

Green Arrow Care Providers Limited

Green Arrow Care ,Ilford

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

This inspection took place on 21 November and was unannounced. At the previous inspection of this service in October 2017 we found four breaches of regulations. This was because medicines were not managed safely, staff had not undertaken training required for their role, poor practices were in place in relation to staff recruitment and the provider had not established effective systems for monitoring the quality and safety of the service. Overall, we rated the service as Requires Improvement. During this inspection, we found all those issues had been addressed and we have rated the service as Good.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It is registered to provide a service to older adults, younger adults, people living with dementia, people with learning disabilities or on the autistic spectrum and people with mental health needs. Five people were using the service at the time of our inspection.

The service had a registered manager in place. 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.

Appropriate safeguarding procedures were in place and people told us they felt safe using the service. Risk assessments provided information about how to support people in a safe manner. There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Staff had a good understanding about infection control issues and used protective clothing to help prevent the spread of infection. Although the service did not support anyone with medicines at the time of our inspection, systems were in place to do this in a safe manner if required. People were provided with support to take their medicines in a safe way.

The service carried out an assessment of people's needs prior to the provision of care. This enabled the service to determine if it was a suitable care provider for everyone. Staff undertook an induction training programme on commencing work at the service and had access to regular on-going training and supervision to help them develop relevant skills and knowledge. The service operated within the principles of the Mental Capacity Act 2005. The service supported people to access health care professionals and staff were aware of what to do if a person faced a medical emergency.

People were supported by the same regular care staff so they were able to build good relationships. People were treated in a caring and respectful manner by staff and were supported to maintain their independence. The right to confidentiality was taken seriously by the service and staff understood the importance of this.

Care plans were in place which set out how to meet people's individual needs and these were subject to review. The service worked closely with other agencies to meet people's needs in relation to end of life care. The service had a complaints procedure in place and people knew how to make a complaint.

People and staff spoke positively about the registered manager. Systems were in place for monitoring the quality of support provided at the service. Some of these included seeking the views of people who used the service.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe way and robust staff recruitment procedures were in place.

Systems were in place to reduce the risk of the spread of infection. Medicines were managed safely.

Good 

Is the service effective?

The service was effective. People's needs were assessed prior to the provision of care to determine if the service was able to meet the person's needs.

Staff undertook regular training to support them in their role and undertook an induction programme on commencing working at the service. Staff received regular one to one supervision.

People were able to make choices about their care and the service operated in line with the Mental Capacity Act 2005.

The service supported people to access relevant health care services.

Good 

Is the service caring?

The service was caring. Staff had a good understanding of how to promote people's dignity, privacy and independence.

People told us they were treated with respect by staff and that staff were friendly and caring.

Systems had been established to ensure confidentiality was maintained.

Good 

Is the service responsive?

Good 

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

Staff had a good understanding of people's individual needs and how to support them.

The service had a complaints procedure in place and complaints were dealt with appropriately in line with the procedure.

Is the service well-led?

The service was well-led. People and staff told us they found senior staff to be supportive and helpful. There was a registered manager in place.

Systems were in place for monitoring the quality of care and support at the service. Some of these included seeking the views people using the service.

Good ●

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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.

This inspection took place on 21 November and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The site visit of the inspection was carried out by one inspector and follow-up telephone calls by a second inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of serious incidents the provider had set us. 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 contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with three staff; the registered manager, the operations manager and the administrator. After the inspection we spoke with a further two staff by telephone, who were both care assistants. We also spoke with three relatives of people who used the service by telephone. We examined three sets of records relating to people including care plans, risk assessments and medicines charts. We checked staff recruitment, training and supervision records of four staff. We looked at the quality assurance and monitoring systems that were used by the service and checked several policies and procedures.

Is the service safe?

Our findings

At the last inspection of this service in October 2017 we found they were in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were employed and began working with people before appropriate checks had been undertaken. At this inspection we found this issue had been addressed. Records showed that checks were undertaken on prospective staff before they commenced working. These included criminal records checks, right to work in the UK, proof of identity and previous employment history. This meant the service had taken steps to help ensure only suitable staff were employed.

There were enough staff to meet people's needs. The registered manager and director of operations were both experienced care staff and told us they were able to step in at short notice to provide care if required. They told us there had not been any missed calls since our previous inspection and where people needed the support of two staff this was always provided. Relatives we spoke with confirmed this. The registered manager told us the service had purchased a car that was used by staff to help ensure they arrived on time, telling us this was particularly useful if there were problems with public transport.

As the service only supported a small number of people the registered manager told us the office staff were able to make daily calls to each person which included checking staff had arrived and they were on time. Records confirmed these calls took place. The registered manager added that they planned to introduce an electronic system of monitoring staff attendance through the use of staff's phones. This would enable them to check staff were punctual if the number of people using the service grew to the extent that it would not be practical to make daily calls to each person. Relatives confirmed that staff were generally punctual. One said, "Yes [staff arrive on time], they would say if they're going to be late."

At the previous inspection of this service we found they were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not undertaken appropriate training about the safe administration of medicines and medicine administration charts were not always completed properly. During this inspection we found these issues had been addressed. Records showed staff had undertaken training about medicines administration which included an assessment of their competence to do so. Medicine administration charts were in place which included details of each medicine to be administered. Staff had signed these after each administration which meant there was a clear audit trail. Once completed, medicine charts were checked by the registered manager. We checked charts and found they had been completed accurately and were up to date. Individual medicine support plans were in place for people. These included details of what medicines they took, what they were for and possible side effects. Relatives told us staff provided support with medicines, one said, "They do it at the same time every day, and they wear gloves and put it in a separate little dish when they give the tablets."

Systems were in place to help protect people from the risk of abuse. The service had a safeguarding adult's policy which made clear they had a responsibility to inform the local authority and the Care Quality Commission (CQC) of any allegations of abuse. There was also a whistle blowing policy in place which made clear staff had the right to whistle blow to outside agencies such as CQC where appropriate to do so. The

registered manager was aware of their responsibility to report suspected abuse, telling us, "First of all we would stop that carer going to the home. We have 24 hours to let the local authority know. Also, we let CQC be aware of the allegation." Staff were also aware of this responsibility, one staff member said, "I would tell my manager if someone was being abused." The registered manager told us there had not been any allegations of abuse since our previous inspection and we found no evidence to contradict this.

The service spent money on behalf of one person to do some shopping for them as part of their assessed needs. We saw records were maintained of any financial transactions which were checked by the registered manager. The service did not have a comprehensive policy in place about protecting people from the risk of financial abuse. We discussed this with the registered manager who told us they would develop such a policy. This was done and they sent us a copy of it shortly after our inspection.

Risk assessments were in place which set out the individual risks people faced and included information about how to mitigate those risks. They covered risks associated with moving and handling, medicines and the physical environment. Care plans covered behaviour and showed none of the current people using the service exhibited behaviours that challenged the service and the registered manager confirmed this was the case. They told us the service did not use any form of physical restraint to support people.

The service had a policy in place covering infection control. This made clear staff were expected to wear protective clothing when providing support with personal care and that they had to wash their hands before and after the care was given. Staff confirmed this was the case, one staff member said, "I wear gloves and aprons and use shoe protectors if necessary." Relatives confirmed staff wore protective clothing, one said, "Yes they wear gloves and do it properly." We saw there was a supply of protective clothing at the service's office.

The registered manager told us there had not been any significant accidents or incidents since our previous inspection. There was a policy about accidents and incidents that said they had to be reported to the registered manager, who in turn had to carry out an investigation with a view to reducing the chances of a similar event occurring again.

Is the service effective?

Our findings

At the last inspection of this service in October 2017 we found they were in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not receive adequate training to support them in their role. During this inspection we found this issue had been addressed. Records showed staff had regular training which included health and safety, infection control, medicines, first aid, mental capacity, moving and handling and safeguarding adults. A staff member said, "I've had a few [training], medication, health and safety, safeguarding, moving and handling."

New staff undertook an induction on commencing work at the service. This included a mixture of E-Learning, classroom based training and shadowing experienced staff as they carried out their duties to learn how to support individuals. New staff also completed the Care Certificate, which is a training programme designed for staff who are new to working in the care sector.

Staff had regular one to one supervision meetings with a senior member of staff. This gave both parties the opportunity to raise issues they considered to be relevant and of importance. Records showed supervision included discussions about performance, training, signs of stress and issues relating to people.

Relatives told us assessments were carried out on people before the provision of care. One relative said, "[Registered manager] did the assessment and oversaw the carers in their role." Assessments were to determine what the person's needs were and if the service was able to meet those needs. The registered manager told us after receiving an initial referral they met with the person and their family to carry out the assessment. They also took into consideration information provided by the referring body. They said, "When we receive a referral they [the commissioning body] give us the details of the client, then we do our own assessment. We go together [registered manager and operations manager] and question the family and the service user themselves and we use that information to draft the care plan. We want to get the view of the service user about how they want the service to be provided." We were told that on occasions the service had not been able to accept a referral. For example, they were not able to support one person because they did not have any staff who lived sufficiently close to carry out the care visits. Records confirmed that assessments were carried out which covered needs associated with medicines, mobility, personal care and nutrition.

The operations manager told us they did not provide any support with meal preparation or with helping people to eat. Where this was required, family members carried out these tasks.

Relatives told us staff informed them if there were any concerns with people's health. One relative said, "A little while ago [person's] eye was bloodshot and they noticed it and told me and told me to get in touch with the district nurse." Care plans included contact details of people's next of kin and GP which meant staff were able to contact them if necessary. Staff were knowledgeable about what action to take in the event of an emergency. The service had worked with other agencies to help meet people's needs. For example, it had made a referral to the local authority about one person who they deemed to be at risk at night due to insufficient support been in place during the night time.

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. The registered manager told us all but one of the people using the service at the time of our inspection had capacity to make decisions about their lives. The other person lived with their next of kin who had responsibility for making decisions on their behalf. The registered manager said, "Sometimes the family get involved because service users can't always make decisions." People or their relatives had signed consent forms to show they consented to receive the care provided. We were told that the service did not carry out mental capacity assessments itself, but these were done by the commissioning body if necessary.

Staff told us they supported people to make choices. One staff member said they helped people to make choices, "By listening to them, getting to know them, speaking with my manager and people who have worked them." Another staff member said, "They choose what to wear, where to sit, what care they want, it's their choice not to bathe or to have a wash."

Is the service caring?

Our findings

Relatives told us staff were caring and treated people respectfully. One said, "I think they're quite nice and friendly." Another relative said, "Some lovely people working for them." A third relative told us, "I do think they're very caring." The operations manager described the philosophy of the service, stating, "Our aim is to make life easier for those we are providing care to."

We were told by the registered manager that people were provided with the same regular care staff to promote continuity of care. They said, "They [people] like consistency, they don't want different people in their houses and we accommodate that." Relatives confirmed this was the case. This meant people and staff were able to build up trusting relationships. The operations manager said during the assessment people were asked if they had a preference about the gender of staff who supported them. They said one person did have a preference and this was recorded in their assessment. However, for other people there was no record that they had been asked about this and we recommended the service records if it asks people about any preferences and the person's response.

Staff understood the importance of promoting people's privacy, dignity and independence and explained how they did this. One staff member said, "First of all when you come to their house introduce yourself. We prompt the person, if they can't do something we ask their permission to do it." Asked how they promoted people's independence another staff member replied, "We promote their independence, if safe to do we encourage to do so, nothing is forced on anyone." A third member of staff said, "I have to let them know what we're doing and we close the door. We deal with them in their house so we let other people know in the house we're giving personal care and keep them private and not exposing them."

Care plans included details of what people preferred to be called. They also included information about the person and their interests. For example, the care plan for one person stated, "[Person] is hands on who enjoys gardening and other DIY. Before retirement they were a decorator and did renovations to their home by themselves." This helped staff to get an understanding of the person which in turn helped them to develop good relations with them.

The service had a confidentiality policy in place which made clear staff were not permitted to share information about people unless authorised to do so. Confidential records at the service were stored in locked cabinets and on password protected computers. Staff understood the importance of respecting people's right to confidentiality.

The registered manager told us none of the service users required support from the agency in relation to their religion, ethnicity or sexuality. They added that no one identified as LGBT but said, "If we do have [people who identified as LGBT] we would take that into account when we did the care plan with them." All the people using the service at the time of our inspection spoke English as a first language which helped the service to meet their communication needs.

Is the service responsive?

Our findings

Relatives told us the service was responsive to people's needs. One said, "I think they're very good and they do what they supposed to do."

Care plans were in place for people which set out their needs. They included information about how to meet those needs in a personalised manner based around the needs of the individual. Plans included a one-page profile of the person which included a summary of what was important to the person and how best to support them. Plans covered needs associated with behaviour, cognition, communication, mobility, nutrition, skin care, medicines and continence. Care plans had been signed by the person or their family member to indicate they were happy with their contents.

Care plans were subject to review. The registered manager said, "We review the care plans normally every six months. But if there have been any changes, like the person has been in hospital, we will review then." Records confirmed that care plans were reviewed which meant they were able to reflect people's needs as they changed over time. Daily records were also maintained of care provided at each visit which made it possible to monitor the support provided on an ongoing basis.

One person had requested that part of their care package was used to support them to go to the pub twice a week with staff support and records confirmed this activity took place. A relative said, "[Registered manager] spoke to social services about changing it [the care package] so that [person] is going into the community as part of their package and they take [person] out. They have a lovely time, they take [person] to Wetherspoons." This supported the person to overcome social isolation and to participate in activities that were meaningful to them.

Relatives told us they knew how to make a complaint. One said, "I have the number of the man in charge and I could phone him if I was not happy or something." Another relative said, "[Registered manager] passionately cares about these people and always says if there's a complaint from a client or an issue [to raise it]." The service had a complaints procedure in place and people were given a copy of this to help make it accessible to them. The procedure included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us there had not been any complaints received since the previous inspection and we found no evidence to contradict this. Records of compliments were kept and we saw a social care professional involved with the service had written, "I spoke to [relative of person who used the service] who spoke highly of your carers."

Where people were in the end of life stages of care, the service worked with other agencies to meet their needs. These included the district nursing service and the end of life care team of the NHS. This meant people's end of life care needs were being met in a holistic way.

Is the service well-led?

Our findings

At the last inspection of this service in October 2017 we found they were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because effective systems had not been established for monitoring and improving the quality and safety of support provided. During this inspection we found this issue had been addressed.

Various systems were in place for monitoring the quality of care and support provided. Some of those included seeking the views of people about the service. The administrator told us they phoned each person daily [Monday to Friday] to carry out a 'welfare check'. They said, "I do the daily welfare checks, checking to make sure the carers arrived on time. I ask them if they have any concerns." Records confirmed these checks took place.

The operations manager told us people were invited to complete evaluation forms, saying, "They write what they think about us. We ask them to be honest." They gave an example of an issue raised through the evaluation forms about staff not arriving at the same time to person's home when they needed the support of two staff, which was resolved. We saw one relative had written on their evaluation form dated 22 April 2018, "Sometimes communication with managers is lacking." On their next completed evaluation form dated 6 September 2018 the same relative had written, "Service has improved and is better applied." This suggested the service acted upon feedback with a view to making improvements. Other people also provided positive feedback, for example, one person wrote, "The staff provided for me are very helpful. My carers are reliable and 100% look after me."

Senior staff carried out spot checks on staff at people's homes. The registered manager said of these, "We just go unexpectedly, we don't tell them [staff] we are going. I will speak to their client and the family to hear their view about the service. I see if the staff are giving the service they are supposed to." Records of spot checks showed they looked at staff punctuality, if people were treated respectfully, if staff communication was good and if choices were been offered.

The registered manager said they did not hold staff team meetings because it was a small team and the practicalities of providing care meant it was not possible to get many staff free together at the same time. They did however hold regular management meetings. Minutes of the most recent such meeting evidenced discussions about people who used the service, staffing issues and the recently purchased car for use by staff.

Records showed that audits were carried out of care plans, daily logs and medicine administration charts. This helped to ensure that records were kept up to date and completed accurately.

Relatives had praise for the registered manager. One said, "[Registered manager] is very good, they came first of all with the carer to assess the situation and sometimes they come and sometimes they phone to check if everything is alright." Another relative said, "[Registered manager] is a great person, they're really good at what they do." A third relative said they were 'very pleased' with the registered manager.

The service had a registered manager in place who was supported in the day to day running of the business by the operations manager. Staff spoke positively about the registered manager and senior staff. One staff member said, "If I need to know anything I just ask and [registered manager] will tell me. They are approachable." Another staff member said, "[Registered manager] is good, they are like a robot, I don't know how they do things 24 hours." A third staff member told us, "As a professional they are supportive and ensures the family and clients are looked after and maintained. They are very hard working, very involved. If there's any problem they're there to support."

There was a 24-hour call system which was shared between the registered manager and operations manager. This meant a senior member of staff was always available to provide support if necessary.

Staff were provided with a copy of the 'Employees handbook' which set out their terms and conditions and included some key policies, including the policies on safeguarding, equal opportunity and discrimination and disciplinary procedures. This showed management seeking to provide clear guidance to staff about their role and the expectations the service had of them.