

# Greenline Home Care and Supported Living Ltd

# Greenline Healthcare Group Ltd

## Inspection report

153a Brooklyn Road  
Bulwell  
Nottingham  
NG6 9GN

Tel: 03335778089

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Greenline Healthcare Group Limited is a domiciliary care agency providing personal care to older and younger adults. The service supported six people at the time of the inspection. Everyone who used the service received personal care. The Care Quality Commission (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

Medicines were not always managed safely. Medicine records did not give adequate instructions to staff to ensure medicines were administered safely. Risks were not always assessed in people's homes to ensure they could be supported safely. We found little evidence incidents had always been investigated and acted upon in a timely manner as auditing had only recently been implemented. Recruitment of staff needed strengthening to ensure all people were recruited safely. People told us they were supported by staff who knew them well. Infection control measures were in place to protect people from the risk of infection.

The registered manager had recently introduced quality monitoring systems however audits in place had not picked up the issues we found during the inspection. Quality assurance systems in place required further development and embedding to ensure all issues were picked up in a timely manner. People and staff told us the registered manager was approachable, listened when issues were raised and worked in partnership with others.

Care was not always delivered in line with best practice guidance and the law. Care plans did not demonstrate people were supported to have maximum choice and control of their lives, staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People's nutritional needs were not always assessed, risks associated with eating and drinking were not always managed safely. Staff were trained in areas such as safeguarding, moving and handling and infection control.

People and their relatives told us they were involved in planning their care. However, we found little evidence within care records to document people had been involved in planning and developing care plans. Further work was required to ensure care plans detailing end of life care wishes were assessed and documented. There was a complaints policy in place and people and staff told us all concerns were dealt with by the registered manager.

People told us they were provided with consistently kind and caring support. Care was delivered at people's preferred times and people told us they received support from caring staff who respected their wishes. Records demonstrated people were treated with dignity and respect.

### Rating at last inspection

This service was registered with us on 9 October 2020 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

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 will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to assessing risk, managing medicines, gaining consent and management of the service at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Greenline Healthcare Group Ltd

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### 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 provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 June 2022 and ended on 14 July 2022. We visited the location's office on 24

June 2022.

#### What we did before the inspection

We reviewed information we had received about the service. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five staff including the registered manager, deputy manager and support workers. We spoke with one person who used the service and three relatives about the experience of the care provided by Greenline Healthcare Group Limited. We reviewed four staff files in relation to recruitment. We reviewed four peoples' care plans, medicine records and supporting documents in relation to their care and the visits they received. We reviewed a range of information requested from the provider, including audits and staff meeting minutes.

#### After the inspection

We sought further information from the provider, that we were unable to review on site, to inform our inspection judgements. This included staff training information, staff rotas and policies.

# 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 of this newly registered service. This key question has been rated requires improvement. 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.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not always managed safely.
- Medicine records we reviewed did not contain the required information to ensure people received their prescribed medicines safely. For example, there were no instructions in place relating to medicines which were required 'as needed'. Some of these medicines included medicines for pain relief such as oral morphine. This meant staff did not have instructions in how to safely give these types of medicines for each person or when to give them. This placed people at risk of harm.
- Medicine records did not contain information relating to the route in which people should receive their medicines. For example, a person living with a radiologically inserted gastrostomy tube (RIG) and received their medicines via this tube did not have any information on their medicine administration record to direct staff to ensure they should give each medicine via the RIG. This placed people at risk of receiving their medicines unsafely.
- Risks were not assessed, managed or monitored in order to keep people safe from harm.
- There was an absence of personal emergency evacuation plans (PEEPs) in all the records we reviewed. This placed people at risk of harm if an emergency occurred.
- Records we reviewed did not contain the risks associated with people's health care needs. For example, a person living with a urinary catheter did not have a catheter care plan in place. This meant staff did not have information to safely care for the person. This placed people at risk of harm.

The provider failed to manage medicines safely and ensure risks were managed to keep people safe from harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were enough staff deployed to ensure people's needs were met. However, we found inconsistencies with the safety of recruitment.
- All staff received a Disclosure and Barring Service checks (DBS) prior to commencing employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, we found that not all staff had completed an interview or had two employment references completed. We fed this back to the provider who took immediate action to address the issues raised.
- People received care from consistent staff who knew them well at their preferred time. For example, one person we spoke with told us, "I have set carers who are very prompt."

- Staff we spoke with told us, they felt there was always enough staff on duty to meet people's needs safely, an on-call system was in place to ensure emergency absences were covered.

#### Learning lessons when things go wrong

- Documentation of actions and outcomes following incidents had only been recently implemented. Incident analysis needed further embedding to ensure lessons were learnt in a timely manner.
- Recent incidents we reviewed had been shared at a staff meeting to ensure staff could use incidents as a learning opportunity.

#### Systems and processes to safeguard people from the risk of abuse;

- People were protected from the risk of abuse. One person we spoke with told us, "I feel very safe and they communicate with me."
- All staff received training in safeguarding, staff were aware of who to report safeguarding concerns to.
- The registered manager and deputy manager ensured safeguarding incidents were referred to safeguarding authorities.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through their practice.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date



# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

- People's rights under the MCA were not always respected and where people lacked capacity to consent, mental capacity assessments had not been completed for specific decisions. For example, a person living with dementia had no mental capacity assessments completed.
- The provider informed us one person using the service lacked capacity to make decisions about their care and treatment. However, care plans we reviewed did not demonstrate why the person lacked capacity. The registered manager through discussion was also unable to explain how capacity had been assessed to deem the person lacked capacity.
- Some people using the service had bed rails which would restrict their movement in and out of bed. Mental capacity assessments had not been completed to assess people's decision making on free movement. Furthermore, best interest decisions and care planning had not been completed to assess less restrictive options available.

People's human rights were not always respected with appropriate mental capacity assessments and best interest decision making. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke with told us they were able to make their own decisions and staff did not force them to do anything against their will.
- Following our inspection, the registered manager provided assurances that immediate action would be taken to ensure the service worked in line with the mental capacity act.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

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

- People's needs had not always been fully assessed and records were not always in place to enable staff to support people safely.
- Records contained inaccurate information and were not updated when people's needs changed. For example, a person who had been assessed as requiring a soft diet routinely ate foods such as toast and sandwiches, care plans did not demonstrate whether this was safe. This meant staff did not have accurate information to safely support people which placed them at risk of harm.
- People's nutritional needs were not always assessed, risks associated with eating and drinking were not always managed.
- People at risk of choking did not always have detailed risk assessments and care plans in place to ensure people were provided with food and fluids of a safe consistency. For example, care plans we reviewed did not provide staff with enough detail regarding how much fluid was required for the quantity of thickener. This placed people at risk of harm.
- Best practice guidance was not always reflected within care plans. For example, care plans for people who required a modified diet did not reflect best practice guidance relating to food texture and drink thickness. The International Dysphagia Diet Standardisation Initiative (IDDSI) framework was not referenced within care plans. The IDDSI framework provides common terminology for describing food textures and drink thickness in order to improve safety for people with swallowing difficulties.

The provider failed to ensure people received care and support in line with their assessed need and ensured risks relating to nutrition and hydration were managed which placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Nationally recognised screening tools were in place for pressure area care to highlight people at risk of skin damage.
- People and their relatives told us they were involved in the care planning process. For example, a relative we spoke with told us, "I'm involved with the care planning process, staff are very good."
- Diet and fluid monitoring records were in place and reviewed to ensure people ate and drank enough on a daily basis.

Staff support: induction, training, skills and experience

- Staff were suitably qualified, inducted and supported.
- Staff received training and people told us they felt staff were trained well and made them feel safe as a result. For example, one person we spoke with told us, "I think they are very diligent workers, very professional and I feel very safe."
- Staff told us the registered manager was supportive and the training provided enabled them to carry out their roles safely.

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

- Staff made referrals to health and social care professionals when specialist advice was needed in order for people's health needs to be met.
- People told us staff acted in a timely manner when they needed support from healthcare professionals. For example, one person told us, "If I need the doctor or nurse, they call them for me straight away."
- Healthcare professionals we spoke with were all exceptionally positive about the service. For example, a

healthcare professional we spoke with told us, "They are receptive to people's needs and will contact our department if further support is needed."

# 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 were supported by caring and compassionate staff and their lifestyle choices respected.
- People told us staff were kind, caring and always treated them according to their wishes. For example, people told us, "Staff are very kind, believe me, if staff weren't my [relative] would raise concerns."
- Daily records we reviewed evidenced people were treated kindly. Respectful language was used when describing the support provided.
- All staff received training in equality and diversity and were supported by a detailed policy.

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

- People were involved with decisions about their daily routines. Daily records demonstrated people were offered choice in how they spent their days. For example, people woke up at a time of their choice and ate meals when they wanted.
- People told us they were offered choice in who they would like to support them. For example, one person told us they only wanted care from a specific gender, and this was always respected.
- Monthly reviews had been recently introduced with people ensuring they gave their views about their care and if any changes or improvements were needed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- People told us their privacy and dignity were always respected. For example, one person told us, "Staff go over and above, my [relative] is young and staff are so responsive to their needs, they treat them with such respect and kindness."
- Without exception all the feedback from people and their relatives specified staff respected people's privacy, and their dignity maintained.

# 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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Records we reviewed were not well personalised and did not always reflect the care that people were receiving. However, there was minimal impact on people because regular staff knew people well and understood their needs. Although, there was a risk that unfamiliar staff would not have all the information they needed to provide care in a personalised way.
- Care plans did not always accurately describe people's history, their background, goals, likes and dislikes. We fed this back to the registered manager at the time of our inspection who immediately devised an action plan to review all people's care records. There was minimal impact on people because regular staff knew people well.
- People and their relatives told us the staff were consistent and understood people's needs. For example, a person told us, "Staff know me and honour all my requests if I want any changes."
- Staff ensured people received personalised care and told us they knew people's individual needs well. Staff told us, "My main aim is to treat people how they want to be treated and to the best of my ability."

End of life care and support

- The service was not supporting anyone with end of life care at the time of inspection. However, the service did support people with life limiting conditions and there were no end of life care plans in place for those people.
- Care plans did not evidence a discussion surrounding end of life wishes had been considered. The registered manager advised they sought specialist nursing advice when they supported people at the end of their lives. We fed back our concerns relating to end of life care planning and the registered manager advised they would review this immediately.
- All staff received training in end of life care to ensure they were equipped to deal with people's needs safely and sensitively.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans did not always contain clear information about how people communicated.
- Communication needs had not always been fully assessed. For example, a communication care plan we reviewed was generic and did not adequately direct staff in how best to communicate with the person.

- People and their relatives told us information was available in a format and way they could understand, "I have an app which they set me up a login for, it is really clear, they use language which I can understand, no jargon."

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, and we found that complaints and concerns had been documented and responded to in line with this policy.
- People we spoke with told us they were aware how to make a complaint and felt the registered manager and deputy manager would act if they need to make a complaint.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created 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

- An audit system had recently been implemented in order to improve the quality of care. However, none of the issues we picked up during the inspection had been picked up. This meant errors and poor practice were not identified and acted on to reduce the risk to people's health and safety.
- The service had been registered since October 2020 however we were only able to review audits from the last two months, there were none available in relation to care plans or medicines prior to April 2022. This meant there were missed opportunities to improve the quality and safety of care.
- Staff Supervisions were infrequent, and we were only provided with one supervision date for each member of staff, the deputy manager had not had any formal supervisions since starting in post in April 2022.

The provider failed to have oversight of the service, to ensure care was high quality and improvements were made. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our inspection the registered manager provided assurances, they would address all the issues raised and sent us an action plan during the inspection process.
- Staff we spoke with told us the management team were approachable and supportive.

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

- People using the service were encouraged to speak up about the care they received. Monthly reviews had been recently introduced in order to gain people's feedback and implement any changes needed.
- Staff meetings were held to ensure staff could air their views and suggest improvements. However, these meetings had only recently been introduced and needed further embedding to ensure staff were given regular opportunities to share ideas.
- People were supported to make their own daily choices and were treated with respect. For example, people told us, "They only send staff I have agreed to and who do as I ask."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Records in place did not always evidence the service was person centred. However, people told us the

service was person-centred and open and as a result their outcomes had improved.

- People told us, "They are far superior than any other service we have used, my [relative] is more comfortable with staff because of the way they treat them. My [relative] has really come on, they arranged a birthday party for them which was just so lovely of them to do."
- The registered manager and staff worked with health and social care professionals to ensure people received the care and support they needed. A professional we spoke with told us, "They go above and beyond and implement care as we ask."

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 understood their responsibility in regards to duty of candour and acted appropriately when things went wrong.
- People told us, the registered manager was open and honest when issues arose. For example, people told us they would always get an apology if staff were late or if there was a change to their usual staff team.
- Documents we reviewed evidence a written apology was sent following a concern regarding a medicine issue being raised.



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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People's human rights were not always respected with appropriate mental capacity assessments and best interest decision making documented..</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have oversight of the service, to ensure care was high quality and improvements were made.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to manage medicines safely and ensure risks were managed to keep people safe from harm.

### **The enforcement action we took:**

We issued a Warning Notice