Greenwrite Healthcare Limited

# Greenwrite Healthcare

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
Greenwrite Healthcare is a domiciliary care agency registered to provide personal care to people living in their own homes. Not everyone who used the service received personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection eight people who lived in Hertfordshire were receiving personal care from the service.

People's experience of using this service and what we found
People, their relatives and representatives mainly told us they were pleased with the quality of their care and support, although we received comments from individuals who were concerned about how their care and support was delivered.

People's needs were assessed and guidance was provided to staff about how to mitigate identified risks.

Most people's medicine needs were appropriately supported and audits were carried out to ensure they received their medicines in line with the prescribing instructions. However, one person did not receive consistently safe and reliable support with their individual medicine needs.

People were supported by staff who had been vetted to ensure they were suitable to work for the service. However, we received concerns from some people's relatives and representatives about some members of staff who did not present with competent literacy skills for their roles.

Staff received mandatory training, supervision and support to meet people's identified needs. The registered manager carried out spot checks to monitor the performance of staff within people's homes. However, we received comments from the relatives and representatives of two people that the registered manager did not always lead by example to the care staff team in terms of how she provided direct care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 9 April 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The overall rating for this service remains requires improvement and is the third consecutive inspection with a rating of requires improvement.

Why we inspected
We carried out an announced comprehensive inspection of this service on 13 January 2020 and found breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve and meet the breaches of safe care and treatment, good governance and

fit and proper persons employed.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. Prior to the inspection visit we received concerns from two separate parties about the quality of the service and how the provider ensured staff had access to appropriate personal protective equipment (PPE). The report only covers our findings in relation to the Key Questions of Safe and Well-led. The ratings from the previous comprehensive inspection not looked at on this occasion were used in calculating the overall rating for this inspection.

Improvements had been made in relation to how the provider monitored the quality of the service. We found sufficient improvements had been made in relation to the management of medicines; however one person's medicines were not always given in line with the instructions in their care plan and medicine administration record. We found some improvements had been made at this inspection in relation to the recruitment of staff, although the provider needed to clearly demonstrate how they ensured prospective employees had suitable verbal and written communication skills to competently meet people's needs.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenwrite Healthcare on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We have identified a continuing breach in relation to the safe recruitment of staff and a new breach in relation to the provider not informing the local authority of an alleged safeguarding concern. We have made three recommendations in relation to the safe management of people's medicines, staff training about whistle blowing and the registered manager's awareness of their duty of candour.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will return to visit 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?**

Requires Improvement

The service was not always safe.

**Is the service well-led?**

Requires Improvement

The service was not always well-led

# Greenwrite Healthcare

**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 Care Act 2014.

Inspection team
One inspector carried out this inspection.

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

The service had a manager registered with the Care Quality Commission. They are also the owner of Greenwrite Healthcare Limited. This means that they 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection. Before entering the provider's office, we spoke with the registered manager about the infection prevention and control arrangements at the premises in accordance with our COVID-19 safety practices. Inspection activity commenced on 31 March and concluded on 26 April 2021. We visited the office location on 31 March and 6 April and completed our discussions with people who used the service, their relatives and representatives on 26 April 2021.

What we did before the inspection
We reviewed the information the CQC held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection report. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to

make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with the registered manager (provider). We reviewed a range of records, including four people's risk assessments and accompanying care plans. We looked at four staff files and various records relating to the running of the service, including quality assurance documents, accident and incident records and the minutes for staff meetings.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We contacted seven health and social professionals for their views about the service and received written feedback from two professionals. We spoke with one person who currently used the service and their relative, and the relatives and representatives of another five people. This included the relative of a person who used Greenwrite Healthcare since the last inspection and had stopped using the service prior to this inspection. We also spoke with five care workers.

Requires Improvement

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse
•People were not always protected from the risk of abuse and harm. Following the inspection site visit we received information from an external source about a concerning incident which placed a person who used the service at risk of harm. We had not received a safeguarding notification from the provider, which should be sent to CQC without delay. We contacted the registered manager and asked for a notification, which was sent to us nine days after the concerning incident took place. The registered manager did not inform the local authority about this alleged abuse at the time the incident occurred and sent information over a week later, when requested to do so by the local authority.
•Actions were taken following the incident which included the removal of the two members of staff from the person's home on the same day, who were replaced by two other care staff.

The registered manager failed to effectively protect the person by ensuring the alleged abuse was correctly and promptly reported to the appropriate authority for investigation. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

•People received their care and support from staff who had received safeguarding training to protect them from abuse, neglect and harm. The staff we spoke with understood how to identify different types of abuse and stated they would inform their line manager if they had any concerns about a person's safety and welfare.
•There was a safeguarding policy and procedure in place, although the document had conflicting dates of when last reviewed and different addresses for the location of the service. Staff were provided with information about how to whistle blow, which is when an employee raises a concern about wrongdoing in the workplace. We noted two staff members presented to us an inaccurate understanding about whistle blowing, for example one staff member confused whistle blowing with parts of the provider's safeguarding policy and procedure.

We recommend the provider seeks advice from a reputable source to support staff to gain a comprehensive understanding of whistle blowing.

Staffing and recruitment
At our last inspection the provider had failed to ensure persons employed for the purpose of carrying on a regulated activity were of good character. This was a repeated breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

•We found the registered manager sometimes completed some parts of the written sections of job application forms by filling in the verbal responses of new applicants and explained they did this for expediency purposes if prospective employees called in to the office to enquire if there were vacancies. However, this practice did not offer a sufficiently rigorous screening process to establish if candidates possessed the necessary competencies in reading and writing English to ensure the safety and welfare of people who used the service.
•Our concerns about staff fluency were highlighted in the aforementioned safeguarding incident when staff misunderstood the use of a domestic cleaning agent. We received concerned comments from the relatives and representatives of two people who used the service who felt individual staff members did not present an acceptable fluency of speaking and writing English, and were concerned about whether staff could accurately follow important written guidance.

A failure to ensure staff competency in reading and writing English placed people who used the service at risk. This was an ongoing breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•Following the receipt of the draft inspection report the provider informed us they did not receive any complaints about the ability of care workers to effectively communicate with people and their representatives, apart from the concern in relation to the literacy skills of two staff members.

•Recruitment records demonstrated the provider undertook some satisfactory checks which included a minimum of two appropriate references, proof of identity, proof of right to work in the UK and a Disclosure and Barring Service check. The DBS assists employers to make safer recruitment decisions and helps prevent the appointment of unsuitable applicants. Checks were carried out to verify the authenticity of references and gaps in employment were explored and the reasons were documented.
•People, their relatives and representatives confirmed they were supported by regularly allocated staff they were familiar with. One told us, "My [family member] gets on well with [his/her] carers. They have similar interests and [family member] thinks of them as friends." We received mixed responses from people who used the service, their relatives and representatives in relation to the punctuality of care staff, although staff stated they had enough time to travel between scheduled visits.

Using medicines safely
At our last inspection the provider had failed to ensure people were safely supported with their prescribed medicines. People's medicine support needs were not correctly assessed and recorded, and staff were not provided with clear guidance about medicines they were either administering or prompting people to take.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

•At this inspection we found improvements had been implemented to enable staff to safely support people with their medicines. Records showed staff had completed medicine training and their competency to support people with their medicines was assessed by the registered manager. Medicine administration records (MARs) were audited each month by the registered manager to check people received their medicines in line with the prescriber's instructions.
•Staff were provided with written guidance to explain about the medicine they were supporting people to take, for example why the medicine was prescribed and how it should be administered. The care staff we

spoke with told us the importance of safely supporting people with their medicines was frequently discussed during individual supervision sessions, spot check visits by the registered manager and team meetings. One staff member stated, "We are always reminded by [registered manager] that we need to be very careful when assisting people with their medication, it is so important to get it right."
•Following the inspection site visit we spoke with the relatives and representatives of people using the service about how their family members were supported to take their medicines and received information of concern in relation to the medicine support for one person. An individual informed us their family member did not always receive safe support from staff to take their medicines. The representative of the person told us they notified the local authority that vital medicines were incorrectly left by care staff in the blister pack, which is a pre-formed package of medicines prepared at a pharmacy. They informed us that following their discussions with the local authority, arrangements were made for the person's relatives to take over the administration of medicines.

The provider is recommended to seek advice from reputable sources to ensure people using the service are safely supported with their medicines in line with NICE (National Institute for Clinical Excellence) Guideline (NG67) – Managing medicines for adults receiving social care in the community.

•Following the receipt of the draft inspection report the provider informed us they were not previously aware of these issues and therefore could not take expedient action to address these concerns.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to assess and mitigate risks to people's health and safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

•Risk assessments suitably identified risks to people's safety and wellbeing. Guidance was in place to enable staff to mitigate these risks and protect people from harm and neglect. For example, one person's care plan contained a recognised professional risk assessment tool to establish the person's risk of falling and the written instructions for staff to follow was tailored to the person's individual circumstances, domestic routine and home environment.
•The registered manager informed us they regularly checked people's risk assessments were up to date and accurately reflected their current needs and wishes. The information in the risk assessments we looked at were in accordance with people's most recent assessments and reviews, including review meetings led by their allocated social worker and attended by the person using the service, the registered manager and people's relatives and representatives, where applicable.
•Environmental risk assessments were conducted to ensure any risks within people's homes were identified, for example cluttered areas that could be a trip and fire hazard. Staff were provided with useful information about how to deal with an unforeseen domestic emergency at a person's home, such as where to switch off the water supply if necessary and where fire extinguishers, fire blankets and other household safety equipment was located.

Preventing and controlling infection
•We found staff had received infection prevention and control (IPC) training to protect people from the risk of infection, which included ongoing guidance and updates to meet people's needs during a particularly challenging time due to COVID-19. Staff told us the registered manager frequently spoke with them about their IPC responsibilities, which was a standing discussion topic at the staff monthly meetings.

•However, people, their relatives and representatives provided mixed views about how staff adhered to safe infection and prevention practices and acceptable hygiene standards. One sent us evidence of how staff left the person's home in an unhygienic condition. For example, the person's bed was left in a dishevelled condition and there were stains on the bathroom floor attributed to shoe marks by care staff, as the staff did not wear shoe covers.
•A relative of a person who formerly used the service told us care staff were not supplied with sufficient personal protective equipment (PPE). Staff were reported to take off their shoes and socks in the person's home but did not apply any coverings to their feet. The relative also stated some staff who were new to working in the UK were unfamiliar with the purpose of commonly used household cleaning materials, for example they were unable to identify which product in the kitchen was designated for washing crockery and utensils. This resulted in the relative needing to spend time advising care staff how to safely and hygienically undertake their domestic duties.
•A former care staff member contacted CQC earlier this year to state they had to buy their own PPE supplies. This allegation was shared at the time with the local authority. Following the inspection site visit, we received information from another former staff member who alleged poor IPC practices. At this inspection the staff we spoke with confirmed they were provided with enough PPE and the minutes of team meetings did not identify concerns with how the registered manager purchased and distributed supplies.

Learning lessons when things go wrong
•At the last inspection we found the provider did not always keep proper records of accidents, incidents and safeguarding concerns. At this inspection we found appropriate record keeping for these occurrences was in place.
•Team meetings' minutes demonstrated the registered manager spoke with staff to discuss events that had taken place and the subsequent lessons learnt for future practice. For example, a discussion took place at a team meeting when a staff member did not adhere to the provider's policy for seeking people's consent before taking a photograph.

Requires Improvement

# 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent and did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to consistently assess, improve, monitor and sustain the quality of experience for people who used the service. This was a repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, we issued a warning notice. At this inspection we found the warning notice had been met. However further work was needed to ensure improvements were embedded and sustained.

•The provider had made improvements in specific areas of practice which included staff recruitment. At the last inspection staff supervision records were not accurate as information including personal details were copied and pasted from one month's records to the next and from one staff member to another. At this inspection the supervision records contained standard topics of discussion such as infection prevention and control, however there was also evidence of specific discussions that related to the circumstances of individual staff members.

• At the last inspection we found people were being placed at significant risk by the service's assessment and care planning practices, which included incomplete and contradictory information that could be critical to a person's safety and wellbeing. At this inspection we found the care plans and the accompanying assessments we looked at were regularly reviewed and updated when there were changes to people's needs and aspirations.

•Care plans we looked at were written in a person-centred manner and were straight forward to read and follow. However, we found examples of other documents including a care plan review meeting form which had not been checked for quality and completeness before being shared with a person and their relative. The name of the relative who had attended the review had been omitted, an incorrect date was recorded and the spelling and grammatical errors distracted readers from focussing on and understanding the content. A second care plan review meeting form we looked at had the details of a different person's relative.

•At the last inspection we found effective systems to assess and monitor the quality of the service were not in place. At this inspection we found the registered manager carried out regular 'spot check' visits at people's homes to observe whether people received their care and support in line with their care plans. Audits were carried out each month to check how staff completed the medicine administration record (MAR) charts and the daily records, however the quality of these checks were not consistently rigorous to ensure people always received safe care.

•At the last inspection we found the practice of copying and pasting information between different people's

records caused confidentiality breaches, as the personal and contact information of people and their relatives or representatives had been copied to other people's documents. At this inspection we found this practice appeared to have ceased, although one person's nutrition and hydration assessment had another person's name on the document so we could not determine which person the information referred to.
• At the last inspection we found risk assessment and care planning documents had originated with other services and were not always appropriate for the service. At this inspection we noted the registered manager had introduced documents better tailored to the needs of people receiving personal care in their own home.

•The risk assessments for pressure area care contained useful guidance for staff to understand how to support people with fragile skin and detect any concerns that required escalation to health care professionals. However, there was also irrelevant and confusing information for care workers including guidance to use visual cue cards on people's doors and noticeboards and the necessity to report hospital and community acquired pressure ulcers using outdated systems.

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
•The registered manager did not consistently demonstrate an understanding of their duty of candour. Information we later received from the registered manager about a safeguarding incident contradicted other written information sent by the registered manager to the person's relative on the day the incident occurred.
•We found the registered manager did not always notify us of incidents, as required by law.
•At the last inspection we found concerns and complaints were not appropriately recorded or audited. At this inspection we saw a response to a concern from a relative written by the registered manager which was so poorly composed it was difficult for us to read and understand. The relative told us they had struggled to make sense of the information and understand the agency's response to their concerns due to the incomplete sentences and spelling errors. A complaint from another person who used the service was responded to in a professional manner by a staff member.

We recommend the registered manager reviews their understanding of their duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
•We saw the provider promoted positive outcomes for some people who used the service, although other people experienced shortfalls in the quality of their care and support. For example, we saw how the provider took appropriate action to support a person after they displayed specific behaviours that challenged their own safety and the safety of care staff. The registered manager attended a meeting with multi-agency professionals to discuss how to safely meet the person's needs. The professional guidance from this meeting was shared with care staff and used to update the person's care plan and risk assessments. Most people and their relatives and representatives expressed complimentary views about the quality of the service, which included, "Other agencies have not been able to meet [my family member's] needs which are very complex. Greenwrite have turned [her/his] life and home situation around, it is just marvellous what they have managed to do" and "I am happy with my care and the care workers are lovely".
•However, we also received less than positive feedback. For example, an individual told us "This company is not fit for purpose…[registered manager] putting the most vulnerable care receivers and care givers at risk." The individual told us they had ceased using the service as they felt the lack of robust leadership and lack of effective training for care staff placed their family member at risk of harm. Following the receipt of the draft inspection report the provider informed us they were not aware the representative of the person requested to withdraw the care package for their family member.

•The relatives and representatives of people who used the service confirmed they were able to contact the registered manager if they wished to discuss any aspect of their family member's care and support. One relative told us they emailed the registered manager and received helpful responses, although another relative told us they had not brought quality issues to the attention of the registered manager as they did not have confidence that improvements could be made. Surveys were sent out to people last year to obtain their opinions for improving the service.
•We noted the provider's email signature did not contain their correct title, had an incorrect spelling of the company name and the continued use of a former address no longer connected to the organisation, which could cause confusion to people using the service and their supporters. The provider's website contained inaccurate and confusing information about the service, which included directions about how to travel to another regulated service that had no known connection to Greenwrite Healthcare. We informed the registered manager about this on the first day of the inspection as it did not promote a professional and engaging approach for communicating with people about the service, and the website was taken down.
•During this inspection we received variable comments from health and social care professionals. One professional told us they had received positive feedback from a person who used the service, who stated their care workers were helpful, caring and acted professionally. Another professional reported they had received mixed feedback, but it was a complex situation and the service was willing and able to step in and take on a large care package.
•Staff told us they felt well supported by the registered manager and could easily contact her for advice and support. Records showed staff received mandatory training and had opportunities to discuss their practice during individual and team meetings. The registered manager used a secure electronic messaging system to communicate with staff on a regular basis to provide ongoing support and information.
•The registered manager informed us they frequently worked directly with care staff which enabled them to observe the quality of care delivered and support staff where necessary to improve their practice. However, we received some comments from relatives and representatives who felt there were shortfalls in terms of the registered manager's own practice when delivering personal care and other support. One informed us they observed the registered manager failing to ensure their family member was placed safely in a vehicle.

Working in partnership with others
•The service demonstrated joint working with other organisations and local professionals. The registered manager attended multi-agency review meetings and contacted appropriate health and social care professionals to report concerns, for example district nurses and occupational therapists.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>Processes to safeguard service users from abuse and improper treatment were not always effectively and promptly operated to ensure people were protected.<br>Reg 13(1)(2)(3) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>Recruitment practices were not sufficiently robust to ensure all staff had the appropriate competence and skills to safely perform their roles and responsibilities.<br>19(1)(b) |