

GreenSquareAccord Limited

GreenSquareAccord Nottingham County

Inspection report

Unit 4, Sherwood House, Balwant Business Park
Coxmoor Road
Sutton-in-ashfield
NG17 5LA

Tel: 01623707773

Website: www.direct-health.co.uk/

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

GreenSquareAccord Nottingham County is a service providing personal care to people living in their own homes. It provides long term, short term, and respite care to people within the community. At the time of our inspection, the service supported 263 people.

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

The care and support people received was safe. People received support from teams who worked in specific geographical locations to ensure they received care from a consistent staff team, who had the skills and experience required to care for people effectively.

People's needs were assessed before the package of care commenced. People and their relatives told us they were included in assessments; reviews and their consent had been obtained.

Staff were recruited safely. New staff shadowed people's care so they were fully trained and supported prior to working independently.

People were cared for by trained and experienced staff who received regular supervision and competency checks. One person told us, "The staff who visit are so kind and caring, they have been coming so long they are like family to us."

Where people were supported to administer medicines, this was done safely. Staff completed relevant paperwork and engaged with other medical professionals.

People, relatives and staff felt the management team were approachable, open and transparent. Relatives said they had confidence in staff to perform the health task associated with the complex needs of people and knew when to seek advice and support from other medical professionals.

The provider had a robust complaints procedure and communicated in an open and transparent way. Complaints were acknowledged and acted upon. Lessons learned documentation was produced and communicated with staff to ensure continuous improvement.

The provider liaised with health and social care professionals to maintain people's health. People's capacity to make their own decisions was assessed. 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.

For more details, please see the full report which is on the CQC website at

Rating at last inspection

The last rating for the service was good, published on 10 September 2019.

Why we inspected

Since the last inspection report, the provider has merged two geographical locations and undergone rebranding from Direct Health-Nottingham and Direct Health- North Notts to the current GreenSquareAccord Nottingham County brand on 19 January 2021. This is the first inspection under this rebranded provider.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

GreenSquareAccord Nottingham County

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector and three Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced. Inspection activity started on 18 May 2022 and ended on 26 May 2022. We made telephone calls to people and relatives on 18 and 23 May 2022 and visited the office location on 26 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 29 people who used the service and seven relatives about their experience of the care provided. We received feedback from five members of staff including the registered manager, care co-ordinator, assessor and care support workers. We reviewed a range of records. This included eight people's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures and training records were reviewed.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of neglect, harm and abuse.
- The provider had effective safeguarding systems, policies and procedures. Concerns were reported promptly using local safeguarding measures.
- Staff had a comprehensive awareness and understanding of safeguarding which ensured people remained safe. Staff told us their concerns were listened to and acted on by the registered manager.

Assessing risk, safety monitoring and management

- The service embedded a proactive approach to anticipating and managing risks to people.
- Risks assessment were monitored and reviewed on a monthly basis. This ensured any increasing risks were identified and acted on in a timely manner.
- There was open culture of learning from mistakes, concerns, incidents, accidents and other relevant events. Staff told us they were confident in approaching management and always received feedback to concerns they had raised.

Staffing and recruitment

- The provider followed safe recruitment practices.
- Checks were carried out to make sure staff were suitable and had the right character and experience for their roles. For example, references and with the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and staff told us there were enough staff to meet people's needs. People described being cared for by a small consistent team of staff who they were able to build relationships with.
- Staff told us they had sufficient travel time between calls and that calls were long enough, so care was never rushed. A staff member said, "On the whole I can get to people on time, routes are well planned so people are not left waiting."

Using medicines safely; Learning lessons when things go wrong

- Where people required support with their medicines, this was administered and managed safely.
- Staff had completed medicine training. Medicine officers completed weekly audits which identified any issues, so they could be addressed swiftly. This ensured people received their medicine as prescribed.
- For medicines prescribed to be given 'as required', further instructions were added to care plans. This ensured staff safely administration these medicines.
- The provider ensured lessons were learned after things had gone wrong. For example, call times had been

altered to accommodate time specific medicines.

- Staff received feedback on identified issues, further training in medicines management and extra competency checks were undertaken. This strengthened staff knowledge and ensured people received their medicines safely.

Preventing and controlling infection

- The provider ensured staff had access to personal protective equipment (PPE). People told us they felt staff used PPE within their homes effectively and safely.
- Staff had received COVID-19 and hand hygiene training.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date. The provider also had an up to date COVID-19 policy and risk assessment in place.

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

- People's needs were assessed before care was agreed and delivered. This ensured the provider was able to meet people's needs and provide suitably trained and knowledgeable staff.
- Care was delivered in line with people's assessed needs and the registered manager advocated on people's behalf when necessary to ensure they received sufficient support.
- For example, one person had been assessed prior to referral to the provider as needing one call per day. The person told us "After a week they [staff] knew I needed further help and were able to support me to get an evening call. I'm so grateful."

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles.
- Staff received an induction which included shadowing another staff member to learn about people's care needs and safe care delivery. All staff completed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- A staff member told us, "The provider encourages promotion from within, this means everyone has care experience and understands how to deliver good person care at every level."

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

- People were supported with their nutritional requirements.
- Where people received support from staff with meal preparation, the care plans were person centred and reflected people's preferences. Care plans contained detailed instructions for staff about the level of support required at each visit.
- One person using the service told us, "Staff make all my meals for me, they know I enjoy cooking and encourage me to help whenever I am able to."

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

- The provider worked in partnership with other healthcare professionals.
- Care records detailed communication with social workers and district nurses. Care plans had been reviewed and amended in line with any recommendations.
- People told us they had been supported by the service to attend medical appointments. For example,

planned visit times had been altered to accommodate appointments where possible.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- At the time of our inspection, the service did not support anyone who was deprived of their liberty.
- Staff had a good knowledge of the principles and requirements of the MCA and supported people accordingly.

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

- The service ensured that people were treated with dignity, respect and kindness.
- People were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were embraced rather than treated as barriers to people leading their lives in their preferred way.
- A person using the service told us "Staff are excellent and treat me with respect. They chat with me and help me to go out, I can't thank them enough."
- People and their relatives told us staff took time to communicate with people in their preferred method and understand their needs and specific preferences. This ensured a good standard of person-centred care was being delivered.

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

- People were involved in decisions about their care and care preferences. The management team were in regular communication with people and their loved ones to ensure people's views were taken into account for all aspects of their care.
- A relative told us, "I am always included in [relative] care planning, I was nervous about giving up my caring responsibility, but I am included which gives [relative] peace of mind to."
- Care plans were detailed and described how people liked their care to be delivered and details of activities they liked to take part in. This showed person-centred care was being delivered consistent with peoples wishes

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and without discrimination.
- The provider promoted care delivery that allowed people to be as independent as possible. For example, one person described how staff had encourage them with their mobility and they were now able to walk further independently than they could six years ago. They said, "I have improved so much, I am able to walk which has made me happy."
- Care plans contained guidance on how staff could support and encourage people to maintain and use their skills. This helped to ensure people were respected in their own homes and treated with dignity.

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 received personalised care that ensured choice and control to meet their needs.
- Care plans were person centred. People were supported by staff who understood their condition, changing needs and supported people to achieve their goals.
- For example, staff described how they had supported a person to attend a party and achieve their aim of dancing with their partner.

Meeting people's communication needs

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

- The provider ensured information was made available to people in a variety of formats, such as easy read or large print, as required.
- The registered manager advised, although it had not been required, the facility to translate care plans into people's preferred language could be made available.

Improving care quality in response to complaints or concerns

- People and relatives were provided with the information needed to make a complaint.
- The complaints procedure explained the process, how long it would take to review and what action people could take if they were not satisfied with the outcome.
- People told us they were aware of how to raise a complaint or concern and felt the registered manager was approachable.
- Records showed that formal written complaints were responded to in accordance with the provider's complaints policy.

End of life care and support

- Although end of life care was not provided, the provider had relevant policies in place in case the situation did arise.
- Staff had knowledge and understood why people had ReSPECT forms in place and knew where these were located. This ensured people received care how they wished at the point of an emergency. ReSPECT is a national patient held document, completed following an Advance Care Planning conversation between people and a healthcare professional.

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.

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

- The registered manager was committed to delivering good quality care to people in their homes. Care co-ordinators told us they were encouraged to visit people in their own homes to build relationships and help them understand the level of care people required.
- A staff member told us, "By visiting people, they get to put a name to the face they are talking to on the phone which builds trust and we understand their needs better, this helps when planning their calls."
- Staff told us they worked well together as a team and had regular team meetings. Staff felt supported by the registered manager. Formal supervision sessions were planned so staff had the opportunity to discuss their roles, development and receive any support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour.
- Occasionally people's call times varied at short notice, people felt it was usually for a justified reason. One person said, "If my call is late and I phone they apologise and try their best, I know emergencies happen."
- The provider had lessons learned documentation that was shared with staff to enhance understanding of issues when they occurred.
- For example, the registered manager had developed and implemented new documentation for monitoring of pressure area care following feedback from other health professionals. This ensured risk to people were identified earlier and risk of occurrence was mitigated.

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

- Staff had a clear understanding of their roles and responsibilities.
- The registered manager had a thorough understanding of regulatory requirements. They ensured relevant agencies were notified immediately of any incidents. This minimised potential risk to people.
- There was a robust system in place for auditing and competency checks for staff. For example, audits of medicines and spot checks on staff infection control practice. These quality assurance checks ensured good oversight of the running of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- Feedback was regularly sought from people and their relatives to ensure good quality care and to drive improvements as the service developed.
- Outcome of feedback was shared and actions and aims were developed and communicated to address area for improvement.
- The provider and staff team worked in partnership with other health and social care professionals. They provided examples of how they did this recently to ensure people had access to the support they needed, such as working with district nurses to support people with their diabetic care.