

Green Care Contracts 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

Green Care Contracts Limited provides personal care for people living at home in Harlow. At the time of our inspection there were 13 people receiving personal care. This announced inspection took place on 5 October 2016.

There was a registered manager in post at the time of our inspection. 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.

The manager had values and a clear vision that was person centred and focussed on enabling people to live at home. All staff demonstrated a commitment to providing a service for people that met their individual needs. People had positive relationships with staff.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

People received safe care and support. Staff understood their role in safeguarding people and they knew how to report concerns. There were enough staff with the right skills and attitudes to meet people's needs.

Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. Staff were clear about their roles and responsibilities in caring for people and received regular support from the provider.

Care records contained risk assessments and risk management plans to protect people from identified risks. They gave information for staff on the identified risk and informed staff on the measures required to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that if they had any concerns they would be listened to and any concerns would be addressed.

The provider monitored the quality and safety of the service and staff regularly monitored the support people received. People and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed regularly.

Staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and support to carry out their roles.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the service and staff.

Staff had a good understanding of people's needs and preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Is the service responsive?

Good ●

This service was responsive.

People were involved in the planning of their care which was person centred and updated regularly.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Is the service well-led?

Good ●

This service was well-led.

A registered manager was in post.

The provider offered regular support and guidance to staff.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place to review the quality of the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 October 2016. The inspection was announced and was undertaken by one inspector. We gave 48 hours' notice of the inspection as the service is small and we needed to be sure that they would be in.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we spoke with one person who used the service and four relatives of people who could not speak for themselves. We also looked at care records relating to five people. In total we spoke with three members of staff, including one of the care staff, a co-ordinator and the registered manager. We looked at two records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Is the service safe?

Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People and their relatives told us they were treated well by staff and felt safe when they were around. Staff received training to enable them to identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. The manager provided each member of staff with a card with key information about recognising and reporting any concerns. One member of staff said, "the information we have is useful."

People were assessed for potential risks associated with moving and handling, such as the risk of falls and, for example, the administration of medicines. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate the risks people were exposed to and ensure their continued safety.

There was enough staff to keep people safe and to meet their needs. People told us that staff came to provide their care on time and stayed for the allotted time. One person told us "They come four times a day, they always come, and they've never missed a call." Relatives confirmed that staff did not miss visits and that staff always turned up to provide care. Staff told us they were given travel time between visits, so people were given care at the time they expected and received their full allocated length of time. If staff were running late, they informed the office who contacted people to apologise and confirm when they would be there. The provider was implementing a system to electronically monitor people's calls to ensure they received their visits on time and for the whole time allocated.

People could be assured that prior to commencing employment with the agency, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references.

People's medicines were safely managed. Staff had received training in the safe administration of medicines. Staff recorded when they gave prescribed medicines on medicine administration records. They followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits where actions had been taken to improve practice.

Is the service effective?

Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately.

New staff spent time with other experienced staff shadowing them to enable them to get to know the people they were to support. Staff received 12 weeks of supervision where they reflected on their learning and identified areas they needed extra support with when they first started working. One member of staff told us "new staff have their training before they provide any care". Staff completed a set of mandatory training courses which included safeguarding, manual handling and First Aid. New staff undertook the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received regular updates to their training Staff told us they received the training they needed to meet people's needs, for example one member of staff told us "I had training on how to use [name's] hoist and how to help them move around."

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. Staff told us they received regular supervision and they felt supported, one member of staff said "supervision is helpful to me, I can have discussions with the manager about things I don't understand." We saw evidence that regular supervision was taking place, where training, staffing levels and people's support were discussed; ideas and actions to resolve issues were set and followed up.

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.

The registered manager and staff were aware of their responsibilities under the MCA code of practice. The care plans contained assessments of people's capacity to make decisions and when 'best interest' decisions had been made following the codes of practice. Staff gained people's consent before they entered their homes and before providing any care.

People were supported to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. Staff were aware of people's specific needs, for example one person required their food cutting into small pieces and prompting to continue eating their meal. Staff received training in food hygiene and prepared food to people's preferences. Staff ensured that people were encouraged to eat and drink regularly.

Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP

or other health professionals where they appeared to be unwell. Staff supported people to attend their health appointments.

Is the service caring?

Our findings

People received care from staff that were kind. People spoke positively about the quality of the staff that supported them. One person told us "I get on with the staff quite well, they are very good." One relative told us "the carers have a very good relationship with [relative]." Another relative told us "We are very happy with the care, the staff are very good, one carer goes above and beyond, she's really good." We saw that staff had provided care in a way that suited this person's behavioural needs.

Staff took time to get to know people who were new to the service and care was centred around each individual. One relative told us "the manager has spent time with [my relative] to get to know them and ensure she is matched with the right carer." Staff were knowledgeable about the people they cared for; they were able to tell us about people's interests; their previous life history and family dynamics. One member of staff told us "everyone is different they all have their ways of doing things, I ask people what they would like every time, as people change their minds."

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. One relative told us "the carers always show respect and keep [relative's] dignity".

There were arrangements in place to gather the views of people that received personal care during care reviews and supervision of staff. People had provided positive feedback about the kindness of staff and the care they had provided. One relative had recorded "we are very pleased with the service, amazing staff and fantastic care provided."

Is the service responsive?

Our findings

People were assessed before they received care to determine if the service could meet their needs. One relative told us "We have just started using the service, the co-ordinator came out to do an assessment; we planned the care plan together." Initial care plans were produced before new people began to use the service; these were then monitored and updated as necessary.

Care was planned and delivered in line with people's individual preferences, choices and needs. People told us the staff understood their needs, one person told us what staff did for them they said "they are very good, I get what I need." Staff told us that the care plans were detailed and provided all the information they needed to provide the care people needed.

Senior staff visited people to assess their on-going needs and informed staff of any updates in care. One relative told us "They have been looking after [relative] for a long time, their needs changed after they came out of hospital, the care package completely changed, they had a new set of needs. The manager carried out a full new assessment, they're wonderful." Detailed care plans provided staff with specific instructions about people's preferences which staff followed.

People were involved in planning their care and staff demonstrated they were aware of the content of people's care plans. One relative told us "I am involved with my [relative's] care plan, between us we know what [name] needs, they work with me." Another relative told us "We are involved in planning [relative's] care, they listen to us and make changes where needed."

People said they knew how to complain and felt confident that their concerns would be listened to. One relative told us "I have not had to make a complaint, but all the information is in the service user pack they gave us." There was a complaints policy and procedure in place but there had not been any complaints made.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection who understood their responsibilities which included notifying the commission of incidents or changes to the service.

The manager demonstrated commitment to providing a good service for people. They had a clear vision of providing person centred safe care with clear communication between people who used the service, their relatives and staff. The manager demonstrated how staff continually developed their roles through training and supervision.

People who used the service and their relatives told us they had confidence in the service, one relative told us that it was an "absolutely wonderful company."

The provider responded to the feedback they received from people who used the service and staff and used this information to improve the service.

Staff had team meetings every three months, these were used to inform staff of any changes in people's needs, and of new people joining the service. Team meetings were used to relay feedback from people who used the service and the results of audits, for example findings from the medicines audit.

There were arrangements in place to consistently monitor the quality of the service that people received, as regular audits had been carried out on staff employment files, care records and medicine charts. Where there were any issues identified, the manager ensured that these were addressed.