

Mrs Susan Cawthray

Greenfield Court HNHA

Inspection report

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Date of inspection visit:

22 November 2017

27 November 2017

Date of publication:

25 January 2018

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

The inspection of Greenfield Court HNHA took place between 22 November and 27 November 2017. We gave notice of our site visit to the agency office on the first day of the inspection so people using the service could be asked for their consent to a home visit.

This service is a domiciliary care agency. Greenfield Court HNHA is based in Harrogate. Some people who received support live in bungalows and flats located on the site in Harrogate. Other people live out in the community in their own homes and Greenfield Court HNHA staff visit them to support with personal care.

Greenfield Court Harrogate Neighbours Association is the registered social landlord (housing association) responsible for the specialist 'extra care' housing at Greenfield Court. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using Greenfield Court HNHA receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection, the service was providing a personal care service to 22 people at the extra care location and 50 people living in their own homes in the community.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

The provider was an individual (sole trader) and until recently the provider had also managed the service on a day to day basis. We have asked the provider to provide us with further information with regard to their registration status so that we can make sure we have the correct legal entity registered. We are dealing with this outside the inspection process.

There was a manager in post who had registered with CQC in October 2017. The provider and the registered manager were available and assisted throughout the inspection.

Staff had received training in safeguarding adults and the registered manager understood their responsibilities to identify and report any concerns. Safe recruitment processes were followed to ensure only suitable people were employed.

Medicines were managed safely and people received their medicines as prescribed. We have made a recommendation about the management of some medicines.

Risks to people were assessed and steps taken to reduce risks.

There had been some recent challenges posed by staffing shortages, which people referred to in their feedback to us. The registered manager described the actions in place to improve staff retention.

People received effective care from staff who had the skills and knowledge to support them. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People accessed health and social care professionals. People benefited from strong, caring relationships with staff who treated them with dignity and respect.

People spoke positively about the staff and the quality of care they received. They were actively involved in their care and staff supported them to maximise their independence.

People received an individualised service and staff understood and met people's care needs.

Effective management systems were in place to monitor the quality of care provided and to promote people's safety and welfare.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Greenfield Court HNHA

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 was planned to check 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.

Inspection site visit activity started on 22 November and ended on 27 November 2017. It included a visit to the office location on 22 November 2017 to see the registered manager and the provider, to speak with people who used the service and with staff; and to review care records and policies and procedures. We gave the service notice the week before the inspection site visit so people using the service could be asked for their consent to a home visit. After our site visit the expert by experience carried out telephone interviews with people who used the service and relatives to gain their views.

The inspection team comprised one adult social care inspector; a specialist advisor who was a registered nurse with experience of management in health and social care settings; and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection was informed by feedback from questionnaires completed by 27 people using services, five relatives and six staff. This led the inspection team to look at infection control and induction training and support for new staff. We used information the provider sent us in the Provider Information Return. 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 improvements they plan to make. We used this information to inform the inspection planning process. We contacted the local authority contracts and commissioning team for their views on the service, but we did not receive any feedback.

During our inspection we spoke in person or by telephone with four people who used the service and three relatives. We spoke with the provider, the registered manager, and with seven members of staff. We spoke with the scheme manager for the housing association, housekeeping staff and with catering staff. We reviewed care plans and associated medicines administration charts for four people, and staff recruitment and training files for four members of staff. We looked at records relating to the management of the service

including strategic management meeting minutes, policies and procedures, and the business continuity plan. We observed care and interaction in one communal lounge, one cafe area and the main dining room.

Is the service safe?

Our findings

People told us that they felt safe and any issues were dealt with promptly. Comments we received included, "I feel safe here. There are no problems but I would speak to a team leader if I had a problem," "Always someone about here, very safe. Better than living on my own," and, "I think my property is safe here, everyone very good to me."

Staff completed training in safeguarding adults annually and they understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. The registered manager had followed local safeguarding protocols to report issues and to ensure issues were investigated appropriately. They described how a recent investigation had resulted in a review of the on-call protocol. This showed us that improvements were made when needed.

People's care plans contained assessments for risks associated with falls and environment risks. Where risks were identified plans were in place to reduce risks. People told us that staff dealt promptly with any incidents. One person told us, "I've had a couple of falls. Staff got the ambulance service out quickly to look at me." Another person said, "I fell once. They got a doctor here straight away." A relative commented, "My relative fell once and staff dealt with it very quickly."

With regard to staffing levels we received some mixed views. Comments included, "Yes, there are enough staff. I have never had any problems getting hold of someone or speaking to someone," "Always staff around, night and day," and, "I think there's enough staff but sometimes you do have to wait to get one." One person described the service thus, "It's the little things left undone that make life more difficult but mostly the carers are excellent and generally speaking the service is great." We discussed current staffing arrangements with the registered manager who told us about the steps they had taken to promote staff retention. This was confirmed in the strategic workforce planning document in place.

The provider had safe recruitment and selection processes in place, which included references and disclosure and barring service checks (DBS).

Medicines were managed safely and we found that people received their medicines as prescribed. There was an up to date medicine policy in place which also had information on homely remedies. All staff completed medicine training both at induction and as part of their on-going training. For new staff senior homecare workers observed medicines being given to ensure competency. The registered manager said that when errors occurred staff would have further training and learning from errors would be shared at team meetings and through individual supervision. Records confirmed this.

Our observations showed us that staff administered medicines safely. Staff checked the medicine with the medicines administration record (MAR) before administration and they checked how often any 'as needed' pain control medicine had been given against the dosage allowed over 24 hours.

Information on protocols for the administration of 'as needed' medicines was not available. There were a

number of people requiring controlled drugs medicines both orally and through patches. There was no body map in place which would have ensured patches were rotated across the person's body.

We recommend that the service seek advice and guidance from a reputable source, on medicines handling in non-healthcare settings.

The service had Infection control policies and procedures in place. All staff had completed infection control training and safe usage of hazardous substances both at induction and as part of their on-going training. Hand washing facilities were available and staff had personal protective equipment (PPE) provided such as hand gels, disposable gloves, aprons, masks and shoe protectors. Information on good hygiene was displayed. Comments we received from people included, "All very clean here," " " and, "They keep my room very nice." Housekeeping staff told us, "The manager is most supportive and always makes themselves available to housekeeping staff," "The manager is always appreciative of what we do," and, "The manager has an 'open door' policy with staff."

Is the service effective?

Our findings

People's care records contained health and social care needs assessments. Care plans reflected how each person wished to receive their care and provided staff with guidance on how best to support people. A new post had been established to form part of the quality assurance of the organisation and this staff member had reviewed all care plans as part of this role. Care plans were up to date and had information on people's assessments including risk assessments and a comprehensive plan on people's care needs.

People living at Greenfield Court told us they thought staff had the skills needed to provide effective care and support. Comments included, "Staff are well trained," "Staff are always going on training courses," and, "Some of them are not so experienced, but I help them, tell them what to do." Relatives of people receiving domiciliary care told us, "Training is very good," and, "Staff are well trained; I feel my relative is very safe in their care."

New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Training covered a range of topics and used different methods such as workbooks, practical face to face and specialist training for specific health conditions.

The registered manager had plans in place to provide individual staff supervision every month and team meetings were held every two months. The registered manager explained that the timescales for these had slipped because of recent challenges posed by low staffing levels, but we saw that plans were in place to address this shortfall. This included providing additional training to team leaders to take on a supervisory role.

People received appropriate support from staff with meal preparation and this was clearly recorded in people's care records. A dining room serving meals was available on site at the extra care scheme and, where needed, staff escorted people to dine there if they chose to do so. We found staff from the different services worked together to deliver effective care and support. For example, a member of catering staff told us, "We are informed about special nutritional needs and cater accordingly. Currently, we cater for one vegetarian." One relative commented, "My relative has all their meals in the dining room. They have access to a communal kitchen shared with two other people, their own shelf in the fridge and their own lockable cupboard. They can make themselves a hot drink or make a sandwich if they want."

We observed lunch being served in the dining room. Staff knew each service user by name, their likes and dislikes. Everyone ate at their own pace and there was a relaxed atmosphere. Concerns about people's food intake were discussed at the weekly managers meetings. Care records showed that where concerns were raised appropriate referrals were made to the GP, community nurse or dietitian.

People were supported to maintain good health and access to health and social care professionals. One person told us, "[Staff] calls the GP for me. I organize my own optician and dental appointments." Another person said, "I usually see my own GP. Sometimes my relative calls them, sometimes staff."

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.

We checked whether the service was working within the principles of the MCA. At the time of this inspection the service was not supporting anyone who lacked capacity. The registered manager could clearly describe the action they needed to take if they assessed anyone was lacking capacity and understood how to support people in line with the principles of the Act.

Is the service caring?

Our findings

It was evident from our discussions with people who used the service, relatives and staff that senior staff promoted a culture of kindness, respect and compassion. One person told us, "All my carers are hardworking, pleasant, and friendly and treat me with respect at all times. I enjoy their visits as I know they are helping and supporting me." A relative said, "They are great friends and companions to [My relative] and a few go the 'second mile' with their kindness." While pointing out some areas that could be improved further one relative told us, "The carers [Staff] who attend [My relative] are very friendly and caring. They are kind. Some are exceptional in their care." They went on to say, "And the very best [Staff] are those who use their initiative and do a job that they see needs doing without being asked."

Staff spoke positively about their work and were motivated to provide high quality care. One member of staff said, "I truly feel as though I am a valued member of the team here." We observed good interaction between staff and service users with lots of shared laughter and vibrant conversations. The atmosphere was relaxed and cheerful. Although people had their own private living space plenty of seating was available in communal areas and we saw that people made good use of this. We observed people listening to music they had requested in one area while a game of dominoes was also taking place, together with a lively debate.

People living at Greenfield Court told us staff were very kind and caring and respectful of their personal space. Peoples comments included, "Staff all know me well. They listen to what I say and respect my privacy. Always knock before they come in," "Can't grumble about the staff, very caring and kind" and, "All the staff know me. They respect my decisions and always knock before entering my room. If I'm not there, they find me and ask if they can go in my room." A relative told us, "Staff never enter a person's room without knocking. Even if the person is in a communal area they always ask permission before going into someone's private room."

We asked people how staff helped them maintain their independence. They told us, "Staff help me stay independent, I like to try to do most things for myself," "I've always been independent, staff help me stay that way," and, "Staff tell me off for wanting to do everything for myself. They all look after me so well."

The registered manager told us that advocacy support could be arranged when needed. No one we spoke with had required support from an advocacy service. One person told us, "My daughter is my advocate." Another person said, "I make my own decisions, no need for an advocate."

Is the service responsive?

Our findings

People's care records contained details of their life history, likes, dislikes and care preferences. Care plans were completed with the person and focused on their preferences and life choices. They provided all of the information that staff would need in order to be able to meet people's individual care needs. For example, for one person their care plan stated before leaving staff should 'open two bottles of water and make sure [Name] has a glass half-filled on their trolley'. People were complimentary about the staff team and one person said, "Time keeping is always good, will change times to suit my hospital appointments." Other comments included, "I am very satisfied with the care/support I receive here. It (The service) is well managed and run." Staff were knowledgeable about people they supported and this was reflected in the care we saw provided.

People living at Greenfield Court could choose to engage with a number of activities on offer although there was no pressure for them to do so. One person commented, "I sometimes go out in the garden, can go out whenever I want – just tell the staff I'm off." Another person said, "I like fresh air, we can go out whenever we want." One person told us they liked to make use of the minibus service organised to take them to a local supermarket. Regular trips out for coffee mornings and other social events were also organised.

People told us they liked to keep active. One person told us, "We play cards, have a singer in now and again." Another person said, "We join in different things in the lounge. Play dominoes and do puzzles. I do a lot of knitting for a special care baby unit. I like reading and the library comes in every two weeks." A third service user told us, "I have a computer. I did a computer course to learn how to use it."

People's opinions were sought through regular surveys. We saw the results of the last survey, which were very positive with 86% of people reporting they were very satisfied with the level of support provided.

Systems were in place to record and investigate complaints. People knew how to raise concerns and were confident action would be taken. People told us they had never needed to make a complaint but said they would speak to staff if they had any concerns. Records showed there had been four complaints since our last inspection. Complaints had been dealt with in line with the provider's policy.

At the time of our inspection people were not receiving end of life care. In their PIR the provider reported they had plans in place to work with local health colleagues including the local hospice to provide key staff with training to enable the service to provide end of life and palliative care.

Is the service well-led?

Our findings

Service providers who are registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 can be an individual (sole trader), a partnership or an organisation. In this case the provider who is registered with CQC is an individual.

When we visited we took the opportunity to review the registration status of the provider. We found that policies and procedures, resident and staff contracts were with Harrogate Neighbours Housing Association Limited and not with the provider who is registered with CQC. We are dealing with this matter outside of the inspection process because we think that a registration error may have been made when the service was registered with CQC in 2010 or shortly thereafter.

There was a registered manager in post who registered with CQC in October 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The scheme manager and a catering manager met with the registered manager and the provider to enhance communication.

The registered manager said that the provider was very supportive. The management team had a range of knowledge and experience to effectively manage the service and promote people's wellbeing. The registered manager had notified the CQC about incidents and events that occurred during the delivery of the service to enable us to take action when this was required.

Staff were enthusiastic about the care they provided and were positive about the proposed move to a new site planned for 2018. People told us they had been kept informed about the changes and had been consulted at the planning stage and had visited the building site. Further planned admissions to Greenfield Court have now ceased as new tenants could not be assured a place in the new scheme. People we spoke with at Greenfield Court were positive about moving to the new build. They told us, "I know all about the new build. As long as my relative can still bring their dog and I can make a drink for them, I'll be happy," "I know about the new build. My room is booked, I'm looking forward to it because I will have my own kitchen," and, "New build, I'm looking forward to moving. I'll have a separate shower and bath and bedroom."

The registered manager had put procedures and systems in place to assess and monitor the quality of the service including care plans, medication and staff supervision. Control measures were also in place to monitor the premises and equipment. The provider had developed a 'risk map' to look at the impact of staffing, premises and equipment and consider emergency measures required in case of any business disruption.

People and relatives were asked to provide feedback. Satisfaction questionnaires were analysed and the results were reported back through the quarterly newsletter and posters.

