I happen to know there is a form in the front of the folder with the procedure." All Staff were aware of the complaints procedure and told us they would bring any concerns to the direct attention of the management team.

At the time of the inspection no one was receiving end of life care and there were no advanced care plans in place. Advance care planning is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care. The provider had identified that one person had a do not attempt to resuscitate order (DNAR) in place following discharge from hospital and had ensured this had been recorded and communicated to the staff team. The management team told us that should people reach the end of their life, they would liaise with health and social care professionals and would provide continuity of care where the staff team had the skills and competence to continue to meet people's needs.

Requires Improvement

Is the service well-led?

Our findings

The provider had recently invested in an electronic system to assist them with improving rota management and holding people's records electronically. Staff told us and we saw that the new electronic system was not always reliable. One staff member told us "I don't like the [electronic system], sometimes it crashes for 5-10 minutes, so I can't log on which can delay me getting to people." Another staff member told us "The [electronic system] is awful, every week I am messaging to say the rota is not right." During the inspection we observed a member of staff called the office to advise they could not access the electronic system. The provider promptly arranged for a copy of the rota to be sent to the member of staff so there would be no disruption to peoples' care. We found that the provider had identified the need to improve the system and were liaising with the manufacturer to address the operational issues.

People could not always be sure who would be attending to support them. One person told us "The names on the rota are not necessarily the people that come." Another person told us "I don't have a rota, I don't know on a day to day basis who is coming. I don't feel it is important, however it would be nice to know." A staff member told us "I don't always get a full rota." The registered manager told us that while they were recruiting new staff it was difficult to plan the full rota in advance as the management team would often be providing care and short notice changes were required. People told us they felt reassured that they would receive support from a staff they knew, and that visits would not be missed. The provider told us the recruitment of new staff would enable them to plan the rota further in advance and communicate this to people receiving care.

The provider had not always formally considered the risk of abuse to staff from people whose behaviour may be challenging and the measures that needed to be put in place to reduce the risk to staff and protect them from harm. The provider assured us that risk assessments would be undertaken if there was an indication of risk to staff supporting people in their homes.

Staff told us that they had not always been allocated enough time for breaks in-between visits but this had improved more recently. One staff member told us "I definitely didn't have time for a break, I brought this up and in the last week or so it's been better." Another staff member told us "I wasn't getting good breaks, but this week and last week I have breaks." We saw that the management team had recognised the need for planned breaks and had built these into people's rota's where possible.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 found the provider and registered manager fully understood their legal responsibilities. The provider had not needed to submit any statutory notifications to CQC. The registered manager knew that they needed to notify CQC of any significant events and incidents in the service.

The provider was aware of the legal requirement to display the registration certificate and rating from this inspection. It is a legal requirement that a provider's latest CQC inspection rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider assured us they would display the rating from this inspection and that the inspection report would be made available to people.

The management team had an oversight of the quality of service as they were regularly delivering care to people and undertook regular audits of the care records. Records showed that during a care record audit, the provider had identified that a do not resuscitate order had been put in place following a discharge from hospital. The provider communicated this change with the staff team and updated the care plan.

The management team met once a week. Records showed that areas of improvement were discussed during these meetings. For example, the provider had identified ways to enhance recruitment and the need for dementia and diabetes training for staff. The provider recognised the need for a robust quality assurance system as the business grows, to ensure all aspects of the service are formally quality monitored and had recruited an additional staff member to support with driving improvements in quality.

People, relatives and staff knew the management team by name. People had formed a good relationship with the management team and felt valued and care for. We received positive feedback from people, relatives and staff. One person told us, "They are certainly one of the best providers we've had." Another person told us "I wouldn't want to change them." A relative told us "If we have any worries we can speak to the manager, they are very good." One member of staff told us "The provider has been very helpful, even with small problems, so far they have been supportive," Another staff member told us "I like the fact that they [the management team] thought about the staff when co-ordinating calls, so the staff are not travelling too much." Staff felt able to seek support from the management team if they had issues that needed resolving in between supervisions. One staff member told us "I asked to speak about breaks and they were very accommodating."

The provider worked in partnership with other agencies. People told us and records showed that the provider worked with health and social care professionals involved in people's care. For example, to ensure their care plans were current and that people's health and wellbeing needs were being met.