

Green Rose Care Limited

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Inspection report

Larkswood Cottage
Pentlow
Sudbury
Suffolk
CO10 7JS

Tel: 07462474092

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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 Rose provides care and support to people in their own homes. The service supports people with a learning disability, and at the time of the inspection was supporting eight people in five properties in Suffolk.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

During our last inspection in 2015 we found that medicines were not consistently managed. During this inspection we found improvements had been made and therefore people received their medicines safely.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk.

People received care from a consistent staff team who were well supported and trained.

Care staff understood the need to obtain consent when providing care.

People were supported with meals and to make choices about the food and drink they received. Staff supported people to maintain good health and access health care professionals when needed.

Assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences. The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

The service benefitted from a clear management structure and visible leadership. A range of systems were in place to monitor the quality of the service being delivered and drive 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.

Staff understood how to protect people from harm and abuse.

There were enough staff to support people in a safe way.

Staff were recruited appropriately within the required legislation

Staff supported people to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and training relevant to their roles.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them

Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

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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 6 June 2017 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service, and the manager is often out supporting staff or providing care. We needed to be sure that someone would be available. The inspection team consisted of 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.

Before the inspection we reviewed the information we held about the service, this included 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 also looked at safeguarding concerns reported to us.

On the day of the inspection we spoke with the registered manager at the agency's office. We spoke with two support staff. We visited the homes of two people that received the service to talk to them and look at the paperwork that was in place.

Following the inspection we spoke with a further five people who used the agency and two relatives.

We looked at five people's care records and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

Is the service safe?

Our findings

On our last inspection we had some concerns in that people's medicines were not always administered safely. This was a breach of regulation. During this visit we found the registered manager had made improvements and addressed our concerns thoroughly.

The people we met were happy and relaxed with the staff supporting them. People we spoke with confirmed that they felt safe and comfortable with the staff. One person told us, "Yes, I do feel safe here the staff help and I talk to [name] if I am worried about anything." Relatives told us, "[Name] is safe the staff look after [name] very well."

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 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.

Processes were in place that were followed so that staff were recruited safely. These included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to work until satisfactory checks and references had been obtained.

People's care records contained clear risk assessments to guide staff on measures that needed to be taken to minimise risk. For example, one person's care plan identified they had epilepsy, therefore they had a detailed risk assessment to guide staff on what to do in the event of them having a seizure in order to minimise the risk of them coming to any harm. Another person's care plan stated they may become agitated during personal care and therefore, outlined what staff should do in the event of this person showing agitation this included, two to one support for an agreed number of hours when this person was receiving support with personal care. Staff spoken with were clear about the contents of the management plans and were able to outline their responsibilities.

Staff knew what to do in the case of emergency situations. For example, some people's support plans contained protocols for responding when they experienced epileptic seizures. Staff received training in providing the required medications and knew when and who to notify if the seizures were prolonged. Staff told us if they had significant concerns about a person's health they would call the emergency ambulance service or speak with the person's GP. Staff had access to the service's on-call telephone number. This was available in case they needed to contact a senior person in an emergency.

Although the service was not directly responsible for the premises and equipment, they still carried out regular health and safety checks to ensure the environment was safe in people's homes. For example they had copies of gas safety certificates. The provider had a range of health and safety policies and procedures to keep people and staff safe.

There were sufficient numbers of staff deployed to meet people's support needs and to help to keep them safe. The staffing support was tailored to each person's individual needs. This varied from two to one staff support for people who had complex needs to a few hours support each day for people who were relatively independent. Staff told us the staffing levels were appropriate to meet the needs and preferences of the people they supported.

Some people required assistance or prompting to take their prescribed medications. Systems were in place to enable the safe administration of people's medications. Staff received training in how to give medication. They were then shadowed by an experienced staff member until they were assessed as competent by a senior member of staff. This involved observation of their practice and successful completion of a detailed questionnaire. Staff were reassessed on an annual basis to ensure their practice was safe. Monthly medication audits were carried out to ensure that medications were stored, administered and used safely.

Is the service effective?

Our findings

People's relatives thought that staff were effective in meeting people's needs. One person's relative told us, "The staff are know what they are doing they know [relative] inside out." and, "All the staff know [relative] likes and dislikes."

Staff were knowledgeable about people's needs and preferences and support was provided in line with people's individual support plans this ensured people experienced a good quality of life. One member of staff told us, "[Persons name] recognises key words. They love listening to loud music."

The service employed a training and development manager who was responsible for ensuring the staff were up to date with any relevant training. Staff told us they received comprehensive training from the service in how to effectively meet people's needs. This included general training such as safeguarding, medication, health and safety. Training had also been provided to enable staff to meet specific needs of people who used the service. For example, staff received training relating to autism, behaviours that challenged and epilepsy. Staff told us that the induction and on-going training programme gave them the skills and knowledge they needed to carry out their roles. We spoke to a new staff member who told us they were working towards the care certificate and felt fully supported by the management and staff team.

Staff received regular supervision and annual appraisal. The registered manager and the training manager visited each of the homes on a regular basis unannounced and during these visits they ensured staff were following best practice and that they were supporting people following the guidelines within their support plan.

Many of the people supported by the service had limited or no verbal communication skills. Staff received individualised communication training to enable them to understand and communicate with people effectively. We observed staff interacting with the people they supported they took time to ensure they fully understood what was being communicated to them.

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 told us that they were following best practice guidance about mental capacity and best interest decisions. Staff understood their responsibilities under the Mental Capacity Act and what this meant in ways that they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager.

When required, staff assisted or prompted people to have sufficient to eat and drink and to have a balanced diet. Some people were independent and able to buy their own food shopping but were assisted by staff to prepare their meals. One person told us, "I help to cook and I choose what I want to eat." A relative told us, "[Name of relative] is encouraged to help cook and it always smells delicious [relative] eats really well." People who were less able to make decisions were involved with their meal choices as far as possible. Staff

helped people to make meal choices in ways they could understand such as looking at pictures or pointing to the foods they liked. Staff told us that they became familiar with each person's tastes and preferences.

Staff monitored people's health and wellbeing to ensure they maintained good health and identified any problems. The staff told us they had excellent links with the local GP practices. Support plans contained health action plans and records of hospital and other health care appointments. Staff prompted and supported people to attend their appointments and the outcomes and actions were clearly documented within the support plan.

Is the service caring?

Our findings

People told us that the staff always treated them with respect and kindness and were thoughtful and caring. One person told us, "They look after me really well they are like my family." Relative's comments included, "The staff have taken the time to engage with him, he is much improved because of this."

One of the staff told us, "Our aim is to help people to be as independent as they want to be as this is important for their self-esteem. We don't want to automatically do things for people; we want to enable them to do things for themselves." Relatives told us, "The staff try and get [name] to do the cooking but they don't force [name] if he doesn't want to." People told us that the staff promoted and respected their independence. One person said, "They let me do as much as I can for myself but if I need help they always help me."

People told us their privacy was respected. One person told us, "If I want I just go to my room and close the door and the staff know to leave me alone."

We observed staff speaking to people in a friendly and caring manner giving praise when needed. When staff spoke with us they were respectful in the way they referred to people. Staff spoke compassionately about the people they supported and wanted to promote people's welfare and well-being. A consistent team of staff worked with people and the approach of the staff we spoke with was person centred.

People told us they felt that the staff listened to what they said and acted upon their comments. One person said, "I tell them what I want help with and they help me."

Records showed that people, and where appropriate relatives had been involved in their care planning and they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records.

People were supported to maintain on-going relationships with their families. If needed, people were supported to visit their families and people's relatives were encouraged to visit them. Relatives told us, "The staff bring [name] home to see me on a regular basis." And, "I visit on a weekly basis and take [name] out for lunch."

Is the service responsive?

Our findings

People told us they were looked after well and supported by the staff to do what they wanted to do. One person said, "If I change my mind about doing something, it doesn't matter." Another person told us, "They help me with my shopping and cooking."

People were involved and contributed to the assessment and planning of their care and support. Their support plans illustrated their preferences, wishes, likes and dislikes, their views about themselves, life events, culture, relationships and their preferred method of communication. Staff had the information they required to provide support in a personalised way. We discussed with staff people's preferred way of communicating the staff were skilled in understanding the communication needs of people they supported.

Staff supported people to follow their hobbies, activities of choice and cultural interests. These included going to college, clubs, cinema, bowling, cafes for coffee and out for lunch as well as other physical activities such as cycling, walking, and swimming. One person had a rabbit and staff supported them to look after it. We observed people being supported with quizzes in maths and English and people were enjoying the 1:1 interaction with staff who gave praise and encouragement. Relatives told us, "The staff take [name] to play football and he enjoys going out for a few beers." And "[name] is meeting new friends and the staff have worked hard to engage with [name] I wouldn't change a thing."

People told us they were happy with the support they received from staff. There was nothing they wanted to do that they were not able to. They told us when they wanted to go out somewhere and needed someone to go with them a staff member went with them.

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 people's support and identified any changes or adjustments that needed to be made to people's care packages. We saw examples of actions such as referrals to health professionals being taken following reviews.

People had life skill targets set with clear outcomes and the support that people would need from staff in order to achieve these. For example, one person for personal care had each step listed, including emptying the bath and cleaning the bath as well as turning their bedroom light off and closing the curtains when they went to sleep. This encouraged people's independence and gave people some self-worth. The registered manager explained how it was important for the staff team to work in a consistent way with each person in order for them to achieve these goals and this was explained to staff in supervision and team meetings.

The service supported people to maintain family and personal relationships. People's families and key individuals were invited to reviews as appropriate and provided with opportunities to contribute their views.

The service had a policy and procedure for reporting complaints. People were provided with information

about how they could raise complaints in information left in their homes. People we spoke to told us, "I know how to complain but I have never had the need to." Another person said. "I would speak to [manager] or staff."

Is the service well-led?

Our findings

Relatives and professionals told us that the service was well led. They told us there was good communication and they had a good working relationship with the management team. One person told us, "The manager is really approachable and is available whenever we need to talk to them."

The registered manager discussed with us how they provided care packages for intensive support and they were fully aware that they needed to consider the strengths of their staff team before accepting any further packages. The company had employed a training and development manager that worked alongside staff to support them with putting in place behaviour action strategies. Staff confirmed that the registered manager also on occasions worked alongside staff to provide additional support when the need arose. The registered manager told us, "I think it is important to lead by example and I would not expect anyone to do something I am not prepared to do myself."

Staff confirmed the management team were visible and approachable and regularly worked alongside them. They told us they knew people really well and supported them with behaviours that people presented which may put themselves or others at risk. Staff told us the on call arrangements were very good and support and guidance was there for staff if needed. They also told us they felt listened to and valued.

The Staff told us they had team meetings which enabled them to get together to discuss any issues or concerns and this was confirmed by the records we looked at.

Staff said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs.

Quality audits were completed to identify where any necessary improvements were needed for example, completed daily records including medication charts, this was to ensure that staff completed them thoroughly if any discrepancies were found then the manager would action this by having a discussion with the staff member and taking any necessary action to improve the service.

Complaints were recorded and the managers were keen to make improvements and learn from them. Logs of accidents and incidents were used to identify any emerging patterns and trends and any issues of concern were dealt with promptly.