

Greenwood Homecare Ltd

Greenwood Homecare Peterborough

Inspection report

1 Blenheim Court
Peppercorn Close
Peterborough
Cambridgeshire
PE1 2DU

Tel: 01733808531

Website: www.Greenwoodhomecare.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

Greenwood Homecare Peterborough is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service, including a 'live in' care workers service (this means that there are staff supporting people 24 hours a day, seven days a week) to both older and younger adults.

This is the first inspection of this service since they registered with the Care Quality Commission (CQC) in March 2017. This announced inspection took place on 10 and 24 April 2018. There were 19 people supported with the regulated activity of personal care during this inspection.

Why the service is rated good.

The Care Quality Commission (CQC) records showed that the service had a registered manager. 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.

Staff had an adequate understanding of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff knew how to report any suspicions of harm and poor care practice.

People were supported by staff to take their prescribed medication safely. Processes were followed by staff members to ensure that infection prevention and control was promoted and the risk of cross contamination was reduced when supporting people in their own homes.

People were supported by staff with their care needs in a caring, and respectful manner. People's dignity and privacy was maintained and promoted by the staff members supporting them.

People and their relatives' were involved in the setting up and review of their or their family member's individual support and care plans. People were supported by staff to have enough to eat and drink.

People were assisted to access a range of external health care professionals to maintain their health and well-being. Staff and external health care professionals would when required, support people at the end of their life, to have a comfortable and as dignified a death as possible.

People had individualised care and support plans in place which documented their needs. These plans informed staff on how a person would like their care and support to be given, in line with external health and social care professional advice.

There were enough staff to meet people's individual care and support needs. Individual risks to people were

identified and monitored by staff to allow them to live as independent and safe life as practicable. Staff were only employed within the service after all essential checks had been suitably completed. Staff were trained to be able to provide care which met people's individual needs. The standard of staff members' work performance was reviewed through spot checks and supervisions.

Complaints received were investigated and responded to. Actions were taken to reduce the risk of recurrence. The registered manager sought feedback about the quality of the service provided from people. There was an on-going quality monitoring process in place to identify areas of improvement needed within the service.

Further information is in the detailed findings below.

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.

Processes were in place to protect people from harm or poor care.

Risks to people were monitored by staff to ensure that people remained safe, but maintained their independence wherever possible.

There was a sufficient number of staff to meet people's assessed needs and recruitment checks were in place to make sure proposed new staff were of good character.

Processes were in place to make sure that people's medication was safely managed.

Is the service effective?

Good 

The service was effective.

Staff were supported with training, spot checks and supervisions to make sure they were delivering effective care.

Staff supported people with their eating and drinking requirements.

Staff worked within and across organisations to deliver effective care and support. People were assisted to have access to external healthcare services when needed.

Is the service caring?

Good 

The service was caring.

Staff were motivated to treat the people they assisted with kindness and respect.

People were supported to be involved in making decisions about their care and support needs.

Staff promoted and maintained people's privacy and dignity at

all times.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs were assessed and staff used this information to deliver personalised care to people that met their needs.

People were encouraged to maintain their interests to promote their well-being.

To promote social inclusion, people were supported to maintain links with the local community.

People's suggestions and complaints were listened to and acted upon to reduce the risk of recurrence.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in place running the service day-to-day with support from staff.

Staff were clear about the good standard of care and support they were expected to deliver.

Quality monitoring was in place to oversee the service provided and make any necessary improvements.

People and their relatives' were encouraged to feed back on the quality of care provided.

Greenwood Homecare Peterborough

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 comprehensive inspection took place on 10 and 24 April 2018 and was announced. It was undertaken by one inspector and an assistant inspector (shadowing only). We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that staff would be available.

Inspection site visit activity started on 10 April 2018 and ended on 24 April 2018. It included visits to the office, staff interviews and telephone interviews of staff and people who use the service and relatives of people. We visited the office on both days to see the registered manager and office staff; and to review care records, policies and procedures and records relating to the management of the service.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We looked at the provider information return (PIR) which was submitted to the Care Quality Commission on 11 January 2018. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We asked for feedback from representatives of a local authority contracts team and quality improvement team, Healthwatch, a local authority commissioner - learning disabilities, and local safeguarding team. Any information received was used in planning this inspection.

During our inspection we spoke with four people and a relative of a person using the service by telephone.

We also spoke with the owner of the company (nominated individual), the registered manager, a care supervisor, a senior care worker (by telephone) and two care workers (one by telephone). We looked at two people's care records; records relating to staff recruitment and training; complaints records; accidents and incidents; medication administration records; and records relating to the management of the service including audits.

Is the service safe?

Our findings

People and a relative of a person using the service told us that they or their family member felt safe. This, they said was because of the support and care provided by Greenwood Homecare Peterborough staff. One person told us, "[Staff] support gives reassurance." Another person confirmed to us that, "Staff stay with me to make sure that I am okay, we are a team."

Staff had a clear understanding of their duty to report any suspicions of harm or incidents of poor care. This was in line with their training on safeguarding. Staff explained to us that they would report poor care and suspicions of harm both internally to management and to external agencies such as the local authority and Care Quality Commission (CQC). A staff member told us that if they had any concerns, "I would straight away be in touch with my registered manager and would [document] it all in a report." Another staff member said, "I would report [concerns] to my [registered] manager and then raise with the CQC or social services."

Staff told us that they would be confident to whistle-blow. (This is a process where staff can report any poor standards of care if they ever became aware of this.) A staff member said, "I am aware of the whistle-blowing policy and have read it. I would report concerns of poor care because everything is about the [people we support] and people should be protected." This demonstrated to us that there was a process in place to safeguard people from harm.

People's individual assessed risks had been identified prior to them using the service and were monitored by staff to help reduce the person's risk of harm. During the inspection, the registered manager told us and showed us an example of a bath thermometer to be used by staff to check the temperature of people's bath water. This safety check would then help reduce the risk of scalding. Guidance within these records was used by staff as information on how to support people, whilst promoting and maintaining people's independence. The information in people's care records was held securely within the office (computerised records) and within people's own homes.

We saw that environmental risk assessments were in place and technology was used, when required to support people to receive safe care and support. Technology was used to assist people who required additional assistance. For example, some people had a lifeline or pendant (alarm to be worn) that could be used to summon support when needed in an emergency.

Required checks were carried out to make sure that all new staff were of good character and able to support people safely. Staff told us that these checks were in place before they could start work at the service. A staff member confirmed to us that, "A DBS [disclosure and barring service criminal records check] and two [professional] references were received and checked by staff in the office before I started [work]." This showed that there was a process in place to make sure that staff were deemed satisfactory and suitable to work with people.

The registered manager told us that there were sufficient staff employed to meet people's care and support needs. People told us that there were no missed care calls and staff arrived 'mainly' on time. They also told

us that they were often supported by the same staff members, who got to know them and their wishes. One person said that staff timekeeping was, "On the dot." Another person told us that, "Timekeeping was excellent." A third person said that, "[Staff] mostly turn up on time; if they are more than 20 minutes late they will contact me." However, a relative told us, "If staff are running very late, this is not always communicated and this could be improved."

Most of people we spoke with managed their own prescribed medication. People, who required additional support with their medication, told us that they had no concerns. One person said, "[Staff] observe that I have taken all of my medication." A relative told us, "Staff inform me when [family members] medication is running out, this works well." Staff told us that they were trained to administer people's medication and that their competency to do this was established during regular 'spot checks' by a more senior staff member.

Staff confirmed to us and records showed that they have received training in the prevention of cross contamination, infection control and food hygiene. Staff confirmed that there was enough personal protective equipment (aprons and gloves) for them to use and that these were single use items only. This showed that there was a process in place to reduce the risk of infection and cross contamination.

Staff were aware of the reporting procedure and records were held in relation to any accident and incidents that may have occurred. Actions were taken as a result of learning from the incident, and staff told us that this information was shared with them to help reduce the risk of recurrence. For example, at a recent staff meeting discussions were held regarding improvements needed when staff were administering medication that was dispersible. This showed that learning was used to improve the quality of the service provided.

Is the service effective?

Our findings

People were supported with their care needs in line with 'good practice' guidance and current legislation. Staff communicated with district nurses, occupational therapists, and community psychiatric nurses. These professionals worked with the registered manager and staff to help them support and promote people's well-being in line with legislation, such as medication updates, and good practice guidance. This information was reflected within people's care records as information to guide staff.

Staff completed training to ensure that they had the right skills and knowledge to provide the individual care and support people needed. Staff told us that 'refresher' training was completed to update their knowledge. Staff were supported with supervisions and spot checks. These were used to develop staff skills through training and assessments.

Staff were supported by the management to develop their skills and knowledge through additional training and qualifications. A staff member said, "I am being supported to complete a national vocational qualification [in health and social care]. This makes me feel that I am being invested in."

When new to the service, staff had an induction period. Greenwood Homecare Peterborough had adopted the Care Certificate which is a national induction programme tailored to develop staff knowledge and skills. This included training and shadowing a more experienced member of staff. A staff member said, "I had shadow shifts for a week even though I had [worked in] care before." This was until staff were deemed competent and confident by the registered manager to provide care unsupervised.

In the main, people spoken with did not require the support of staff with their eating and drinking. For people who required this assistance, they told us that they had no concerns. One person said, "Staff make me a cup of tea and porridge... staff help me with the different toppings." A relative told us, "[Staff] help me with the breakfast tasks." Staff demonstrated their understanding of supporting people who required a specialised diet due to a specific health condition or due to religious or cultural needs. A staff member said, "I help a person with their eating and drinking. I cut [food] into small portions and keep encouraging them to take sips of drinks [so to reduce the risk of choking]." This showed us that people were supported with their food and drinks requirements.

Staff at the service worked with external organisations to ensure that the best possible quality of service was provided. For example, working with district nurses; occupational therapists; community psychiatric nurses, and the local authority commissioner for learning disabilities. An external social care professional gave us an example of when staff from the service worked with them to support a person. They said, "Greenwood [Homecare Peterborough] would liaise with myself on a regular basis and attended meetings and reviews throughout. The care staff all seemed genuinely concerned about how to improve their skills and knowledge to ensure that the service provision was good."

People who needed support from staff members to set up or to help them attend external health appointments had no concerns around the level of support given. One relative said, "Staff have supported

[family member] with hospital appointments and attending the GP." This showed us that people were supported to access health care services when needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The care supervisor confirmed to us that no one using the service, during our visit currently lacked mental capacity. Staff demonstrated to us adequate knowledge in relation to the application of the MCA. They told us how they used visual prompts to aid people, who may have had fluctuating mental capacity, with their choices. For example, showing people the choices of clothes or meals available, rather than just asking a person their choice. One staff said, "We try to prompt people to express themselves." Another staff member told us, "You use pictures and visual prompts to just give people choices to help them be as independent as possible." This demonstrated to us that consent to care was sought in line with legislation.

Is the service caring?

Our findings

People and a relative were very happy with the care provided and how staff treated them or their family member, when supporting them. One relative told us, "Staff are quite happy to do whatever is needed...I am more than happy with the service; I know someone is coming out and it gives me piece of mind...staff chat to me and make me feel less isolated." One person said, "Everything is very good." Another person told us, "[Staff] are very pleasant."

People and a relative told us that they, or their family member, felt involved in making decisions about their care. And were able to make their own choices and were encouraged to express their views and be listened to. People and a relative were aware of the care records held within their or their family member's home. A person told us, "I am aware of my care records and staff got to know me. I feel involved in my care and support decisions." Another person said, "I used to have an evening [care] call because initially I was nervous [at home] but then after a discussion [with the management] it was agreed that the evening call wasn't required – which it wasn't." We noted that people had signed to say that they agreed with their care and support and where people were unable to sign to agree their care plans, we saw that this was documented.

Advocacy was available for people on request, if they needed to be supported with this type of service. One person was currently using an advocacy service during this inspection. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People told us that staff respected and promoted their privacy and dignity when supporting them with personal care. Care records we looked at had clear prompts for staff as a reminder for them to respect people's privacy and dignity at all times. One person said, "Staff are respectful and kind." Another person confirmed that, "I can shower myself but staff help me dry [myself]. I have never felt a bit embarrassed [as] staff open and shut the curtains re privacy. Staff have never been anything but respectful." A third person when asked if staff were kind and respectful, described staff as, "Lovely."

Care records showed that staff were prompted to respect people's choices and to assist people to maintain their independence. People confirmed to us that it was their wish to remain in their homes and the extra support from staff enabled this. One person said, "One day I had not picked up one of my pills [medication] but staff helped by pointing this out." Another person told us, "I am happy with the service and it is the extra bits and pieces that staff offer to do that sets them apart [from other agencies]."

Is the service responsive?

Our findings

People and a relative confirmed to us that staff had a good understanding of their care needs and that these needs were met by staff. A relative told us, "[The service provided] has proved to be a lot more successful than the previous company."

People's individual care and support needs were assessed prior to them using the service. An assessment was then undertaken by staff at the service to make sure that staff had the skills and knowledge to meet people's requirements. A person said, "[Staff] got to know me when setting up my care record." These assessments were then used to develop people's care and support plans and risk assessments. These documents included information for staff on people's care and support needs, their preferences and any health, physical and emotional requirements.

Daily notes were completed by care staff detailing the care and support that they had provided at each care call. We noted details in place within people's care records regarding the person's family contacts, doctor, external health care professionals and assigned social worker (where appropriate) provided guidance for staff. Individual preferences also were recorded and included how a person wished their care to be provided, and what was important to the person.

The support that people received included assistance with personal care, with their prescribed medication, preparation of meals and drinks, social activities, household chores, assistance with shopping and health appointments. We noted that where required, staff supported people with their individual interests and links with local communities. One person told us that to promote their well-being, "Staff have supported me with swimming and I go to the gym each day." Another person said, "Staff help me with my personal care and other tasks. They help with a bit of cleaning and shopping."

People and a relative told us that they felt confident in raising any suggestions or concerns they had with the office staff and that they would feel listened to. One person gave an example of a request they had made about a staff member. They said, "[The management] listened to me and got this sorted. They stopped the staff [member] from visiting...staff are now excellent." Another person told us, "I have not had to ring the office but I have the telephone number available." A third person said, "I am aware of how to contact the office and I have the telephone numbers to refer to." A fourth person confirmed to us that they had, "No complaints... [staff member] and I sort things out between us." This showed us that people's concerns were responded to, investigated and actions taken where possible to reduce the risk of recurrence.

Greenwood Homecare Peterborough does not provide nursing care to the people it supports. However, to support people approaching the end of their life, they told us that staff would work with the person and their family to make sure that they met their individual wishes, including cultural and religious wishes and people's preferred place of death. They also told us that they would work with external health care professionals when it became clear that people's health conditions had changed or deteriorated. This was to enable staff to support people to have the most comfortable, dignified, and pain-free a death as possible.

Is the service well-led?

Our findings

There was a registered manager was in post. They were supported by the owner/nominated individual, office staff and care workers.

From discussions, we found that the registered manager and staff had very good understanding and knowledge of people's care and support needs. Staff were clear about the expectation of the management of the service to provide good quality service that met people's individual requirements. One staff member said, "[The service's] values are to be caring and friendly. The managers instil [into staff] the belief that only good care is acceptable. This [agency] is like a breath of fresh air." Another staff member told us, "I get clear instructions [from the management] about what is expected of me, I am really enjoying this job." The service used a 'private group chat' on a social media site that allowed them to update staff quickly. The nominated individual explained to us how the group chat was secure and that only current staff members could access the information. A staff member confirmed to us that, "I really like [private group chat] it is communication for everyone [staff] and you can pick the message up straightaway. It is a quicker way of checking things such as weekly round-ups."

People were very complimentary about the service provided, and how the service was run. One person said, "I am happy with the service provided." Another person told us, "I can't think of any improvements [needed] all is going well." Records the Care Quality Commission (CQC) held about the service and reviewed during the inspection, confirmed that notifications had been sent to the CQC as legally required. A notification is information about important events that the provider is required by law to notify us about.

Checks were made to monitor the quality of the service provided. These included the monitoring of staff training, feedback from people who used the service and their relatives, people's care records, and daily notes. For any areas of improvement found, actions were taken to reduce the risk of recurrence. Actions included a requirement to make sure that people had an up-to-date medication list held on file.

The registered manager and office staff had regular contact with people who used the service and their relatives. Feedback was used to monitor and drive forward the quality of the service provided. One person said, "I have been asked for feedback by [named staff member] – they ask how things are going." Another person told us, "I am asked to feedback on how things are going." This showed us that the service looked to continuously improve the quality of service provided.

Staff worked in partnership and shared information with other key organisations and agencies to provide good care to people who used the service. This included working with a variety of health and social care providers.