

Greenleaves Homecare Services Limited

Sherma Batson Centre

Inspection report

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10 May 2019

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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: The service provided care and support to adults with living in their own homes in the community. At the time of the inspection 29 people were being supported by the service. The service had moved to a new office location and was in the process of changing the address with CQC. This had not been completed at the time of the inspection.

People's experience of using this service:

People told us they felt safe and were happy with the support staff provided to them.

People told us staff were reliable, kind and caring. Care plans were personalised and recorded details about people's everyday living preferences, including likes, dislikes and how they liked to be supported.

People were supported to have maximum choice and control of their lives and staff supported them to make choices about all aspects of their lives.

People wishes were respected. Staff knew how to support people to live a healthy life and supported them when required to maintain a healthy diet and access health professionals if required.

Staff received training relevant to their roles and were supported to help provide people with the care they needed effectively. They told us they had regular meetings and felt their managers were available to offer support when required.

The provider and manager had various quality assurance processes in place and regularly audited the service to ensure the quality of the service was monitored and improvements were made when needed.

Rating at last inspection: This was the first inspection since the service registered 23 April 2018.

Why we inspected: This was a planned inspection. The service was rated good overall.

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 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 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 well led

Details are in our Well led findings below.

Good ●

Sherma Batson Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service had a manager who was in the process of being 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.

This announced comprehensive inspection took place on 30 April 8, 10, May 2019. We gave the provider 48 hours' notice because it is small service, and we wanted to be sure the manager would be available to support our inspection.

The inspection team comprised of an adult social care inspector.

In advance of our inspection we reviewed all the information we held relating to the service. This included the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We took this into account when we planned and inspected the service.

During the inspection we spoke with two people who used the service and two relatives to gain their views and experiences of the service. We spoke with two members of care staff, the manager and provider.

We looked at care plans and records and risk assessments relating to three people. We reviewed two staff recruitment records, training and supervision files. We reviewed other documents including minutes of meetings; accident and incident reports; complaints and compliments; and records relating to the overall monitoring 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

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

Systems and processes to safeguard people from the risk of abuse.

- The provider had systems and processes in place to help protect people from potential abuse and harm.
- Staff had been trained and were able to demonstrate they understood how to report concerns both internally and externally if required.
- People told us they felt safe, and relatives confirmed they had no concerns about their family members safety. One person said, "I feel quite safe with the carers supporting me, they seem to be able to support me safely, yes I don't remember there being any issue." Another person's relative told us, "We have got to know the team now and feel more confident, [Name of person] has never raised anything so I think it is ok."

Assessing risk, safety monitoring and management

- Individual risks to people were assessed. This included assessing the environment, moving and handling people and the safe administration of medicines.
- People's care plans informed staff how to support people safely with any measures to mitigate identified risks.

Staffing and recruitment

- There were robust recruitment processes in place and we saw that pre-employment checks had been completed.
- Pre-employment checks included a disclosure and barring check (DBS) exploring any gaps in employment and checking people's identity. These checks helped employers to make safer employment decisions. The provider told us they had put additional competency checks in place to ensure all their care staff were trained to the same standard.

Using medicines safely

- Where people required support with taking their medicines safely. The provider ensured staff had been trained and had their competency checked.
- There were protocols in place for the administration of PRN medicine. This is medicine given when required such as medicine for pain relief, and staff recorded what they had administered on people's medication administration record (MAR).
- One person told us, "[Name of staff] help me with my medicines. They do ensure I take them regularly."

Preventing and controlling infection

- People were protected from the risk and spread of infection because staff wore personal protective gloves and aprons for the prevention and control of infection.
- Staff told us they had access to a regular supply of (PPE) and had received training to help them maintain

good standards of hand hygiene.

Learning lessons when things go wrong

- The provider reviewed any accidents or incidents and used feedback from staff and people, to maintain and improve the quality of the service. Although at the time of the inspection there had not been anything that needed to be recorded. An example given was if a medication error happened they would investigate the circumstances around the event to help reduce the risk of a reoccurrence.

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

- People's needs were assessed prior to the service commencing and the information from the assessment used to develop detailed care plans.
- The provider told us they kept themselves and the management team updated in relation to any legislative changes and updates through accessing online health and social care websites.
- The provider told us they were members of a local home care providers association which provided opportunities to share information and good practice. Meetings with the local authority, to share good practice and information.

Staff support: induction, training, skills and experience

- People were supported by staff who had received induction training. However, some staff members who had recently joined the service told us they had recently completed induction training with previous employers so had not yet completed the providers own induction.
- Staff were able to describe confidently a variety of topics relevant to their role and were able to demonstrate they had a good knowledge of topics relevant to their roles and responsibilities. They confirmed they had been observed supporting people and had their competencies checked.
- There was an ongoing training programme and refresher training to help ensure peoples knowledge was kept up to date and their knowledge was current.
- Staff were supported in their roles through regular contact, meetings and observation with the provider and manager. Although this required development to ensure it was consistent and more 'formal' as the service expanded.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- The registered manager understood their responsibilities regarding the requirements of the MCA. They confirmed no one currently using the service was being deprived of their liberty, and as such it had not been necessary for any applications to be made.
- People told us they were asked for their consent before support was provided. Staff confirmed they asked for consent and respected peoples wishes and choices.

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

- Where people required support to eat and drink sufficient amounts to maintain their health and wellbeing staff supported them with this.
- Where there were any concerns about for example peoples weight or nutritional intake this was monitored through recording intake on a food and fluid chart.

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

- People told us that if required, they were supported by staff to access health care professionals. One relative told us "I usually supported them with routine healthcare appointments, such as going to the GP but if I am not available it is reassuring to know staff would help out on these occasions."

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; equality and diversity

- People told us that staff treated them in a kind and caring way and they had developed meaningful relationships with a small and consistent team of care staff.
- One person told us "I have [Name of care worker] "She stays for an hour and is very reliable. She comes seven days. She comes around 9am. My daughter is also very happy. Another lady comes occasionally. They let me know if they are running late."
- Staff told us they enjoyed working at the service and felt they knew their service users well and could personalise the care provided by doing little things which were important to people.
- The staff spoke kindly about the people they supported, and it was clear from the warmth that they were happy in their roles.

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

- People were asked for feedback about their experience of the service and told us they felt their opinions were valued and taken into account.
- Staff told us "We can only improve if we get feedback from people. If we don't take on board what people tell us, then they would feel they were not valued.
- Staff told us, and people confirmed that they were involved in decision about how they wanted to be supported, their daily routines and preferences.
- People told us they felt that staff were respectful of them, working at their pace and giving them the time and space to enable them to continue to do what they could for themselves, thus helping them to retain as much independence as possible.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and maintained. Staff described steps taken to protect people's dignity for example when supporting them with personal care. One staff member told us, "I make sure the door is closed and speak quietly especially if family are around. I always cover people with a towel and provide personal care in a dignified way. I chat to the people, so they forget about being supported. I do think this is a respectful approach."
- Another person's relative told us, "They [staff] are all very kind and as long as [Name] is happy then I am happy. They are very good at keeping me informed as well so that makes me feel reassured."
- The provider and manager ensured people's sensitive and confidential information was protected and understood their responsibilities in terms of GDPR (general data protection regulation). Records were stored in locked cabinets in a locked office in a secure building. Only people that had a right to access the information could do so.

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

- People and their family members confirmed they had contributed to the development and review of their care plan.
- Care plans were personalised and clearly document how each person should be supported, to meet their individual assessed needs and personal preferences. Staff completed daily log records so that a detailed chronology of people's care was recorded.
- People's needs were regularly reviewed and people and or their family were involved where this was appropriate. This was to ensure the care and support being provided was still current and was meeting their needs and wishes. Any changes to people needs or abilities were communicated to the office staff so that a review would be triggered. One person told us "I have a folder with my information the staff look at it if they are not familiar and they also write in it every time they visit. I look at it occasionally but don't write anything in the notes."
- The provider told us that information about the service was available in different formats to ensure they were compliant with the Accessible Information Standard (AIS). For example, if a person had a physical, sensory or cultural need this would be developed to ensure people were not excluded and had equal access to information and records.

Improving care quality in response to complaints or concerns

- People had access to information signposting them to the process to follow should they need to make a complaint.
- People told us they knew how to raise concerns or make a complaint. We saw that there was a robust process in place if people raised concerns. The provider was positive about encouraging people to complain as they felt it was an opportunity to make continual improvements.
- The manager told us they had not received any recent complaints, but told us that they regularly worked in the community with staff and always used the opportunity to ask for feedback and if anything needed to be tweaked it could be done and resolved before elevating to a formal complaint

End of life care and support

- The service was not currently supporting anyone receiving end of life care. However, the provider and manager confirmed that arrangements could be made to support people at the end of their life.
- The provider told us that although they tried to establish people's end of life wishes this was not always possible as people often chose not to discuss wishes. However, during reviews when they had got to know people better they revisited this in a sensitive conversation.

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; and how the provider understands and acts on duty of candour responsibility

- People were positive about the way the service was managed and happy with the standard of care they received. One person told us "I would definitely recommend this agency. I have had poor care in the past, but these are really good."
- Staff were also positive about the management team and confirmed they were well supported. One staff member told us, "There have been some recent changes and we have just got a new manager, so I think things like this can take some time to settle down. But so far so good."

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

- The provider was very hands on and had a clear oversight of all aspects of the service. They were working closely with the newly appointed manager to induct them to the service. The service delivery was well organised, and systems had been established to manage all aspects of the service effectively.
- Staff told us they worked well as a team. People told us, and staff confirmed that the management team regularly worked in the community with them and supported an excellent team working relationship.

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

- People were asked to complete surveys and questionnaires to share their experience of the service. In addition, a member of the management team completed quality assurance telephone calls and visits to get regular feedback.
- Feedback was positive and people who had returned their questionnaires said they would recommend the service to family and friends if they were looking for good quality care.

Continuous learning and improving care

- The provider operated in an open transparent and inclusive way. They talked about their core values and how they related these across the service. For example, when recruiting new staff, the provider told us. "I know we can train staff to provide care to people. But we can't make people share our values. If the compassion is not there then they are not right for our service."
- The provider completed a range of audits to help assess the quality and safety of the service. This included reviews of daily records, timekeeping of staff and audits, to check the quality of recruitment processes completion of MAR charts, care plans and risk assessments to help ensure these were kept updated with relevant current information.

Working in partnership with others

- The service worked in partnership with other local organisations including health care professionals to assist in providing holistic joined up care.
- For example the provider told us that to enable them to utilise resources they were doing some joint training with other local care providers."