

Green Care Contracts Limited

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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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Green Care Contracts Limited provides personal care for people living at home. At the time of our inspection there were 9 people receiving personal care.

People's experience of using this service:

People received care from regular staff who were appropriately trained. This continuity of care was appreciated by the people. Feedback from people and relatives we spoke to told us that staff always visited and had never missed a call. On a few occasions staff had arrived later than planned, but the people were always informed of this, and felt reassured that care staff would attend.

People confirmed that staff carried identification and wore uniform, so they were confident in who was visiting. People told us they were treated with dignity, were spoken with in a respectful way and the staff were kind.

People and relatives knew the registered manager and were confident in the management of the service. People received a comprehensive Service User Handbook with details about the service they could expect to receive. People were provided with information on how to make a complaint and systems were in place to respond appropriately.

People confirmed the registered manager visited them for the initial care assessment and the regular reviews of their care. People told us they were involved in their care planning and discussed their needs, which made the care person-centred. The registered manager was hands-on, working alongside staff to observe and monitor the care provided, with spot checks to ensure standards were maintained.

Staff received regularly supervision and met as a group for staff meetings. Staff were positive about the training and the support received from the registered manager. Staff told us they enjoyed working for the service.

Feedback from an external professional was positive, stating that communication with the service was good and referrals were made in a timely manner.

Rating at last inspection: Good (report published 4 October 2016)

Why we inspected: This was a scheduled inspection based on the previous rating

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

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

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 remained Good
Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Good
Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Good
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Good
Details of our Responsive findings are below.

Good ●

Is the service well-led?

The service remained Good
Details are in our Well-led findings below.

Good ●

Green Care Contracts Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection consisted on one inspector

Service and service type:

Green Care Contracts Limited is a domiciliary care agency. It provides personal care to people living within their own homes in the community.

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 notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 05 April 2019. This included visiting the office location to speak with the registered manager, interview staff and to review care records and policies and procedures. After the initial visit we then contacted people and professionals by telephone and email to obtain feedback on the service.

What we did:

Prior to inspection, we reviewed the information we held about the service, including notifications of events

the service is required by law to send us. We checked records held at Companies House.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information provided by the provider was used to plan our inspection and considered when we made judgement in this report.

On the day of inspection we reviewed:

- Four people's care records including medication records
- Four staff files
- Audits and Surveys from the people and their relatives
- Staff training records including supervisions and staff meeting minutes
- Documentation about the management of the service

We spoke with:

- Registered manager
- Office staff
- Two care staff
- Four people who used the service
- Two relatives of people who used the service
- Written feedback from one professional

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good knowledge of safeguarding procedures and how to report an allegation of abuse. Staff told us they were confident to report any concerns, and that they would be dealt with appropriately.
- Safeguarding and whistleblowing policies were in place, which set out clear guidelines on how to raise referrals to the local authority.
- Records showed that staff had received current safeguarding of vulnerable adults training, which provided them with knowledge of abuse and neglect.
- The registered manager visited the people regularly for spot check visits, and monitored the service. This provided the people with an opportunity to speak directly to the registered manager about any concerns.
- One relative told us, "I feel at ease when I am at work knowing that [relative] is being cared for".

Assessing risk, safety monitoring and management

- People's care files included risk assessments that had been carried out by the registered manager. These risk assessments included the home environment, moving and handling, medication and personal care needs.
- The registered manager audited the care files and risk assessments six monthly, including spot check visits in between. The registered manager worked alongside staff to monitor service quality.
- Staff wore a uniform and carried identification (ID) badges. One person told us, "I used to ask to look at their ID, but I don't anymore because I know them".

Staffing and recruitment

- Staffing levels were determined by the number of people using the service and their needs. The registered manager told us that they closely monitor staffing levels to ensure safe management of the people using the service.
- The manager followed safe recruitment practices. Staff recruitment files showed relevant safety checks had been completed.
- The office staff monitored the staff files and had a system in place to renew Disclosure and Barring Service (DBS) checks every three years as good practice. The DBS is a national agency that holds information about criminal records.

Using medicines safely

- Records showed that staff were up to date with medicines training.
- People who were supported with medicines had a medication administration record (MAR). MAR charts are audited monthly and returned to the office to be stored with the people's files. We checked these records and they were found to be completed accurately, demonstrating that people were taking their medicines as prescribed.

- Observation supervisions of staff undertaking medicines management were conducted by the registered manager as part of quality monitoring to ensure competency.
- The registered manager told us they had concerns regarding the safe storage of medicines in one person's home, which was discussed with the family and the person. Appropriate measures were put in place.

Preventing and controlling infection

- Staff were trained in infection control procedures and training records confirmed this.
- Staff told us the service supplied them with gloves, aprons, shower protection plastic overshoes and sanitising hand gel.
- Training in food hygiene was recorded. This ensured staff are safe when preparing meals.

Learning lessons when things go wrong

- Systems were in place for shared lessons learnt from incidents and complaints, through staff meetings and supervision. Technology systems were used to notify staff of any immediate changes to practice, thereby ensuring their knowledge was current.
- The local authority quality assurance inspection team recently visited the service and suggested further developing the people's care plans in relation to social history. The registered manager said they were in the process of doing this.

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

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

- Initial comprehensive assessments were carried out by the registered manager to ascertain whether the service could meet the person's needs. The service worked closely with the Local Authority and Continuing Healthcare Team to gather information relating to the person.
- People told us that they discuss their care needs with the registered manager when their care plan is reviewed. People's likes, and dislikes were recorded.
- Staff knew the needs of the people. One person said, "Staff are skilful, they know what they have to do". Another told us, "They [staff] are always respectful in my home and ask."

Staff support: induction, training, skills and experience

- New staff followed an induction programme which included initial in-house training of four days and shadowing experienced staff and the registered manager. Staff completed the Care Certificate. The Care Certificate is an identified minimum set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care.
- The registered manager was appropriately qualified to teach and conducted annual refresher training for all staff. The office was equipped for the teaching of care practices, having a practical area with equipment.
- The local authority provided additional training for care staff on a variety of topics. Staff told us they felt supported and that the registered manager would deal with any problems. Supervisions were conducted regularly, and staff files confirmed this. One staff said that the registered manager conducted spot checks and observed their practice.
- Staff meetings were conducted 6-monthly. Minutes were distributed to all staff to ensure they were aware of what was discussed.

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

- People were supported to eat and drink. One relative said, they [staff] come four times a day and give [relative] breakfast, lunch and dinner and then assist [relative] to bed in the evening.
- Nutritional assessments were undertaken, and we saw accurate recording in the care files.
- Staff recorded what people ate and drank in the care logs to enable them to monitor food and fluid intake.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with other agencies including the district nursing team, GP, social workers and continuing healthcare team.
- One professional told us, "Green Care Contracts raised concerns in a timely manner. I have not had any concerns regarding time keeping".
- One person told us they were confident that if they had any concerns the staff would refer them to the

appropriate health professional.

Adapting service, design, decoration to meet people's needs

- The registered manager undertakes environmental risk assessment and refers to the local authority where needed.
- One professional said, "The registered manager is always happy to attend reviews, even at short notice when issues arise."
- The office staff told us that the registered manager carried out the assessments, and if they had any concerns they contacted the appropriate professional e.g. social worker, district nurse or if equipment was required, the occupational therapist.

Supporting people to live healthier lives, access healthcare services and support

- Records showed the service worked with other agencies to promote people's health such as the district nurses, GP and pharmacy.
- The service had an allocated person on call out of normal office hours for emergencies. This provided the people and staff with reassurance that they were able to call for support if needed.

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.

- Staff and relatives confirmed that people were involved in decisions about their care.
- The registered manager completed mental capacity assessment forms during people's needs assessment to ascertain whether or not they had capacity to make decisions related to their care.

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

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

- People told us that staff were caring. One person said, "Carers are knowledgeable, they treat me with respect".
- A relative said, "Carers are all very nice, my [relative] loves them all". Another said, "We are very happy with the care. Overall it is the same carers, they turn up on time, never missed a visit."
- Another person told us, "Staff are fantastic, so helpful and kind. I was concerned needing to use an agency, but I can't fault them. I look forward to their visit. They are friendly and hold a conversation. I would recommend the agency."
- Care records were personalised with a weekly programme of instructions for staff to follow.
- The service recorded compliments from people and relatives. Thank you cards read, "Lovely caring ladies", "So kind to my [relative]", "An outstanding team", "Thank you for the support you gave [relative] and their family".

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

- Initial assessment and reviews were conducted in consultation with the people and relatives. People signed the care records stating that they agreed to be involved in their care planning.
- One person told us, "I feel listened to and if I had a problem I would ring the office."
- People were given a Service User Handbook which provided information on the service. The Handbook contained a welcome letter, gave a background of the service, provider and staff details, philosophy of care and that people would be treated with dignity and privacy. It also contained a body map chart, and separate assessments for the environment, health & safety, incident form, personal care, nutrition and hydration and medication.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff do ask before carrying out duties. One person said, "They [staff] respect my dignity, they are polite and respect my house".
- A relative told us, "Staff are caring and have the right attitude".
- One person said, "The staff are adaptable to what I want. I just needed the staff there when I showered to ensure I don't slip". This promoted independence in a safe way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care files were comprehensive and identified personalised care. Each care plan we reviewed contained the same section layout, which showed consistency in recording and individualised care planning.
- Assessments in care plans identified cultural and religious needs and meal choices.
- Care plans identified person-centred care including meal time preferences. One care plan stated that the person liked puzzles and was interested in gardening.
- One care plan stated that the person smoked and a risk assessment was completed.

Improving care quality in response to complaints or concerns

- There were systems in place to respond to complaints and concerns, and we saw that a past concern had been dealt with appropriately.
- The Service User Handbook informed people and their relatives on how to raise a concern or complaint, and included contact details of the Ombudsman and Care Quality Commission.
- Surveys were conducted by the people and relatives. The registered manager told us that they reviewed the surveys to make improvements to the service. The surveys were stored in the care files.
- One survey showed that a relative had a concern but was resolved on speaking to the registered manager. We saw documentation of this.

End of life care and support

- The registered manager told us that the service had provided appropriate care for people end of life. Currently no one was being supported with end of life and palliative care.
- The staff had recently received end of life care training from the local hospice. Staff told us, "It was really good training, I learnt a lot".

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager spoke about the service development and the promotion of a high quality of care. The registered manager told us that the service would only accept people if there were enough numbers of staff to meet the care needs of the people. This demonstrated constructive operational management.
- The registered manager took a positive approach to complaints, and said they told staff during training that the people using the service had a right to complain if they were not satisfied with the service. The registered manager told us that complaints would be used to make improvements.
- People and relatives spoken with all knew the registered manager by name. They were familiar with being visited by the registered manager to audit risk assessments and discuss individual care needs.

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

- The registered manager led by example through teaching and monitoring staff in the people's homes.
- Staff spoke positively about the registered manager and the service.
- The registered manager knew the people and had a clear understanding of their needs.
- One person told us, "I feel confident with [name] as the manager".

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

- Relatives are encouraged to be involved with their relative's care if appropriate.
- One relative survey read, "I think that my [relative] is looked after very well by your staff".

Continuous learning and improving care

- The registered manager was keen to develop staff skills and knowledge, and actively encouraged training.
- The registered manager expressed the importance of their own education and had recently updated train the trainer courses.

Working in partnership with others

- The service worked with the local authority and had planned for future commissioning.
- The registered manager attended meetings with other providers through the local authority programme to share good practice and to maintain current knowledge.