

Emerald Green Care LTD

Croydon

Inspection report

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27 February 2020

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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

Croydon (Also known as Emerald Green Care) is a domiciliary care agency providing personal care to ten people at the time of the inspection. Not everyone who used the service received personal care. 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

There were sufficient staff to meet people's needs and safe recruitment practices were in place. Staff assessed and managed risks to people's safety and welfare. Staff understood the level of support people required with their medicines and adhered to safe medicines management. Staff were knowledgeable in safeguarding vulnerable adults. Incidents were recorded and learnt from. Staff adhered to infection control and prevention procedures.

People were supported by staff that had the knowledge and skills to undertake their duties. Staff received regular training and comprehensive supervision. Where people required it, staff gave people support with their nutritional and health needs. People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff involved people in decisions about their care and respected their opinions. They treated people with dignity and respect and looked after them well. Staff supported people to be as independent as possible.

People told us they received high quality care and they appreciated the support their care workers provided. Clear, detailed and accurate care and support plans were in place, and daily communication logs showed people were supported in line with those plans. Staff adhered to the accessible information standard and would provide information in different formats if this was required. A complaints process was in place and we saw complaints were investigated and handled appropriately.

The registered manager was aware of their responsibilities and had implemented robust procedures to review the quality of service delivery. There was a dedication to continuous improvement and where concerns were identified these were addressed. Staff worked with other health and social care professionals to improve practices and provide coordinated care. The registered manager adhered to their CQC registration requirements.

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

Rating at last inspection

This service was registered with us on 22 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Croydon

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

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 25 February 2020 and ended on 27 February 2020. We visited the office location on 25 February 2020.

What we did before the inspection

We reviewed information we had received about the service, including notifications received about key events that occurred at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection

We spoke with two people and two relatives about their experience of care provided. We spoke with 11 staff, including the registered manager, the nominated individual, the director and eight care workers. We reviewed a range of records including three people's care records, three staff files and a variety of records relating to the management of the service, including policies and procedures.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There had been no safeguarding concerns raised since the service started.
- Staff had received training on safeguarding vulnerable adults. Staff were knowledgeable in recognising signs of possible abuse and were aware of the reporting procedures to the local authority safeguarding team. This ensured people were protected from the risk of abuse.

Assessing risk, safety monitoring and management

- Staff were knowledgeable about the risks to people's welfare and understood how to support them safely. This included risks associated with people's mobility, skin integrity, nutrition, medicines and the environment.
- There were regular care reviews which reviewed risk management processes. If any changes in people's risk behaviour was identified additional support plans were introduced and staff liaised with health and social care professionals to ensure the person received the support and equipment to maintain their safety and welfare.

Staffing and recruitment

- There were sufficient staff employed to meet people's needs. People were allocated regular care workers and care workers had sufficient time allocated in their rotas to meet people's needs and ensure they attended appointments on time.
- Safe recruitment practices were followed to ensure appropriate staff were employed. This included checking their previous employment, their identity, their eligibility to work within the UK and undertaking criminal record checks.

Using medicines safely

- Staff were aware of the level of support people required with their medicines. Where people required support from staff with the administration of their medicines, medicines support plans were in place. Medicine administration records (MAR) identified what medicines people required and when they were to be taken.
- The management team checked medicines management arrangements and the completion of the MARs as part of their quality checks. The MARs we viewed were completed correctly and showed people received their medicines as prescribed.

Preventing and controlling infection

- Staff had received training on infection prevention and control. Staff wore personal protective equipment (PPE), including gloves and aprons, when supporting people with their personal care to protect against the

risk of infection and cross contamination.

Learning lessons when things go wrong

- An incident reporting process was in place to ensure all incidents and accidents were appropriately recorded and reported to the registered manager. The registered manager reviewed all incidents to investigate why they occurred and ensure appropriate was taken to support the person and learn from the event.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed people's needs in line with best practice guidance and the law. This included assessing people whilst they were in hospital as well as reassessing their needs once they were settled back at home. They used information from these assessments to develop care plans and ensure people received care in line with best practice standards.

Staff support: induction, training, skills and experience

- Staff were complimentary about the training opportunities made available to them and felt they received all the training they required to ensure they had the knowledge and skills to undertake their role. One staff member told us they had "learnt new things from being here."
- Staff were encouraged and supported to undertake additional qualifications in health and social care.
- Staff were required to undertake competency checks to ensure they have retained the information they learnt on training courses.
- There was a robust system in place to ensure staff were well supported and ensure people received support from staff that had the knowledge and skills to meet their needs. This included weekly supervision for all new staff until they passed their probation period, and monthly supervision after that.

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

- Where people required it, staff supported them with their meals. This included preparing a meal in line with people's wishes and supporting them to eat where needed. Staff were reminded to leave drinks within reach when leaving a person's property.

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

- Staff did not support people directly with their health needs. Nevertheless, they supported people to access healthcare services if they felt a person was becoming unwell. They liaised with community healthcare professionals involved in people's care if they had any concerns about a person's health or the equipment people required to support their needs. Staff gave us an example of one person who did not have bed rails in place and this impacted on their confidence and safety. Staff adapted how they supported this person to ensure they were comfortable and felt safe. Staff continued to liaise with healthcare professionals until this person had appropriate equipment in place.

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 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.

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.

We checked whether the service was working within the principles of the MCA.

- Staff supported people in line with the MCA. They were aware of people's capacity to consent to decisions and involved them in decisions about their care and support. Where people did not have the capacity to consent staff liaised with those who had legal authorisation to make decisions on people's behalf.

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

- There was a family focus at Emerald Green and staff were encouraged to support people as they would like their own family member to be treated. This was summarised by the management team who told us the services values were "to provide a service as if it's your own family you are looking after. Everyone is different and has different needs. Treat them with respect."
- People and their relatives confirmed they were treated well by their care workers. One person told us, "[The care workers] are very nice and polite. They are very caring people. I can recommend them. They're always cheerful." A relative said, "All the [care workers] are very friendly. They have built a good relationship with my husband."
- Staff respected people's individual differences. The registered manager was aware of people's ethnicity, religious preferences and life choices and provided care and support in line with those.

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

- People were central to the care and support provided. The people and relatives we spoke with confirmed they were involved in their care and their decisions were respected. One relative said, "We sit and have a natter about things, and yes they involved me in the support plans."
- Staff respected people's choices and involved them in decisions. This included respecting people's decision to not receive certain aspects of their care. One relative told us, "If [their family member's] refusing they try and convince him but respect his choice and make a note."
- Staff respected people's choices in regards to the gender of care worker who supported them.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. People confirmed staff were respectful and spoke to people politely. Information was included in people's care records about how to provide personal care in a dignified manner and ensure people's privacy was maintained.
- People were encouraged and supported to maintain their independence. Staff involved people in their care and offered support only where people required it. If people were able to undertake certain tasks for themselves this was respected.

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 good. This meant people's needs were met through good organisation and delivery.

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

- People felt they received high quality care. One person told us, "They are very good. I've recommended them to other people already. I'm very impressed [with the service]." Another person said, "They do get the thumbs up."
- Staff were knowledgeable about to provide high quality personalised care that met people's needs and took account of their health requirements. This was commented on by people and their relatives. One relative said, "My husband has [a specific diagnosis]. They know what it's like to look after people with [that diagnosis]."
- Staff confirmed they had sufficient time to meet people's needs at each appointment. They told us if they felt they needed additional time then they just explained the reasons why to the management team and this was accounted for.
- Care and support plans were detailed and accurate. They contained specific information about how people were to be cared for and their preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of people's communication needs and adjusted their communication styles to accommodate people. Some of the staff employed were able to speak a variety of languages. At the time of our inspection all of the people using the service spoke English, however, having staff being able to speak a variety of languages may be beneficial when the service grows if they support people with additional languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During their appointments staff spent time with people to protect them from social isolation. If staff finished all their care tasks early within the allocated time, they said this gave them time to stay and have a chat with people, so they could provide some social and emotional support as well as meeting their personal care needs.
- Staff were aware of who was important to people and supported people to maintain those relationships.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt comfortable speaking with staff if they had any concerns. However, they also said they had not needed to make a complaint. One person said, "I have no complaints whatsoever. They are excellent. They way exceed anyone else."
- There were policies and procedures in place regarding the handling of complaints and information was provided to people about how to escalate their complaint if they had significant concerns about the service and how their complaint was managed.
- We saw any concerns or complaints made were investigated and handled appropriately to ensure people's concerns were listened to and acted upon.

End of life care and support

- At the time of inspection no one using the service required support with end of life care. Nevertheless the registered manager was aware of what to do if an unexpected sudden death occurred. Information was also included in people's care records about whether a 'Do not attempt cardiac pulmonary resuscitation' (DNACPR) was in place and a copy of the DNACPR paperwork was kept at the person's home.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was experienced and was aware of their role and responsibilities. This included their role at the service and their role as a registered manager with the Care Quality Commission (CQC). They were knowledgeable about what events required notification to the CQC and the duty of candour.
- There was a comprehensive system in place to review the quality of care delivery. This included regular home visits to observe the quality of care provision and obtain feedback from people about whether they were happy with the care provided. These processes also ensured staff were adhering to the provider's policies and procedures. We saw if any improvements were required or people wished to make any changes to how they were supported or what support was provided at each appointment then this was addressed.
- The management team reviewed the completion of daily records and medicine administration records to ensure these were completed correctly and support was provided in line with people's support plans.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were well supported by the management team and felt they were approachable and accommodating. Staff said, "Everything that I've needed I've been able to talk to them", "Can always pick up the phone and speak to any member of the management team", "Feel able to express ourselves to management" and "Management will set time aside for you."
- There were regular staff meetings. We attended one of these as part of the inspection and staff confirmed they were able to speak openly and express their opinions about service delivery.
- People and their relatives had regular contact with the management team and staff regularly telephoned or visited people to obtain their views about the service and ensure they were happy and satisfied with how they were supported. Staff also asked people to complete regular satisfaction surveys.

Continuous learning and improving care

- There was a commitment within the staff team to improve and continuously develop. One staff member said, "Every day we are improving."
- There had been some previous concerns with staff sickness and lateness which was impacting on the quality of care delivery. We saw the management team had taken appropriate action to address these concerns.

Working in partnership with others

- The management team worked with other health and social care professionals in order to increase their learning and provide coordinated care. This included liaison with social workers and professionals at the local hospital who were working on ensuring people received timely coordinated discharge from hospital.