We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Green Light Personal Care

Suite 23, West Cornwall Enterprise Centre, Cardrew Industrial Estate, Redruth, TR15 1SS
Tel: 01209200544
Date of Inspection: 28 May 2014
Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

- Care and welfare of people who use services: Met this standard
- Management of medicines: Met this standard
- Staffing: Met this standard
- Assessing and monitoring the quality of service provision: Met this standard
- Records: Met this standard
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<td>Ms Hannah J Lake</td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 May 2014, checked how people were cared for at each stage of their treatment and care and talked with carers and / or family members. We talked with staff.

What people told us and what we found

This inspection was carried by one inspector over one day. During the inspection, the inspector worked to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what we observed, the records we looked at and what people using the service, their relatives and the staff told us. If you want to see the evidence that supports our summary please read the full report.

Is the service safe? Yes, we judged the service was safe.
People we spoke with were positive about the staff who worked at Green Light PBS.
People told us staff were, were professional and supportive. For example, one person said "the staff are very nice, they are very good."
The staff we spoke with said they had confidence in colleagues' practices. For example, we were told "This is one of the better services of this type that I have worked at. There is a good culture. It is friendly and a happy, working environment."

The service had a well organised medication system. The system was well managed and regularly audited. Records were accurate and up to date.

Is the service effective? Yes we judged the service was effective.
People all had individual support plans, which set out their care and support needs.
Support plans contained satisfactory information and were accessible to staff. People said staff met their relatives' needs and responded promptly when they needed assistance.
People said they had access to doctors, community psychiatric nurses, psychiatrists, chiropodists and opticians.
Is the service caring?

Yes we judged the service was caring. Relatives and allied professionals of people who used the service said they were happy with how the service supported people and found the staff to be professional and helpful. A social worker told us "it is brilliant, I have no
concerns."

From our conversations with people who had experience of the service and a review of the records we assessed, we judged that individual wishes and needs were taken into account and respected.

Is the service responsive? Yes we judged the service was responsive. Everyone we spoke with said the staff treated people with respect and dignity. People told us and we saw from records that people were able to be involved in many activities including kayaking, swimming and community clubs with the support of staff. From our conversations with relatives, management, staff and other professionals we formed the view that the service were diligent about ensuring they could meet the changing social and support needs of each person they supported. There was a clear recognition that the majority of people supported were young adults and had a desire and a right to be supported in a way that provided freedom to live their own lives.

Is the service well-led? Yes we judged the service was well led. Staff, relatives and allied professionals were all positive about the management of the service. People told us the management would listen and were supportive. Green Light PBS had a system to check people were happy with the service. This included systems of survey and audit. There was a system to monitor accidents and incidents. People's personal care records, and other records kept in the home, were accurate and complete.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

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<th>Care and welfare of people who use services</th>
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<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
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Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Green Light PBS Ltd provided outreach support for eleven people in the community. We spoke with four relatives of people supported by the service and an additional six staff members who worked with people supported by the agency. People told us they were happy with the quality of the service provided. One relative of a person supported by Green Light PBS told us, "We have been entirely satisfied with Green Light. They are reliable and really very good with X. No complaints at all". No-one we spoke with could identify any areas for improvement to the service.

We spoke with three allied professionals who worked with people who received outreach support from the service. Some comments we received were; "they provide a good service", "staff are patient with X", "it's working out well" and "I would recommend them".

We looked at the care plans which the agency called "support plans" for two people. Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. Support plans as they are referred to by the service, were kept in people's homes, with a further copy in the office. The plans contained information that showed health and social care professionals were consulted and involved in people's care to ensure their needs were met. Relatives we spoke with confirmed to us that they had been involved in the development of the support plans.

We saw the support plans were detailed and outlined the individuals' goals and wishes. Information about diet, medication, and other health and social care requirements were included. For example it was noted that one person required a gluten free diet and noted foods that should be avoided.

The support plans we saw were completed to an appropriate standard and included detailed information regarding what care people required. For example, it was noted that one person used a 'finger diary' to help plan their day and there was appropriate guidance for the staff that supported the person to ensure familiarity with this process of daily activity
We saw that support plans were regularly reviewed and updated to ensure they reflected the current situation for each person supported.

Risk assessments were in place which provided information to staff on how to reduce the risk from external and personal hazards. For example, we saw risk assessments for kayaking, sailing and swimming. This demonstrated that the service supported people to live as full and active lives as they wished while also ensuring any risks inherent in such activities were recognised and mitigated. We saw support plans and risk assessments provided clear direction for staff in how to support people when they became anxious so that staff responded to the person in a consistent manner. This demonstrated staff adopted a person centred approach, adapting their methods of communicating to suit the individual.

We noted in the daily logs we reviewed, that a summary of how the person spent their day and what activities they participated in was recorded. The records showed regular contact with the person's relative to discuss how the person was and to check if there were any issues that needed to be addressed. The manager told us the daily logs were returned to the office on a regular basis. We saw monthly summaries completed by key workers which reported a fuller picture of what activities the person had participated in and any key information which had a bearing on the support provided. This included any significant events so that they could assess if the service needed to be amended to meet the person's needs.

We saw evidence in the plans that showed Green Light PBS used a wide range of tools to facilitate communication with people. This included the use of social stories, photographs and symbols and communication passports. For example, during the inspection we saw photographs of an activity that day between a person supported by the service and a staff member were emailed across to the office to include in the person's activity plan. This provided a visual record of what activities had been carried out and also allowed for future photographic aid to support the person in choosing activities they had enjoyed in the past.
Management of medicines

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Two people were administered medicines by staff via this service. People we spoke with told us they were happy with how staff assisted their relatives with their medication requirements. We spoke with the manager about how medicines were managed. We were shown the service medication policy and process for the safe administration of medicines. Medicines were delivered weekly in blister packs to peoples' homes for daily administration to each individual who required support with their medication. Medicine stocks were checked when they arrive and were also regularly audited on a weekly and monthly basis to ensure records of stock, ordering and disposal of unwanted medicines were correct.

Qualified staff followed the home's medication policy to administer medication as prescribed and administration was recorded on Medication Administration Records (MAR) for each person.

We looked at care and support records for two people who were administered medication and saw there was appropriate and prominent recording of key information including what medication was being administered and what it was used for. We saw there was appropriate signed consent held on records for the administration of medications as detailed in people's support plans. We saw medication risk assessments were also recorded.

We looked at staff training records for medication administration and saw staff, were trained in the safe administration and management of medications during induction training. Staff undertook further training during an on-line pharmacy led medication administration course.
Staffing

There should be enough members of staff to keep people safe and meet their health and welfare needs

Met this standard

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with the manager of Green Light PBS about how the service ensured there were adequate numbers to staff the service. We were told a needs analysis was conducted for each person who was provided a service to ensure there was adequate resource in place to meet each person's needs. We saw detailed needs assessments and risk assessments were completed for each person. This demonstrated the service were aware of the differing support needs of people and responded appropriately. We were told by the manager and information was corroborated by support staff that the service operated an on-call and relief system to ensure that in the event of staff absence, the service could still be adequately staffed.

We reviewed the service staff induction and staff support system. We saw staff received a comprehensive induction and initial training into the service over a two week period. This was followed up by regular supervision to ensure staff, were competent and confident in their roles. Staff told us they received supervision every four to six weeks. This took the form of one to one meetings (supervisions) with their manager. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss ongoing training and development. This meant that staff work practices had been monitored sufficiently to ensure they carried out their roles competently.

We saw from the training matrix that staff were up to date with mandatory training requirements including first aid, manual handling and infection control. The on-line training tool allowed for easy identification of when training was required and regular training took place.

Staff told us they felt supported by the manager. They told us they attended team meetings which provided an opportunity to raise any questions or concerns and people told us they felt they had been listened to. We saw minutes of these meeting. Staff we spoke with told us they felt able to approach the manager who was supportive and responsive to new ideas. One staff member told us, "I love my job, it's amazing" and said they felt the staff team worked well together and provided each other with good support.
Assessing and monitoring the quality of service provision

Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw the service policy and procedure for carrying out quality assurance on the service. This laid out the service commitment to continually develop and improve the service to ensure best practice was carried out and where weaknesses were identified in the systems and procedures of the service these were acted on promptly.

The quality assurance system put in place a number of audits throughout the month, including support plans, risk assessments and medication which were then reported on monthly to the registered manager who compiled a report on the running of the service.

On this visit we saw the service complaints policy which was satisfactory. The manager told us people who used the service and relatives had access to a copy of the policy. Four relatives we spoke with told us they were aware how to make a complaint if needed. One relative told us they did raise a concern with the manager and this was listened to and responded to satisfactorily. People told us they were, 'happy' with the quality of the service and felt they had adequate input to developing the service.

Management and staff we spoke with told us they had regular team meetings, minutes of these meetings were seen. One member of staff said they found these to be useful. We spoke with staff and reviewed records that showed staff, were provided with supervision and training to ensure that their work practices were kept up to date to enable them to complete their role.

The registered manager told us copies of all relevant reports including the Care Quality Commission report and additional easy read version of the report would be made available to people who used the service, their relatives and any other interested allied professionals such as the Local Authority.

The service policy stated that periodic inspections were carried out of staff files, financial and other records to ensure they were up to date. This was also confirmed by the manager and staff members.
A customer satisfaction survey was conducted on a monthly basis with each person supported by the service. This was carried out by the person's key worker and used recording formats which assisted people to share their views such as symbols and pictures. Annually there was a quality assurance survey sent out to people who were supported, families and allied professionals who also worked with people in order to gather views of the service.

Overall we were satisfied that the service had adequate quality assurance checks in place to allow them to identify and address any areas of weakness in the service.
Records

People’s personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

The service stored people’s private and confidential information securely on an on-line system. This was backed up and had appropriate security measures in place to ensure data protection.

We saw throughout the inspection, various documentation relating to people who used the service, staff and in relation to the running of the service, for example supervision and training records. We saw that the documentation was kept up to date and stored securely on-line.

The service had policies and procedures in place to provide guidance and information for staff on the practices and systems at Green Light PBS. Key policies such as safeguarding and lone working were highlighted during supervision sessions and scanned records were attached to on-line staff files. The majority of the policies and procedures were stored on the computer system which all staff had access too. This ensured staff were provided with up to date guidance and legislation to ensure their practice provided people with a good standard of care.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✔ **Met this standard**
This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ **Action needed**
This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ **Enforcement action taken**
If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
### Glossary of terms we use in this report

#### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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#### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.
### Contact us

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<tr>
<td>Phone</td>
<td>03000 616161</td>
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<tr>
<td>Email</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
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