

Greenbank Care

Greenbank Care

Inspection report

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Ratings

Overall rating for this service	Good ●
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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

This inspection took place on 21 and 23 June 2016 and was announced.

Greenbank Care is a domiciliary Care Agency which provides care and support to people with learning disabilities, autism, old age and dementia. At the time of the inspection, the service was providing care to 42 people.

There was a registered manager 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 and their relatives told us staff were caring. One person said; "Now I have experienced Greenbank I would be very upset if they left me". Staff demonstrated kindness and compassion for people through their conversations and interactions. People's privacy and dignity was promoted. People were actively involved in making decisions about how they wanted to live their life. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated.

People received care which was responsive to their needs. People and their relatives were encouraged to be part of the care planning process and to attend care reviews. This helped to ensure the care being provided met people's individual needs and preferences. Care plans were used to help people focus on their future goals as well as recognising their strengths.

Risks associated with people's care were effectively managed to ensure their freedom was promoted. People were supported by adequate staffing to help meet their needs. The provider wanted to ensure the right staff were employed, so recruitment practices were safe and ensured that checks had been undertaken. People's medicines were managed safely.

People received care from staff who had undertaken training to be able to meet their needs. People were supported where required, to make decisions because the registered manager and staff were working within the principles of the Mental Capacity Act 2005 (MCA). People's nutritional needs were met because staff followed people's care plans to make sure people were eating and drinking enough. People were supported to access health care professionals to maintain their health and wellbeing.

The service was well led by a registered manager who demonstrated the provider's values. There were quality assurance systems in place to help assess the ongoing quality of the service and to help identify any areas which required improvement. The provider and registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.

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 were protected from abuse by staff who knew how to identify and report any concerns.

People were supported by sufficient numbers of staff to meet their needs.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had undertaken training to meet their needs.

People's consent was sought in line with legislative frameworks to ensure their human rights were protected.

People's nutritional needs were met by staff who ensured they had enough to eat and drink.

People were supported to access health and social care services to ensure their on going health and wellbeing was maintained.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff treated them with kindness and compassion.

People were involved in making decisions about their care and how they wanted to live their life.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care which was responsive to their needs.

People said they received their visits on time.

People's complaints were listened to, valued and used to help improve the service.

Is the service well-led?

Good ●

The service was well led.

The registered manager promoted a positive and caring culture.

The registered manager demonstrated good management and leadership of the service.

There were governance systems and processes in place to help determine whether the service delivered high quality care to people.

Greenbank Care

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 21 and 23 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be in. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection and our previous inspection reports. A notification is information about important events, which the service is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with five people who used the service, visited four people and spoke with four relatives. We also spoke with six members of staff, the deputy manager and the registered manager.

We looked at five records which related to people's individual care needs. We viewed three staff recruitment files, training records and records associated with the management of the service. This included policies and procedures, complaints and quality monitoring.

Is the service safe?

Our findings

People said the service was safe. Comments included; "I feel very safe"; "I feel unparalleled relief from the service I receive" and "They see immediately what needs to be done".

People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place which staff were aware of and safeguarding was a standard agenda item at team meetings. Staff confirmed that they had undergone training in this area. Comments from staff included; "If I witnessed abuse I would go straight to the manager, social services or the police if necessary" and "I'd go to my manager, or the next person above".

People were supported by staff who were safely recruited. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment to help ensure the right staff were employed to keep vulnerable people safe. There was a waiting list of applicants who wanted to be employed by the service. The registered manager said they were regularly approached by carers who wanted to work for them due to having heard positive things about the organisation.

People were kept safe by sufficient numbers of staff. Staff told us there was adequate cover for sickness and unforeseen events. There was a stable staff team, some of whom had worked for the service for many years. This helped to provide continuity for people. One relative said, "We almost always have the same carer. She has become a friend to the family".

People were kept safe by staff who followed safe infection control practices. They were provided with a supply of gloves, aprons and hand sanitising gel and were seen to use these as required. Staff had undergone training in this area.

People had documentation in place relating to the management of risks associated with their care. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's home, as well as risks in relation to their care and support needs. People were supported by staff who managed risk effectively. Staff understood the importance of a person's choice, regardless of disability, to take everyday risks. Staff actively supported people's decisions so they had as much control and independence as possible.

People were safely supported with their medicines if they required and had care plans in place which detailed the medicine and the role staff were required to take. For example, people who had medicines for diabetes or epilepsy had detailed care plans in place describing the medicine and the role of the staff in administering it. Staff who were responsible for administering medicines received training and their competency was checked on a regular basis. Staff confirmed they understood the importance of safe administration and management of medicines.

Is the service effective?

Our findings

People were supported by staff who were trained to meet their needs. Staff underwent training on mandatory subjects such as moving and handling and safeguarding as well as training that was specific to the people they supported, such as epilepsy. One relative said; "I am very impressed with the skills of the carers and their level of expertise. They are all very well trained". Comments from staff included; "There is always plenty of training" and "There is a variety of training. I have just had epilepsy training which was very informative". There was a system in place to prompt staff when training was due or needed to be refreshed or renewed.

When staff joined the organisation they received an induction which incorporated the care certificate. Staff also shadowed more experienced members of the team as part of the induction. One staff member said; "The induction was good. I shadowed others and was introduced to people. I got used to where they lived and got to know their routines".

Staff said they were supported by ongoing regular, face-to-face supervision, competency checks and an annual appraisal. Supervision was up to date for all staff. Staff told us supervision was a two way process, used as an important resource to support, motivate and develop staff and drive improvements. Open discussions provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve.

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 the least restrictive option available. We checked to see if the service was working within the principles of the act.

People's care plans made reference to the Mental Capacity Act 2005 (MCA). The deputy manager had created an in-house mental capacity assessment to assess whether people supported by the service had capacity to make certain decisions. Where they did not, best interest meetings and decisions were made accordingly. Staff were knowledgeable about how they would support someone who had difficulty in making decisions for themselves. One staff member said; "I would give the person options to choose from. Not too many to confuse them, but enough to help them focus". The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and had undertaken training.

People's care plans detailed their consent to the care they were receiving and staff were observed to seek people's consent prior to providing support. For example, one staff member was seen to ask a person if they wanted some medicine for pain relief and asked another person if they wanted help with preparing their meal.

People's nutritional needs were met. People were encouraged to participate and make their meals when they were able to. People's care plans provided details to help staff know what people's nutritional likes and

dislikes were. Care plans also described if people required help or support with eating and drinking so staff were informed about what action they needed to take. One staff member was observed encouraging a person to take an active role in preparing their breakfast and hot drink.

People were protected by staff who made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. Staff knew people well and monitored people's health on a daily basis. Records evidence that if staff noted a change they would discuss this with the individual and with consent, seek appropriate professional advice and support. One person had been unwell and was having trouble eating. A referral was made for a SALT (speech and language therapy) assessment.

Staff helped people to access health care professionals. One member of staff said a person had mentioned they hadn't seen a dentist in years. The staff member took them to the local dental practice, helped them to register and was taking them to their first appointment. Staff were also seen to make referrals to other partnership agencies, such as district nurses if they had concerns about people they supported.

Is the service caring?

Our findings

People felt the service was caring. Comments included: "Greenbank are perfection. Absolutely excellent"; "Carers are really nice"; "I'm very well looked after"; "They are good carers and good friends"; "They are all lovely people" and "They are all so jolly. We have a really good time".

Staff also felt the service was caring. Comments included; "Greenbank allow me to be a better carer"; "The best thing is the kind approach and a sense of really looking out for a person's welfare" and ""I get up in the morning and I want to go to work. The time flies by. It's all about the people and it's lovely". A requirement for working for Greenbank, written in their statement of purpose was; "All staff must possess a compassionate heart when assisting all Greenbank Care clients". Staff were aware of this and said they felt it was accurate.

During our observations, we saw staff were kind and caring when they interacted with people and used appropriate humour. They communicated with people in ways that suited their needs and demonstrated a familiarity and knowledge of people's preferences and dislikes. When people telephoned the office, staff were warm and caring in their telephone manner and encouraged people to call in with any problems. One relative said of the staff; "They have the right attitude for the work they do".

People's social interests and preferences were recorded and there was a matching process to ensure that suitable staff cared for them. Each person had a personal profile detailing their likes and dislikes. The profile was then used to help ensure people could be matched with staff who had similar interests. Staff took time to get to know the people they cared for. One staff member said; "We get used to their routines and share the information. Even small details like which cup they like to drink from. It helps to build trust".

People's personal profiles detailed their achievements and strengths. One person's strength was listed as "Their determination". Staff encouraged people to be independent. We observed staff prompting and encouraging a person to help prepare their breakfast and to choose what they were going to eat.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family dynamics and enabled them to be involved as they wished. People and their relatives were encouraged to be involved in their care and had signed their care plans wherever possible.

People were treated with dignity and respect. Those who required help with personal care were offered the choice of a male or female carer and of the person themselves. People's personal information was stored securely and any information displayed in the office on boards was done without using the person's name. Confidentiality and personal boundaries were standard items at team meetings.

People were made to feel special. One person who had previously worked as a shorthand typist had recently had a birthday. Staff had bought the person a card and written the message in shorthand. On another person's birthday, staff had taken them a celebratory balloon, taken a photograph of the person holding it and helped them send it via email to the person's relatives. The registered manager said; "The staff all go the

extra mile to make people feel special". One person said; "Before leaving, they always ask if there is anything else they can help with. Nothing is too much trouble".

Is the service responsive?

Our findings

The provider had a pre-assessment process for people who were new to the service which helped ensure staff were able to meet people's needs. This pre-assessment process also helped to identify when staff required further training before they were able to support people, for example epilepsy training.

People had care plans in place which were individualised, and provided guidance and direction for staff about how to meet a person's needs. One staff member said; "The care plans are easy to understand with no jargon". People's care plans were personalised and written using their preferred name. There was a section entitled; "what's important to me", which contained detailed information about the person's preferences such as what they liked to watch on television, and what they wanted to achieve. One person with mobility issues had set a goal of wanting to sit in their own garden chair by summer and staff were working towards helping them achieve that.

This demonstrated people's care plans were active documents, which enabled people's care to be personalised.

People and their families where appropriate were involved in planning their own care and making decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and support their needs. Staff struck the right balance between empowering people and including healthcare professionals and family in treatment and support plans. For example, one person had been struggling to manage their medication and staff wanted to find ways to prompt and support them to remain as independent with this as possible whilst balancing the potential risks. Staff respected the person's decision to take risks, but carefully considered this alongside their mental capacity and any health concerns. A meeting had been scheduled with the person and their family to consider how best to provide the correct level of support.

People's care plans were regularly reviewed and updated to ensure they accurately reflected people's current care needs. Staff who were out visiting people, telephoned the office with updates so that the whole team were aware of changes. For example, one person had been in hospital over the weekend and had been prescribed antibiotics. The staff member telephoned and this important information was added to the person's records. People's needs were discussed by the team during scheduled meetings. This included discussions around any concerns such as falls or changes to their presentation. The team shared ideas around best practice and practical solutions to caring for people.

There was a system in place for receiving and investigating complaints. People and their relatives were given a copy of the complaints policy in a welcome pack when they started using the agency. People were confident that if they raised a complaint it would be dealt with appropriately. One person said; "Any complaints would be dealt with definitely. I have no doubts about that at all".

People confirmed that staff generally kept to time with their visits. One person said; "They are pretty well on time. If on a rare occasion they are a little late, they apologise". A relative told us; "They are rarely late. If

anything it might be a few minutes and they always apologise and still give us the time we have been allocated". Staff said; "The travel time is sufficient" and "We only travel short distances and there is a 20 minute buffer". Travel times between visits were calculated electronically by a computer system which helped to ensure they were sufficient.

Is the service well-led?

Our findings

People told us the service was well led. One person said; "The management are very good. The manager will ring up and has been out to see me". A relative told us; "If ever I have had cause to contact the office, the managers have been extremely courteous and helpful". Staff also felt the service was well led. Comments included; "They are really supportive. The manager sometimes sends us inspirational texts"; "The managers are really supportive and approachable"; "The office is an open house. It's an open door approach" and "If I have a problem, someone is there. No concerns are considered trivial".

Staff were given the opportunity to share feedback and ideas through a variety of mediums including supervision, staff meetings and questionnaires. Comments from staff included; "The one page profile on people's care plans was my idea and it was implemented" and "Not all ideas come from the managers".

Minutes showed staff meetings were regularly held to provide a forum for open communication, to enable staff to get together and offer support to each other. Staff could raise any concerns as well as share ideas and suggestions. Comments from staff included; "The team meetings are a good way of information sharing" and "I always know if I come in we can brainstorm together".

The service encouraged staff to provide quality care and support through allowing them opportunities for ongoing training and development and through providing support and sharing best practice. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included; "I wish I had done this 30 years ago"; "This is a small organisation so they support your work life balance which is nice" and "I love it". Staff felt valued in their roles by senior managers. One staff member said; "The director always praises us".

Staff were protected whilst lone working, for example when staff joined the organisation they were informed of what action they should take if they felt at risk and there was an up to date lone working policy in place. Staff also had access to an on call service and were provided with mobile phones. One staff member said that they had used the on call service as they had a flat tyre whilst out on a visit and the duty person responded immediately. Another staff member said; "I was with a person who had become agitated once. I called the on call number for advice. It's very reassuring and great support for if you need it".

The registered manager worked in partnership with other agencies, such as community health teams and the local authority, ensuring a collaborative and transparent approach. Members of the team were seen to contact other partnership agencies to make referrals, discuss changes in need to people they cared for and share information.

The provider had a range of organisational policies and procedures. Staff had access to these and were given key policies as part of their induction. The provider's whistleblowing policy supported staff to question practice. It defined how staff who raised concerns would be protected.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things

had gone wrong. For example, if staff were late due to traffic or unforeseen circumstances, they apologised and documented it in the person's records. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong. In addition, there was a policy in place around the duty of candour which set out what was expected of staff. The registered manager undertook a range of regular audits to drive continuous improvement within the service, including audits of care plans and training records.

People's views were actively sought to ensure the service was run in the way they would like it to be. People and relatives were sent an annual quality assurance questionnaire, the results of which were audited in order to drive continuous development of the service. Results from the most recent survey indicated that people were very satisfied with the service they had received.