

Greenwrite Healthcare Limited

Greenwrite Healthcare

Inspection report

Floor GF, Office C
35A Astbury Road
London
SE15 2NL

Tel: 02074074782
Website: www.greenwrite.net

Date of inspection visit:
16 May 2022
24 May 2022

Date of publication:
04 November 2022

Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inspected but not rated
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

Greenwrite Healthcare is a domiciliary care agency. The service provides personal care to people living in their own homes.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided. At the time of our inspection there were five people receiving personal care support.

People's experience of using this service and what we found

People we spoke with gave mixed views about the care and support they received. One person told us, "Things have improved" and another person told us, "The carers are never on time and I am always waiting." People were not protected from the risk of harm as risks were not always identified or mitigated. Staff were not recruited safely. People's medicines were not always managed safely.

Despite improvements with the provider's quality assurance processes they had not identified the issues with recruitment procedures, risk management and medicines that we found at this inspection.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was inadequate (report published 23 November 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. We also looked at part of the Effective key question.

Enforcement

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 have identified ongoing breaches in relation to recruitment, risk assessments and quality assurance.

Follow up

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Further information is in the detailed findings below.

Inspected but not rated

Is the service well-led?

The service was not well led.

Details are in our well led findings below.

Inadequate ●

Greenwrite Healthcare

Detailed findings

Background to this 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 carried out by one inspector.

Service and service type

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

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 we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 this information to plan our inspection.

During the inspection

Inspection activity started with a visit to the office on 16 May 2022. We made another visit to the office on 24 May 2022. During the inspection we spoke with registered manager and the office manager. We also

reviewed care plans, risk assessments and the electronic call monitoring (ECM) reports for five people.

We looked at the recruitment records of five members of staff. We also looked at training data and quality assurance records.

We made calls to people receiving care and their family members to get their feedback on the service they received. We sent a questionnaire to staff for their views and opinions of the care provision and the management of the service. We received feedback responses from five members of staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

At the last two inspections the provider had failed to operate sufficiently robust recruitment practices to ensure all staff had the appropriate competence and skills to safely perform their roles and responsibilities. This was a continued breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- The provider did not follow safe recruitment processes to ensure staff were suitable to work with people with health and social care needs. The provider did not obtain a full employment history when recruiting staff and gaps in employment were not explained.
- The provider did not ensure all staff were able to work in the UK as they had not obtained the necessary eligibility documents when recruiting all new staff.
- The provider conducted Disclosure and Barring Service (DBS) checks before new staff started working. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

The failure to ensure safe recruitment practices was a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At the last inspection the provider was failing to identify and mitigate risks, and ensure staff had the necessary training to provide safe care. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At the last inspection we found numerous issues with the quality of skin integrity assessments. Despite general improvements with risk management processes skin integrity assessments continued to be completed inaccurately.
- Most people had two separate skin integrity assessments in place with often conflicting information and the registered manager could not explain why two separate assessments had been completed. Risk factors such as smoking, medical conditions, medicines and continence issues which placed people at increased risk of skin breakdown were not included in some assessments.
- People's body mass index (BMI) was not recorded accurately and we saw people's height and weight was recorded without any units of measurement. This meant the provider could not accurately assess how

people's BMI affected their risk of skin breakdown.

- At the last inspection we saw risk assessments and care plans did not contain enough detail about how to mitigate risks to people. Not enough improvement had been made. Two people's care plans showed they had type two diabetes and one person was managing this with daily injections of insulin. Care plans did not contain information about the risk of low blood sugar (hypoglycaemia) or what signs or symptoms might indicate people were experiencing low blood sugar which may need medical attention. The training matrix also showed staff had not received diabetes training.
- At the last inspection the provider was failing to adequately assess the risk of fire when people were using flammable creams. Although improvements had been made, we identified one person who was using a flammable cream, but this had not been assessed and was not included on the fire risk assessment. We raised this with the provider and they have taken action to assess the risk of fire from the use of this flammable cream.

The failure to have an effective system in place to identify and mitigate risks, and ensure staff had the necessary training to provide safe care was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At the last inspection the provider was failing to manage people's medicines safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvements had been made and the provider was still in breach of regulation 12.

- At the last inspection we found one person was prescribed a barrier cream to prevent the risk of skin breakdown. Their care plan and medication assessment stated it was 'suitable for use as a substitute for soap in the bath or shower or when cleaning the skin' which is not the recommended use of this product. We informed the provider that this information was incorrect, however, this misinformation continued to be recorded in the care plan and medicine assessment for this person.

The failure to ensure the safe management of people's medicines was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received medicine administration training and their competency was assessed to ensure they had the necessary skills and knowledge.
- The provider carried out audits of people's medicines administration records MARs and took action when issues were identified. However, the provider's audits had not identified the issue we found with the misinformation on one person's MAR.

Systems and processes to safeguard people from the risk from abuse

- Policies in relation to safeguarding were in place and staff received relevant training. Staff showed a good understanding of whistleblowing and safeguarding procedures. They knew who to inform if they had any concerns about abuse and how to escalate their concerns if they were not satisfied their concerns were being taken seriously.
- The provider was aware of their responsibility to report safeguarding concerns to the local authority.

Preventing and controlling infection

At the last inspection we found staff were not carrying out weekly COVID-19 tests according to current government guidelines. This was a breach of regulation 12 (Safe care and treatment) of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had made improvements and was no longer in breach of regulation 12 in this regard.

- Staff had access to appropriate personal protective equipment (PPE) to prevent the spread of infection.
- Staff told us the registered manager often spoke with them about their infection prevention and control (IPC) responsibilities and they had enough PPE to carry out their role.
- Care plans considered a wide range of risks associated with people's health and social care needs.

Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager.

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.

At the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. We will assess all of the key question at the next comprehensive inspection of the service.

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.

At the last inspection the provider was not adhering to MCA guidelines. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At the last inspection we identified issues with how mental capacity assessments were carried out and recorded. The provider was also not taking reasonable steps to assure themselves that family members/representatives had the legal authority to act on behalf of people receiving care. At this inspection we found all people receiving care had capacity to consent to their care and support and had signed to indicate they consented.
- The provider had also reviewed their processes and had plans in place to ensure they obtained the necessary assurance when family members/representatives claimed to have legal authority to act on people's behalf.
- Staff received mental capacity training and understood their responsibilities in relation to protecting people's rights. Staff respected people's right to make their own choices and asked their consent before providing care and support.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider was failing to assess, monitor and improve the quality and safety of the service effectively. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvements had been made and the provider was still in breach of regulation 17.

- At the last inspection we identified continued, widespread failings in the overall management of the service. Since then the provider had received support from the local authority quality monitoring team and a private consultant to help them make improvements. Despite this support, issues with quality and safety persisted. The provider had failed to identify the issues we found with recruitment and risk assessments.
- At the last inspection people told us there were issues with timekeeping, and they did not get their care visits at the scheduled time. Not enough improvement had been made and people continued to experience issues with timekeeping. Our analysis of the ECM reports showed extensive issues with the scheduling and logging of care visits. We saw occasions where staff were scheduled to be in two places at the same time. We also saw numerous occasions where staff had failed to log out of one person's visit before logging into the next care visit. This meant the provider could not be assured that staff were attending to people on time and staying for the required amount of time.
- The provider had received feedback from people that timekeeping was an issue, but they had not identified that the issues we saw with the scheduling and logging of the care visits was contributing to this. We raised these issues with the provider, and they have made improvements to the scheduling and logging of calls.
- Documents continued to be completed to a poor standard. We saw one safeguarding investigation report which contained numerous typographical errors which made the document indecipherable in places.

This was a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider monitored the quality and safety of the service by conducting spot checks and telephone monitoring calls.
- Staff told us managers gave them sufficient support to fulfil their role. We received comments such as, "I had a thorough induction and the opportunity to shadow a more experienced staff" and "The [registered] manager is very supportive. So far so good."

- The provider's own recent survey showed that not all staff felt supported and improvements were needed. 50% of respondents said they did not feel supported by their line manager, did not feel able to contribute to improvements and been subjected to bullying or harassment at work.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received mixed feedback from people about their experience of the care. One person told us they thought things had improved since the last inspection and the provider was "more responsive to concerns raised." Another person told us they had not been consulted on the changes to their care times and staff were always late.
- Staff members spoke positively about their roles in delivering quality person-centred care. We received comments such as, "As far as I can see the clients are happy" and "We provide excellent care and treat clients like they are family."

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 to be open and honest and give people all the relevant information when things went wrong. However, letters to people who had cause to complain were not clear and did not adequately explain what had gone wrong.

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

- The service engaged with people receiving care, their relatives and staff. People completed satisfaction surveys to give feedback on the care they received.
- The provider had recently created a newsletter to give people and staff ongoing information about the organisation.
- The provider arranged regular staff meetings to discuss the quality of the service, plan improvements and keep all staff informed of relevant information. The provider also sent staff regular updates via text message.

Working in partnership with others

- The service regularly worked in partnership with a range of other health and social care professionals to ensure people received ongoing support to meet their needs. These included social workers, brokerage officers, occupational therapists and speech and language therapists.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was practicable to ensure that care and treatment was provided in a safe way.</p> <p>Systems for the proper and safe management of medicines were not operated effectively.</p> <p>Regulation 12(1)(2)</p>

The enforcement action we took:

Imposed conditions

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the service effectively.</p> <p>The provider had failed to ensure people received a consistently safe and good service.</p> <p>Regulation 17 (1) (2)</p>

The enforcement action we took:

Imposed conditions

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not establish and operate safe recruitment procedures as they had not gathered sufficient information about candidates before they were employed.</p> <p>Regulation 19 (2) (3)</p>

The enforcement action we took:

Imposed conditions