

# Greenleaves Homecare Services Limited

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## Inspection report

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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

Greenleaves Homecare Services Limited is a domiciliary care agency providing personal care to 18 people in their own homes at the time of the inspection.

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

People felt they were safe and well supported by the service. Individual risks were assessed, and staff were aware of these. Reviews of events and accidents were carried out and any actions needed were carried out. Medicines were managed well, and staff knew how to report any concerns about a person's safety or welfare. People told us staff arrived when they should, stayed for the required time and did not miss calls.

Staff received relevant training for their role and people felt they had the right knowledge and skills. Staff felt supported by the management team. People told us staff respected their preferences and choices. People were asked for give their consent before receiving support and the principles of the Mental Capacity Act were followed.

People and relatives told us staff were kind and caring and had a positive impact on their lives. Staff enjoyed working for the service and told us the culture was to ensure care was person centred. Care plans included information needed to support people safely and in accordance with their wishes and preferences. These were reviewed regularly.

People, relatives and staff were asked for their views about the service and felt listened to. There were robust monitoring processes in place to help ensure a good standard of service. Quality assurance systems identified any areas that needed further development.

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 [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 21/11/2019 and this is the first inspection at their new premises. The last rating for the service at their previous premises was Good, published on 22/6/19.

### Why we inspected

This was a planned inspection based on the registration date.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenleaves Homecare Services Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Greenleaves Homecare Services Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

The registered manager had recently left the business. The service was being managed by the director. There was a new manager due to start employment but until that time the director had applied to be registered as the manager with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the manager would be in the office to support the inspection.

Inspection activity started on 11/1/22 and ended on 2/2/22.

#### What we did before 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with five members of staff including the director who was also the manager and care workers.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from a professional who works with the service.

# 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 for 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 and their relatives told us they felt safe receiving support from the service.
- Safeguarding incidents were reported to us when needed and to the local authority safeguarding team.
- Staff were aware what abuse might look like and knew how to report any concerns they had within the service or externally. Staff told us they could raise any concerns with the management team.

Assessing risk, safety monitoring and management

- People and relatives told us staff worked safely.
- People's individual risks were assessed. These were reviewed and updated following an incident, for example a fall, or change in needs.
- Staff told us that the management team was regularly checking they were working safely. The manager worked alongside staff members to help cover visits to people when needed.

Staffing and recruitment

- People and their relatives told there were enough staff available to meet their needs. People and relatives told us there had not been any missed care calls, staff did not cut visits short and records showed that staff provided people's care within agreed timeframes. One relative said, "If they are ever running late, I always get a message to let me know when they will arrive." Another relative said, "I feel as if there is enough staff to care for her needs. As far as I am aware visits are not late, cut short or missed."
- The service had a robust recruitment process which included appropriate checks to help ensure staff were suitable to work in a care setting. Criminal record checks and references were sought before staff started working with people. One staff member said, "I was asked a lot of questions in my interview and I had to complete a lot of paperwork. This is the first time that I have been working in this career and now I do understand why it is important to get all the information to make sure that carers are the right people to look after service users."

Using medicines safely

- Staff were trained to support people with their medicines safely. The management team ensured staff completed competency assessments.
- Staff supported some people with administering their medicines and just prompted others to take theirs as needed.
- The management team carried out spot checks and audits to help ensure medicines were managed safely.

### Preventing and controlling infection

- People were protected from the risk of infection because staff had been trained in infection control. The provider ensured they followed current national infection prevention and control guidance. People told us that staff used their personal protective equipment (PPE) and washed their hands when they arrived.
- Staff told us they had access to a regular supply of PPE. They were clear on what was needed to promote good infection prevention and control. The management team carried out spot checks to ensure staff were using PPE correctly.

### Learning lessons when things go wrong

- The provider had systems in place to help ensure learning from events, incidents or accidents.
- The learning from these events was shared with staff during training, meetings and message groups. One staff member said, "We are told that when we make any mistakes we have to learn and get it right the next time."



# 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 they were supported by the service. Assessments included people's individual needs, risks and preferences.
- People and their relatives told us the service was well prepared to meet their needs.
- A member of the management team remained in contact with people and their relatives to ensure the planned care package was working well.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were well trained and knowledgeable for their role. One relative said, "I do feel the staff have had enough training."
- Staff received training in areas relevant to their role. This included moving and handling, safeguarding people from abuse, health and safety and first aid.
- Staff received regular supervision and competency checks to help ensure that they had a clear understanding of their role and they worked in the required way. Staff told us they felt supported.
- New staff had a full induction. This included training, shadowing experienced staff members and reading the care plans of people they would be supporting, as well as getting to know them. One staff member said, "I am still doing my Care Certificate and have finished Induction training. I am always with a senior carer so that I can carry on learning. I am helped if I do not understand anything."

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

- People and their relatives said staff supported them well with eating and drinking when needed.
- People's dietary needs and preferences were documented in their care plans and staff knew how to support people safely and appropriately.

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

- Staff supported people to access health or social care professionals as needed.
- Staff all knew what to do if a person became unwell or needed additional support. One staff member said, "I would immediately inform my line manager and senior carer. Management look at all the issues immediately and I know that they need the carers to pass on all the information and concerns that can happen in a call. I had a [person] who had a [health condition] and we checked with the office and called the paramedics as the family members were also worried."
- We were told by relatives that the management team helped to gain access to health care professionals.

One relative said, "There have been several occasions when without the intervention by management on [person's] behalf, he would have waited much longer for NHS appointments e.g. O.T and Physio."

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 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 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.

- People and relatives told us that staff always asked for consent when supporting them. There was a record of consent within people's care plan in relation to care, records and sharing of information.
- People had mental capacity assessments completed when needed. Where relatives had power of attorney, a copy of this was sought by the provider to ensure they had the appropriate authority to make decisions.
- Staff received training in the Mental Capacity Act and knew how to put this into practice.

# 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

- People and their relatives told us that staff always treated people well and they felt respected. A relative told us, "The [care staff] are all very kind and help me with anything extra that I cannot manage myself. They also sit and chat with me if I get a bit upset about [person] which is nice."
- People were supported by staff who had taken the time to get to know them well. One person said, "Staff have always been polite and support [person] with kindness and are very caring. Staff provide personal care and also emotional support."
- Staff told us they were encouraged to get to know people and what was important to them. They told us there was time to spend with people and making sure they had what they needed, in a way they chose.

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

- People and their relatives told us they were involved in decisions about their care. One person said, "They always answer my questions and they don't make me feel I am a nuisance."
- People's care plans included a record of people's involvement, preferences and choices.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said that staff promoted people's privacy, dignity and independence. People told us what a difference the service had made to them. One person said, "They are kind and thoughtful and if I was having a difficult day they would try and lift my spirits."
- One relative told us, "On the occasion that she has [additional personal care need] or had a little fall then it appears that extra staff are on hand to help. Because we have been using their services for [period of time] all the carers have got to know [person] and have formed a bond and personalised her care to suit her needs."

# 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 were happy with the care they received and felt they were supported in their chosen way. One person said, "Couldn't manage without the carers and they are my shining light. The carers do whatever I ask them to do and always arrive with a smile or have a joke with me and I like that."
- Care plans were detailed and gave information to staff so they could support people safely and appropriately.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- When the care plan is developed at the start of supporting a person, staff discuss any specific need or preference in which they communicate. The service can give all relevant documentation in large print, easy-read format or the person's preferred language as needed.
- People and their relatives told us that staff communicated well and in a way that met their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives felt the staff and service provided made their lives better. One person said, "Seeing the carers made a long day feel shorter." We were told that staff spent time chatting with them and got to know their family members too. One person said that the support from the staff meant they retained their independence and they did not have to move into a care home.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had not have any complaints, but all said they would be confident to do so if the need arose. One relative said, "The staff at the office and the manager are approachable and I would not have an issue calling them if I had a complaint."
- The provider had a system in place to record and monitor complaints. This helped them identify any reoccurring issues so they could be resolved.

End of life care and support

- At times the staff team supported people at the end of their life. Staff engaged with visiting healthcare professionals to ensure their needs were met. Staff were trained and supported so they knew how to

support people at the end of their life.

# 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

- People and relatives said the manager was approachable, friendly and accommodating.
- Feedback about the culture and approach of the service was very positive. A relative said, "I feel the managers are extremely helpful."
- Staff told us the service had a person-centred approach and they enjoyed working for them. A staff member told us, "I get asked for my views and it makes me feel confident and part of the team. I feel there is a lot of management presence as the managers also help out in the calls, so we see a lot of them. We can talk as we are together, and I have got to know [management team members] very well. I like the way that they work. They are honest and help their staff a lot."
- The management team ensured people and their relative knew how to share their views to the CQC and on a care service website. We saw some reviews on this website and found that feedback was positive.

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

- The manager understood their responsibilities in relation to the duty of candour. Staff told us they were encouraged to speak up if there were any issues and the management team welcomed their feedback.
- The manager supported care staff with visits to understand what service was provided and to help ensure people knew they could speak with them.
- The manager provided guidance and support for staff. Staff told us that they found the management team approachable and knowledgeable.
- There were audits across all key areas of the service. For example, COVID-19, staff competency, care plans and medicines. This information was added onto an action plan to give an overview of performance and any areas that needed addressing.

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

- People and their relatives were positive about how the service engaged with them and they felt their views were listened to. One relative said, "I feel the service is well run and I am often asked for my opinion on different things and would not hesitate to raise any concerns that I may have and would feel confident that they would be addressed accordingly. Keep up the good work." We were told by relatives that the manager had a message group for each person and their family. Feedback about this was positive as allowed for

effective communication, developed relationships and they felt listened to and included in their care.

- People's feedback was sought through surveys and quality assurance calls or visits with the management team. The feedback was collated so any actions could be developed.
- Staff feedback was sought through surveys and observed practice sessions with the manager. Staff were positive the service and the management team. One staff member said, "I feel very supported and my skills as a carer get noticed. I am observed during calls by the managers and senior carers and the service users are also giving me positive feedback. This makes me more confident and I really enjoy being a carer."

#### Continuous learning and improving care

- The management team reviewed events and shared any learning with the staff team.
- The management team were looking for ways to further improve the service. They were providing opportunities for further training for staff to help build their knowledge and skills. The manager told us of ways they were planning on expanding and developing the service. One of which was to link with a nursery within the building the office was located. This was so people who used the service could visit the office and spend time with others and with the staff team; to help reduce loneliness and social isolation but also further improve communication.

#### Working in partnership with others

- The management and staff team worked with other professionals to ensure support and the right care for people. The service had recently started supporting someone who had been unable to get support from other agencies.
- A social care professional told us, "I have had the pleasure of working with [manager] from around December time and they have made it an extremely easy process and have worked collaboratively with me on this particular complex care package. This package was proving extremely difficult to source due to the complexities of it but as soon as I approached Green Leaves, they were happy to assist. From start to finish their communication with me has been amazing, it isn't often I come across this standard of communication."