

## Green Rose Care Limited

# Green Rose Care Limited

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place between 26 June and 10 July 2015 and was announced. The inspection was announced as this was a small agency and we wanted to make sure that someone would be available when we visited. This was the service's first inspection since it was registered in 2014.

Green Rose provides care and support to individuals in their own home. The service supports individuals with a learning disability, and at the time of the inspection was

supporting four individuals in three properties in Suffolk. The packages of care included twenty four hour care and staff were working with some individuals on a one or two to one basis.

The service has a registered manager who assisted us during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'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.

As part of our inspection we looked at medication and found that it was not consistently managed. The arrangements in place did not follow best practice and therefore placed people at risk.

Staff were aware of abuse and were clear about the procedures to follow to protect people. Risks to individuals were identified and there were clear plans in place identifying the actions that staff should take to minimise risks. Incidents were managed well and there were arrangements in place for emergencies.

Checks were undertaken on staff before they started work for the agency and there were sufficient numbers of staff to meet the needs of the individuals being supported.

Training was in place to develop staff's knowledge and skills. Staff were well supported through supervision and staff meetings.

Staff had a good understanding of consent and we saw that assessments had been undertaken under the Mental

Capacity Act (MCA) 2005. People were supported to access a balanced diet and where concerns were identified referrals were made to dietary and nutritional specialists. Information was maintained about people's health care needs, staff were clear about their role and referrals were made when people's needs changed.

People were supported by staff in a caring and respectful way that maintained their safety but supported their independence. Advocacy was supported and people were enabled to make choices.

People's needs were identified and reviewed. The care they received was personalised and they were supported to follow their individual interests. People told us that the agency listened to them and dealt with issues.

Leadership was visible and the registered manager was clear as to their responsibilities. Some quality assurance was undertaken but there were plans to develop this aspect of the service further.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

- People told us that individuals were well looked after.
- Risks to people's wellbeing were identified and plans were in place to reduce risks.
- The management of medication did not follow best practice and placed people at risk.
- The provider checked people's suitability to work with vulnerable people.

**Requires improvement**



### Is the service effective?

The service was effective.

- Staff received training to enable them meet people needs.
- Staff sought consent prior to providing care.
- People are supported to eat and drink.
- People were given support to help them stay healthy.

**Good**



### Is the service caring?

The service was caring.

- People had good relationships with staff.
- People were consulted about their care needs.
- People's privacy and dignity was respected.

**Good**



### Is the service responsive?

The service was responsive.

- People had their needs assessed and reviewed.
- Complaints procedures were in place

**Good**



### Is the service well-led?

The service was well led.

- The service had a clear vision of person centred care
- There is a clear management structure and visible leadership.
- Quality systems were being developed

**Good**



# Green Rose Care Limited

## 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.

The inspection took place between the 26 June 2015 and 10 July 2015 and was announced. The provider was given 48 hours' notice because this was a small agency and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors, one inspector visited the agency and a second inspector made telephone calls to health care professionals.

We reviewed information we held about the provider, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law.

We visited two of the four properties where the agency supported individuals. We spoke to the people who lived there however the majority of people had complex needs and were not able to talk with us. We spent time observing care in communal areas. We spoke with five members of the care staff, an advocate and one relative. We spoke with six healthcare professionals who worked with the service, about their perceptions of the care provided.

We have tried to make sure that we have not identified individuals and have used the term "people" throughout the report. This refers to comments from the individual using the service, the advocate, the relative and visiting professionals.

We reviewed a range of documents and records including care records for people who used the service, records of staff employed, complaints records, accident and incident records. We also looked at records of staff meetings and a range of management records.

# Is the service safe?

## Our findings

Medication was not always administered safely, we saw some good practice but it was not consistent. People told us the agency were proactive in getting medication reviewed when needed. We looked at a sample of medication administration records (MAR) which staff signed to evidence that people had been administered their medication as prescribed. One individual's records were clear and easy to follow, they corresponded with the prescribed medication. A second individual's records were not clear and it was not possible to tally the medication against the records. Staff were secondary dispensing, where they placed medication into a separate storage system, increasing the possibility of error. There were records maintained which detailed stock levels but these could not be checked as the medication had been taken out of its storage system. This practice was not in line with current professional guidance and a breach of Regulation 12 of The Health and Social Care Act 2008( Regulated Activities) Regulation 2014.

We saw that some individuals were prescribed PRN medication which required staff to make a judgement on whether or not they should administer. There were clear procedures for staff to follow when making a judgment which included the strategies which they should use before administering. Staff were aware of the impact of medication on the individual and told us about the steps that they would take before administering which included speaking with a manager before administering.

People told us that individuals who used the service were well cared for. One person said, "I have peace of mind that (my relative) is there."

There were systems in place to protect people from abuse and potential harm. Staff were clear about what was abuse and understood the need to report concerns. They told us that they had undertaken training in safeguarding and were encouraged to raise concerns. The manager was aware of the local safeguarding procedures, and their responsibilities to make notifications. We saw that concerns had been responded to appropriately. One relative told us that when there was an incident the staff had acted quickly to safeguard the person. They had been reassured because the staff had managed the situation in a professional way.

The service cares for some individuals whose behaviour can put themselves or others at risk. People told us that staff understood some of the potential risks and to minimise these, admissions were gradually managed over a number of months. The transition plan was described as, "comprehensive ...and really robust." People told us that staff supported people to manage their behaviour and, "help them find boundaries." One person told us that they had observed an individual becoming distressed but staff had managed the incident "really well." They had remained calm and this had a positive impact on the situation.

Risk assessments and behavioural support plans were in place, we saw risk assessments for managing the use of sharp objects and nutrition. Risk management plans were informative and detailed actions that staff should take. Staff spoken with were clear about the contents of the management plans and were able to outline their responsibilities.

Accident and incidents were logged and we saw that actions were taken to reduce the likelihood of further incident. One person had injured themselves on a glass door, we saw that the door had been promptly replaced with a wooden door.

Environmental risk assessments were carried out which included identifying potential hazards. Staff spoken with were able to tell us what actions they would take in the event of a fire or a medical emergency. They told us that there were clear arrangements in place for emergencies and a member of the management team was on call to provide support for them if this was required. They told us that the arrangements worked well and the individual on call responded quickly if they needed assistance.

The provider had sufficient numbers of staff to meet the needs of people using the service. As part of the admission process, individual needs were assessed and staffing levels agreed. Duty rotas clearly identified the levels of staffing and the staff spoken with, were clear as to the staffing allocations. Staff told us that levels of staffing enabled them to meet the needs of individuals. The staffing rota took into account, the time needed for handing over information at the beginning and end of each shift and assisting people to access the community.

We looked at the recruitment records for three staff and saw that Disclosure and Barring checks had been obtained prior to individuals commencing employment. Two

## Is the service safe?

references had also been requested. In one of the three records we saw that only one reference had been obtained but we saw that efforts had been made to follow this up. Application forms were in place but in two of the three records they were incomplete as they did not include the

dates of employment. A number of the employees had provided CV's. The manager told us that they had amended the application form so that any future gaps would be quickly identified.

# Is the service effective?

## Our findings

People told us that staff, “were good” and had the skills to meet people’s needs. They supported people appropriately. One person said they dealt with, “challenges” in a calm and patient way.

Staff told us that they had undertaken induction training before starting work with the agency. They told us that the induction consisted of a combination of face to face teaching and workbooks. The training included areas such as first aid, mental capacity and autism. Staff said that after they finished the training they completed test papers to check their knowledge and understanding. Competency assessments, which included observations, were completed before staff were allowed to administer medication independently.

The manager told us that the induction also included ‘behaviours that challenge’ and staff were in the process of working towards the new care certificate. There were records on staff files to show what training they had completed.

Staff told us that additional training was organised depending on individuals needs. We saw that some staff had started training with the speech and language therapist on communication. This training had been organised for staff to develop skills in how they could best support one of the individuals who used the service. We observed that staff used a range of skills to communicate effectively and support people.

Staff told us that they were well supported, and there were records available to show that staff received regular supervision and an annual appraisal. There was no formal system of spot checks where the manager undertakes formal checks on the care delivery. However the manager told us that they and another director regularly visit the premises unannounced and work alongside staff. This was confirmed by staff and one of the people using the service.

People told us that individuals were supported to make decisions about their care. They told us they were given options and choices in a clear way. We observed staff asking people for consent and offering choices as part of providing support. Staff were aware of the importance of consent and that people had the right to make decisions independently. The manager was aware of their responsibilities under the Mental Capacity Act (MCA)2005 and Deprivation of Liberty Safeguards(DoLS). Power of attorney was in place for some individuals and copies of best interests decisions were in individuals records.

People told us that individuals were supported with their nutritional needs. One person told us that their relatives diet was “getting better”and they had put on some weight. Another person told us that staff encourage healthy eating. We observed staff offering people a selection of snacks and drinks. One person remained hungry and we saw staff supporting them to choose something else.

Care plans documented people’s individual food preferences. Staff were aware of these preferences and were able to outline the steps that they took to encourage individuals to choose healthy options and achieve a balance between fast food and home cooking. Records were maintained of meals and these evidenced that people’s preferences were being respected. Where risks were identified weights were regularly checked and monitored.

People told us that individuals were supported to access health professionals such as dentists and doctors. One person told us that the agency had sorted out “lots of health appointments” for a health condition and things were now “working much better.”

Health care plans were in place and a record of health workers supporting individuals. We saw documentation which showed that staff were in regular contact with a range of professionals including speech and language therapists and orthodontists. Health professionals confirmed that referrals were made where necessary and communication was good.

# Is the service caring?

## Our findings

People told us that individuals had good relationships with staff. One person said they are, “So loving” and, “They get on so well, it is lovely to see.” Another person said, “They show interest in (the individual) as a person.”

Staff spoke warmly about the individuals they supported, they knew the individuals well, how they communicated and their likes and dislikes. A consistent team of staff worked with individuals and the approach of the staff we spoke with was person centred. We observed that staff were attentive and interacted with people in a kind and caring way. We saw them observing an individual in discomfort and considering what they needed to do to make them more comfortable and acting on this.

We were told that staff were good at giving people information and explanations, in a way that helped them to make decisions. One person said. “They talk through the options.” This helped the person retain control over their life. We observed staff offering people choices and talking

through the steps that were needed to achieve their goal. We saw that staff had enabled one individual to manage contact with their family in a way that they had wanted, and their wishes had been respected. Records showed that people were involved in making decisions and we saw that one person had been supported to attend a meeting with professionals. The agency worked with advocates to support people.

People's privacy and dignity was promoted. We saw that people were able to see visitors privately and maintain relationships with friends and family. The arrangements in place were all different and reflected individuals' wishes. People told us staff help build people's self esteem through supporting people with their appearance and interests. People told us that individuals were supported to be independent and access the local community. We saw records which showed that people were accessing facilities such as bowling alleys and cafes in the local community on a regular basis. Staff were aware of issues around privacy and confidentiality and records were securely stored.



# Is the service responsive?

## Our findings

People told us that the staff responded to individual's changing needs appropriately and "referrals were put through." One person told us that team had got to know an individual well during the assessment process and used the information in a positive way to support them. One professional described staff as "proactive," in how they worked with individuals.

Each admission was managed over a six month period which enabled staff and the homes management to get to know the person well before they started to use the service. Care plans were person centred and reflected individual needs and wishes. We saw that plans were regularly updated to reflect changes. Daily records were completed by staff and provided information on what had taken place during the day and identified any areas which required monitoring. Regular reports were undertaken, some on a weekly and others on a monthly basis depending on individual circumstances. These reviewed aspects of peoples support and identified any changes or adjustments that needed to be made to individuals care packages. We saw examples of actions such as referrals to health professionals being taken following reviews.

We saw that people were supported to follow their interests, one person told us that they liked to go out to a

local coffee shop and told us that staff supported them to do this. We saw that staff provided some transport but people were also supported to use public transport. Another person described how an individual liked to go for long walks and this was arranged on a daily basis.

Staff spoken with knew the individuals they supported well. They were able to outline what they liked to do and what areas they needed assistance with. They told us that they worked with the same individuals and therefore built up a good relationship with them. Handovers take place at the beginning of each shift and they told us that these were a good way of passing on information and making sure that the team communicated effectively.

People told us that they had no reason to raise concerns or complain. Professionals and family members told us that they had a good working relationship with the agency. They told us that any comments which were made were dealt with promptly and addressed. Complaints procedures were in place and the manager told us that they had plans to make the documentation more user friendly. We looked at the complaints records and saw that there had been one complaint received shortly after the service began but nothing further. This complaint had been investigated and formally responded to. The manager told us that they had reflected on this complaint but the agency had developed significantly since the complaint had been made.

# Is the service well-led?

## Our findings

Relatives and professionals told us that the service was well led. They told us that there was good communication and they had a good working relationship with the management team. One person said the manager, “Knows her stuff.”

People told us that the agency provided the support people needed and people’s lives had improved since the service started.

The manager and director had a clear vision about the provision of personalised care and told us that they intended to continue to focus on providing intensive support packages. They were clear as to their responsibilities and told us that they intended to look further at risk management and how best to achieve a good balance between rights and responsibilities.

Staff told us that the management team were approachable and visible, and regularly worked alongside staff. They knew the individuals they supported and the behaviours that people presented which may put themselves or others at risk. Staff told us that the on call

arrangements were effective and support and guidance was there for staff if needed. Records of supervision were available and we were told that staff meetings were held regularly. These looked at what worked well and areas for improvement. Staff were positive about their role and told us that the team worked well together, and there was an open and supportive culture. We saw that some staff had been supported to take on additional responsibilities in the different properties. This included making weekly quality monitoring checks on areas such as medication, fire and record keeping.

The manager described how the quality of the service was monitored and showed us records of the checks that were carried out. These included reviewing areas such as record keeping, food and safeguarding. Sampling of other documentation was undertaken by the manager on visits to individual’s homes. We looked at the records and saw that there were some gaps, however the manager told us that they had already identified that quality assurance was an area that needed to be developed further. A new member of staff had been appointed to take on auditing, but not yet commenced employment.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 12 (2) (g)</p> <p>Safe Care and Treatment – The Proper and safe management of medicines.</p> <p>People who use the service were not protected against the risks associated with medicines as staff were secondary dispensing medication, increasing the risks of errors.</p>