

Greenstaff Medical limited

ICG Medical

Inspection report

21-23
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Date of inspection visit:
19 May 2022
25 May 2022

Date of publication:
30 June 2022

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?	Requires Improvement ●

Summary of findings

Overall summary

ICG Medical is a domiciliary care agency providing personal care to people, mainly younger adults and children with complex care needs. Not everyone who used the service received personal care. At the time of our inspection they were providing personal care to four people across the whole of England. 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

We have made a recommendation to the provider around spot checks for staff and its process for submitting statutory notifications to the CQC.

Relatives of people using the service told us they satisfied with the care and support they received for their family members which were often complex cases involving multi-disciplinary teams. They told us they felt safe in the presence of care workers. There were robust recruitment checks in place and we found there were enough staff to meet people's needs, they were arranged into small teams providing care for people over extended periods throughout the day. The provider followed good infection control and medicines practice. Risks to people were assessed and behaviour management plans were in place to support people around behaviours that could be seen as challenging.

Staff were given appropriate training which helped them to carry out their roles effectively. People's dietary and ongoing health needs were met by the provider.

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.

The service was caring. Relatives told us that stable staff teams meant that people were cared for by staff who knew them well. People and their relatives were involved in directing their care, in partnership with the provider and other professionals. People were supported to remain as independent as possible and their dignity and privacy was respected,

Care plans were kept under constant review and updated as necessary. People were supported in line with their wishes and were encouraged to improve their daily living skills. The provider listened when concerns or complaints were made and investigated these in a timely manner.

The registered manager and other senior staff were approachable and listened to people, relatives, staff and professionals. Quality assurance checks to monitor the quality of service took place. The provider had an ongoing improvement plan in place which was effective in identifying and addressing any areas of improvement.

Rating at last inspection

This service was registered with us on 19 November 2019 and this is the first inspection.

Why we inspected

This service was inspected based on the when the service first registered with us and this is the first inspection.

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 caring?

The service was not always caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

ICG Medical

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

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.

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

This inspection was announced.

We gave the service 24 hours' notice of the inspection. Inspection activity started on 17/05/2022 and ended on 26/05/2022.

What we did before the inspection

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 reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with relatives of two people who used the service, seven staff members including the registered manager, a booking co-ordinator and the quality manager.

We reviewed a range of records. This included three people's care records. We looked at and reviewed multiple documents submitted by the provider. These included policies and other information relevant to the running of the service.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and felt safe by the care provided. This was reflected in the feedback we received from relatives we spoke with.
- Records showed that staff received training in safeguarding adults and children and were able to tell us how they would spot the signs of abuse and the reporting procedures.
- One healthcare professional said, "They have engaged [person] really well and ensured he is safe and settled."
- Records showed that where safeguarding concerns had been raised, the provider worked with the relevant authorities to investigate these.

Assessing risk, safety monitoring and management

- People received care in a way that protected them against the risk of avoidable harm.
- Risk assessments were carried out in people's homes and included any pre-assessment information from the referring body.
- Care and support plans included details about risks to people and risk management guidelines to reduce or manage the risk. Where people displayed behaviour that could be seen as challenging, these were documented and guidance provided to staff to manage their anxiety or behaviours.
- Care plans included known 'triggers' for any known behaviours that challenged and strategies to manage these. For example where there was a risk of self-harm, staff were provided with details about this and how to manage this risk. One staff said, "As a nurse, I have taken a lead on the care planning and risk assessments. In nursing and complex care, we have to continuously assess the risk that presents, we are constantly updating the risk."
- Staff understood the risks to people and how to manage them in line with their care and support plans. Staff that we spoke with knew the risks they needed to be aware of. Training records showed that staff had received training in Management of Actual or Potential Aggression (MAPA) and Prevention Management of Violence and Aggression (PMVA).

Staffing and recruitment

- People received the care they required from a sufficient number of staff.
- Each person was allocated a team of carers and also a registered nurse. The registered manager told us they did not follow the traditional model of short personal care visits but focussed on more complex care needs, where people required more intensive support for longer periods. Each person was therefore assigned a team of staff, comprising of care workers and registered mental health nurses to support them. Staff told us this system worked and they worked well in their teams.

- The provider operated robust recruitment checks and staff were vetted before supporting people. This helped people to be supported by staff who were appropriately vetted.
- The registered manager told us that people or their relatives could contact their allocated booking coordinators during office hours and there was someone available out of hours, including weekends and on-call support from management.
- One healthcare professional said, "They ensure that they provide the right staffing levels to be certain that our young people are safe as well as their staff."

Using medicines safely

- People were supported to take and manage their medicines safely.
- Medicines risk assessments were completed for people. These included information about people's capacity to manage their medicines, any support required, allergies and other risks in relation to medicines management.
- Staff completed Medicine Administration Records (MARs) which were available on the electronic care planning system. These included details of medicines that were prescribed and also those that were administered 'as required', such as pain relieving medicines.
- We reviewed a sample of these and saw that they were completed accurately including when people had refused to take their medicines or they were administered by family members.
- Staff had access to the provider's medicines policy and procedures for guidance. Records showed that staff had received training in 'Handling Medication & Avoiding Drug Errors.'

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored on a system so managers had oversight over them. One staff said, "We complete incident reports and one of the managers will contact me immediately – it works well."
- Incident reports were completed by staff with details of what happened, the people involved and any subsequent actions that were taken. We saw evidence that the provider took action as a result, for example updating care plans or arranging additional training for staff.

Preventing and controlling infection

- People were cared for in a manner that minimised the risk of infection. We were assured the provider was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- Staff had received training about IPC including COVID-19 and knew how to minimise the spread of infection.
- The provider had policies on infection prevention and control and COVID-19 which were in line with national guidance.
- 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 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received a thorough induction and ongoing training which helped to ensure they could deliver care effectively.
- The induction checklist included an introduction to the organisation, key policies, health and safety issues and introduction to the care planning system, identifying training needs and role expectations amongst others. New staff were supported to complete the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their daily working life.
- Staff were given training which reflected the support needs of people using the service, for example safeguarding children and adults, lone worker, Mental Health Act, the Prevention and Management of Aggression amongst others.
- Relatives and healthcare professionals told us staff delivered effective care because they were competent. One commented, "The staff were really good. They were experienced, they listened and communicated well."
- Each staff member, care worker or registered nurse were managed by the nurse or registered manager. Team meetings were held remotely over Microsoft Teams, with separate ones for registered nurses and care workers.
- Staff told us they felt supported, comments included "Yes the support is very good", "We get good support from senior managers, including the safeguarding lead." The booking co-ordinators were based overseas and staff said this arrangement worked well, "It works well, we correspond on WhatsApp teams, we have regular meetings."
- There was a lack of documented spot checks for care workers. Although care workers typically worked in small teams and were overseen by a nurse there was a lack of formal spot checks into their competency. The quality manager acknowledged that this was done informally through checking care worker notes and relying on feedback from nurses but a more formal system was not in place. This was discussed with the registered manager and quality manager during the inspection who acknowledged it was an area that needed development. They confirmed they were recruiting additional staff to work with the quality team to further develop this area of the service.

We recommend the provider reviews its process around formal spot checking of staff, especially where care workers are split geographically across a wide area.

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

- People and, where appropriate, their relatives were involved in the needs' assessment process that took place prior to them agreeing their support packages with the provider.

- The registered manager explained that once a referral was received, a nurse lead reviewed the referral and made an assessment whether the person's needs could be met. Once decided then a mobilisation plan was put together and a decision made following assessments of behavioural and environmental risk.
- The assessment process was carried out in a multi-disciplinary team setting, involving people, relatives, and other stakeholders such as social workers and nurses. One commissioner told us, "From a commissioning perspective, we are very happy with the professional relationship we have built up and continue to maintain with Greenstaff."

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

- People were supported to eat and drink healthily. Relatives told us that staff supported their family members in this area, preparing food for them in line with their wishes and their care plans.
- Care plans for nutrition and hydration were in place and included people's preferences and any risk associated with their diet.

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

- People received the support they required to access healthcare services and to live healthier lives.
- Care records included health outcomes for people and how staff could support them to lead healthier lives. They also included preventative strategies to minimise hospital admissions.
- Care records included details of past medical history and any current medical conditions. Guidelines were available to help staff manage any medical emergencies, for example seizure guidelines and management plans were available for staff to refer to.
- Staff worked closely with healthcare professionals, supporting people effectively. One healthcare professional said, "The cases that Greenstaff have supported have had all their care needs met and this has enabled the network to find at least one of them a residential placement, which was not possible previous to Greenstaff's involvement due to behaviour that challenges. Greenstaff provided robust support and worked closely with the network to manage these behaviours and provide stability for the young person."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Relatives told us that staff asked their family members before supporting them.
- Staff received training in MCA and understood its principles by ensuring they supported people to make decisions about their care and promoting their rights. They gave us examples of how they respected people's choices "We give [person] medicines, if she refuses we try to encourage her to take them but we

don't force her. If she refuses we record it as refused" and "For more complex decisions – we have to have best interests decisions, we contact the next of kin who manages her money."

- Care records contained information about people's capacity to make decisions and where they were being deprived of their liberty, they were under the Court of Protection. These decisions were documented in their care records.
- Details about any restrictions on people's liberty were included in care plans for staff to refer to if required and to advise them of the restrictions that were in place and how these were to be implemented.

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us that staff treated people with respect and in line with their individual support needs. Relatives said that staff were kind and respectful. Comments included, "The carers are fine. [Family member] enjoys spending time with them."
- The registered manager told us people were allocated a team of care workers and a nurse, this was done to provide some consistency of care which was important, especially as some people using the service were anxious and responded better to regular support staff they were familiar with. A staff member said, "I look at the staff members past experiences, to ensure they support the individual based on diagnosis and look at their experience and training. Each person has a team of support workers that support people, making sure they are familiar and comfortable with staff."
- One healthcare professional said, "The member of staff was brilliant and really engaging so I do really appreciate that." Another said, "We have received very positive reports about the support staff sent to support [person]. One or two of the gentlemen have struck up a rapport with [person] which has been really positive."
- Care workers gave us examples of how they respected people's choices and individual preferences. One care worker said, "Everyone has the right to live how they want and we are there to help and support them. We provide care, not judging people or discriminating." Another said, "She can make choices. We ask for consent and ask her what she wants to do – either go for a walk or to shops."

Respecting and promoting people's privacy, dignity and independence;

- People were supported by care workers who respected their privacy and provided care in a dignified manner.
- Care records included details about the support that people needed in relation to their personal care. They included guidelines on how this was to be delivered in a way that promoted people's dignity. One care worker said, "When supporting [Person], I make sure the door is closed, her personal care is done in the privacy of the bathroom. I encourage her to wash the areas she is able to herself."
- People received the support that enabled them to maintain their independence. Care plans were written so that staff knew what tasks people could do independently and those where they needed extra support. For example, areas of personal care, medicines, meal preparation.
- Healthcare professionals said, "The staff have supported on an inpatient ward to support getting our patient off the ward (inappropriately placed) and into the community. They worked really well with him, despite some very challenging behaviours."

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

- Relatives told us that their views, and those of their family members were heard and they were involved in making decisions about their care.
- Records showed that care workers provided support to people in a way that met their preferences and considered their choices. For example, where people had particular interests or hobbies they wanted to pursue, care workers supported them to take part in these.
- Care plans contained person centred information such as 'all about me' information that gave staff a summary about themselves, their diagnosis, preferences, routines, likes and dislikes which helped staff to provide individualised support. Staff we spoke with were familiar with people's needs and told us how they supported people in line with their preferences.
- Regular multi-disciplinary team (MDT) meetings were held between the provider and external healthcare professional and partners where people's views were shared around their packages of care.

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 was 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

- There were individual care plans in place for people. These consisted of their support needs and how staff could support them to achieve their intended goals in these areas.
- People received personalised care that met their needs. Relatives told us that staff supported their family members and worked with them to achieve their goals.
- We received positive feedback from healthcare professionals about the multidisciplinary way in which the provider worked with them, providing updates and passing any relevant information to staff so people's support plans were kept up to date. Comments included, "When the team asked the support workers to help us in the transition to the new residential placement, they listened to the team, followed the plan and made the person feel supported."
- Care plans were reviewed regularly and discussed in MDT settings and then relayed back to care staff. This helped to ensure that written records were current but also staff were aware of any changes to people's support needs.
- Healthcare professionals told us the service communicated with them regularly about people's support needs and any associated documentation, "Greenstaff keep daily documentation and provide incident reports regularly. They take a proactive part in care planning with the network and adapt documentation to meet individual needs in conjunction with multi-disciplinary teams." Another said, "Greenstaff are very good with their communication and work to deadlines and or tight timescales to ensure the best outcomes for our young people."

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.

- None of the people who used the service had specific communication needs in relation to sensory impairment or required any special aids to support communication. However, communication care plans were in place and these captured any support needs such as inappropriate language barriers or understanding.
- Assessments were carried out to understand people's communication needs. This enabled staff to communicate effectively with them.

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.

- People were supported to maintain relationships that were important to them and staff supported people to keep in touch with family and friends.
- Care plans included social outcomes for example supporting people to attend day centres and other community groups and activities. This helped to reduce social isolation for people.
- Care records contained information about people's hobbies, interests, likes and dislikes.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to raise a complaint and who to direct these to. They gave us examples of where they had done so. They told us that managers listened when concerns were raised.
- There had been 22 recorded complaints received by the provider since November 2021. There was a monitoring system in place to record and document progress against these.
- Complaints were rated according to their seriousness. The monitoring system showed that complaints were investigated and resolved within reasonable timescales with clear outcomes identified. Records showed the provider took action as a result of any complaint investigations. These included, arranging additional training for staff where concerns were raised regarding staff competency.

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.

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

- Although the provider held group supervisions for care workers and nurses and staff were given the opportunity to feedback on any work related issues, we found there was no system in place for individual 1:1 supervisions for staff. Group supervisions allowed individual care packages to be discussed and for care workers to get advice and support from managers including the clinical lead, registered manager and/or the quality manager. However, the lack of individual supervisions meant that care workers were not given the opportunity to discuss individual matters with a manager.
- The provider's appraisal process stated 'ICG Medical meets with each newly employed Candidate within the first six (6) months of their first work placement to discuss that individual Candidates performance, standards of practice and to discuss any issues arising.' However, we did not see any of these in place in the staff records we reviewed who had been in post for more than six months.
- We raised the lack of 1:1 supervision and appraisals with managers during the inspection. They said introducing formal 1:1 supervisions and appraisals for staff was part of their ongoing improvement plan for the service and we saw this was included in the service improvement plan that was submitted as part of the inspection. They expected this to be rolled out in the next three months. We will follow this up at the next inspection of the service.
- The provider undertook surveys for staff which helped to ensure they listened and acted on any feedback. The surveys were carried out as a rolling questionnaire for any new staff.
- The provider told us they had not yet sent out any feedback surveys/questionnaire to people and relatives. They confirmed that this was part of their ongoing service improvement plan and they were due to send these in the next three months. We will follow this up at the next planned inspection of the service.

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

- The registered manager was experienced and competent in his understanding of his role and responsibilities.
- The manager was supported by a quality manager and a defined staffing structure which consisted of booking co-ordinators and nurses. Booking co-ordinators were responsible for liaising with staff and finalising rotas. Nurses oversaw a team of care workers who were allocated to support people.
- The provider completed a number of audits and quality assurance checks to monitor the quality of service. An independent nursing audit report had been completed in February 2022 reviewing staff files. This scored 96.39% with some recommendations for improvement.

- There were quality assurance checks in place to assess and monitor the quality of the service. These included auditing call visit times, auditing care records including medicines charts, training logs and staff records.
- There had been a safeguarding allegation raised as part of an ongoing complaint. Although the provider had worked with the relevant stakeholders to investigate this, a CQC notification had not been submitted for this. We raised this with the registered manager during the inspection who said that moving forward they would ensure any allegations of abuse and other statutory notifications would be submitted.

We recommend the provider reviews its processes for submitting statutory notifications.

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

- Relatives of people using the service told us that managers made themselves available and were contactable in the event of an emergency or at short notice. Comments included, "Someone is always around, even if they don't respond immediately, someone does get back to you."
- Staff told us they enjoyed working at the service and felt supported. They told us that they worked well in their individual teams and were supported by managers, whether this was a nurse or a booking co-ordinator. One staff member said, "We get good support from senior managers, including the safeguarding lead. It works well, we correspond on [video conferencing applications] we have regular meetings."
- Staff were given the opportunity to feedback on the support needs of people they supported and were also kept informed about any changes to people's needs through regular Multi-Disciplinary Team (MDT) meetings. They said they felt as if their voices were heard and were able to feedback to managers during team calls.
- The provider understood their responsibility under duty of candour to be open and honest with people using the service when things went wrong.

Continuous learning and improving care

- There was a service improvement plan in place which was used to record and track improvements needed. These were based on feedback from staff, internal audits or other quality checks. Each individual improvement action was assigned to a manager for completion, with an agreed date and progress notes.

Working in partnership with others

- The provider worked in partnership with other agencies including the local authority and health and social care professionals to support people using the service.
- One healthcare professional said, "Greenstaff attend regular network meetings and provide updates regularly, encouraging communication and partnership working. They are responsive to any enquiries I may have and will attend urgent meetings at short notice to ensure that they are kept up to date with the often changing needs of their clients."