

Greenline Home Care and Supported Living Ltd

Greenline Healthcare Group Ltd

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

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 5 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 managed safely. Medicine administration records provided detailed instructions in how to give prescribed medicines safely. Risks were assessed and risk reduction measures in place. Incidents were reported and reviewed by the management team in a timely manner to ensure lessons were learnt. Staff were recruited safely and there were enough staff to ensure people received safe support according to their needs and preferences. There was an updated infection control policy in place and staff worked in line with this.

Care was delivered in line with best practice guidance and the law. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received training in a variety of areas. Specialist training was sought following our last inspection to ensure people received safe and effective support. People's nutrition and hydration needs were assessed, and support provided in line with their individual needs.

The management team had embedded quality monitoring systems and audits in place picked up on issues in a timely manner. The registered manager was aware of their responsibility to notify CQC of certain events. People and staff told us the registered manager was open and honest, listened when issues were raised and worked in partnership with others.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 5 August 2022) and there were multiple breaches of regulations. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenline Healthcare Group Ltd on our website at www.cqc.org.uk.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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

This inspection was carried out 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 1 December 2022 and ended on 21 December 2022. We visited the location's

office on 8 December 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 action plan following their last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 staff including the registered manager, operations manager and support workers. We spoke with 2 people who used the service and 3 relatives about the experience of the care provided by Greenline Healthcare Group Limited. We reviewed 4 staff files in relation to recruitment. We reviewed 4 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.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider failed to manage 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.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- Medicines were managed safely.
- Following our last inspection, the registered manager reviewed all medicine records to ensure staff administered prescribed medicines safely. For example, a person living with a radiologically inserted gastrostomy tube (RIG) and received their medicines via this tube now had detailed instructions in place, directing staff how to safely administer the persons prescribed medicines.
- People who required medicines such as pain relief and inhalers 'as needed' had medicine records in place which instructed staff how to safely give these types of medicines.
- Medicine administration records were monitored daily by a designated member of staff to ensure any issues were picked up immediately. Action was taken following any errors to protect people from the risk of harm.
- Staff received training in the safe administration of medicines and had their competency assessed.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to 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.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- Risks were assessed, managed and monitored to keep people safe from harm.
- Records evidenced risks associated with people's healthcare needs had been fully assessed. For example, a person living with a urinary catheter had a detailed care plan in place instructing staff how to safely care for the person. Furthermore, a person who required oxygen had a detailed care plan in place which directed staff in how to support them safely.
- Records we reviewed included personal emergency evacuation plans (PEEPs) for all people. This meant

staff had information in order to safely support people if an emergency occurred.

Staffing and recruitment

- There were enough staff deployed to meet people's needs safely. Staff were recruited safely.
- The registered manager had completed a full audit of staff recruitment files following our last inspection to ensure all staff were recruited safely. All staff had references, an interview and Disclosure and Barring Service checks (DBS) in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they received care and support at their preferred times from staff who knew them well. For example, one person we spoke with told us, "I do very much feel safe with them all, I have the same four staff who give me consistency."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff received training on how to recognise and report abuse, they felt confident the registered manager would act appropriately if concerns were raised. Staff told us, "I feel confident to report any concerns to the local authority and the management team, the management team always act on any concerns raised."
- Accidents, incidents and safeguarding concerns were acted upon appropriately; referrals were made to relevant professionals and action taken to keep people safe from harm.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Staff reported incidents and accidents in a timely manner. The management team analysed all incidents and accidents to ensure they were used as learning opportunities.
- Following our last inspection, the registered manager created an action plan and shared our findings with staff to ensure incidents were not repeated. For example, staff meetings were held to ensure issues with medicines were not repeated.

Preventing and controlling infection

- The provider had infection prevention control measures in place to ensure people were protected from the risk of transmissible infections such as COVID-19 and the flu.
- People told us, "Staff have always taken great measures with personal protective equipment (PPE). They hand wash, they have gels, masks, aprons. They're brilliant with their masks."
- The provider had an updated infection control policy to reflect current best practice guidance.
- Training records evidenced staff had completed training in infection control.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider failed to ensure people's human rights were 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.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 11.

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

- People's rights under the MCA were respected and where people lacked capacity to consent, mental capacity assessments had been completed for specific decisions. For example, a person who had did not have capacity to make decisions had mental capacity assessments completed.
- Records detailed all staff had undertaken training in the MCA to ensure they correctly assessed people's capacity. Care plans we reviewed demonstrated people had their capacity correctly assessed.
- People who required bed rails which restricted their movement in and out of bed had specific capacity assessments completed. Least restrictive options were considered and people, their representatives and health care professionals were involved in the best interest decision making process.
- People and their relatives told us staff treated them with respect and were not forced to make decisions against their will. For example, a person told us, "Everything is done my way, with my wishes and for my

needs."

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

At our last inspection 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.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- People's needs had been fully assessed and records in place provided staff with detailed instructions in how to support people safely.
- Following our last inspection all people's care records had been updated and reviewed regularly. This meant staff had accurate information in order to provide safe and effective care.
- People's nutritional needs were fully assessed and risk reduction measures in place.
- People who required modified diets had risk assessments in place to ensure people's needs were met safely. For example, a person who was required to be nil by mouth and have all their nutrition and hydration via a percutaneous endoscopic gastrostomy (PEG) tube had a detailed care plan in place.
- Best practice advice and guidance was reflected within care plans. For example, specialist advice from dietitians had been implemented within care plans. Furthermore, best practice guidance reflecting food texture and drink thickness had been reviewed and referenced within people's care plans. The International Dysphagia Diet Standardisation Initiative (IDDSI) framework was 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.
- Nationally recognised screening tools were in place for pressure area care and nutrition to highlight people at risk of skin damage and malnutrition. Daily monitoring records for repositioning, nutrition and hydration were in place where required to ensure any issues were picked up in a timely manner.

Staff support: induction, training, skills and experience

- Staff were suitably qualified, inducted and supported.
- Staff told us the training provided enabled them to provide safe and effective care. For example, staff told us, "We have undergone several courses, so the care we deliver is safe."
- Training records evidenced staff were inducted safely and received both mandatory and specialist training in order to support people safely. For example, staff were trained in moving and handling and safeguarding and the registered manager had also sought specialist PEG training.

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

- People's health needs were managed effectively.
- Staff worked with healthcare professionals to ensure people received timely support. For example, care plans detailed advice had been sought and implemented from specialist teams in order to safely support a person living with a PEG tube. Furthermore, people were referred without delay to community nursing teams when needed.
- Oral hygiene assessments were completed, and people were supported to visit the dentist when required.

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 requires improvement. At this inspection the rating has changed to 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; Continuous learning and improving care

At our last inspection the provider failed to have oversight of the service and 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.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- Following our last inspection, the registered manager had strengthened audit systems to ensure the quality and safety of care improved. Issues were picked up and acted on a timely manner.
- Monthly audits covering areas such as care plans, medicines and health and safety had been completed consistently and action taken when required.
- The registered manager was aware of regulatory requirements. The registered manager was fully aware of incidents they were legally required to inform CQC of.
- Staff spoke highly of the registered manager and told us they always acted when concerns were raised with them. Staff were provided with regular supervisions and team meetings where incidents and any learning opportunities were discussed.
- Lessons were learnt following incidents. For example, following incidents involving medicines, action was taken to ensure incidents were not repeated.

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

- The provider ensured the culture was person centred, open and inclusive.
- People told us they were involved in planning their care and records we reviewed supported this. For example, a person we spoke with told us, "I ask questions. It's all client centred." Another person we spoke with told us, "My wishes are always upheld. I feel like I'm a burden on society, but they make me feel validated and important."
- The registered manager and staff worked with health and social care professionals to ensure people received the care and support they needed. For example, care plans included professional advice and people were referred to health and social care professionals without delay.

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.
- Records we reviewed evidenced when incidents occurred explanations and apologies were given where needed.

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

- People were encouraged to speak up about the care they receive. Monthly care plan reviews were undertaken in order to gain people's feedback and implement any changes needed.
- People were supported to make their own choices and were treated with respect. For example, a relative we spoke with told us, "My [relative] is always included and treated with respect."
- Staff meetings were held to ensure staff could share their views and suggest any changes in order to improve the quality of care provided. Staff we spoke with told us, "Staff support is amazing, our diversity and opinions are really celebrated here."
- Staff received training in equality and diversity. Policies in place included all protected characteristics.