

Green Rose Care Limited

# Green Rose Care Head Office

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Green Rose Care Head Office is a domiciliary care service, which provides personal care to people living in their own homes. At the time of our inspection the service was providing support to 13 people across seven supported living locations in Suffolk. Some people shared their homes with other people using the service and some lived alone. Some people received 24 hour care and support and some required support at specific times. People who used the service had complex needs, including learning disability, autism spectrum disorder, mental health conditions and acquired brain injury. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were systems to assess and mitigate risks, these were designed to keep people safe from avoidable harm and abuse. There were enough staff to provide care and support to people and staff were recruited in line with requirements. The management of medicines was safe. People were safeguarded by the service's infection control processes.

Staff received training to meet people's needs effectively. The support people required with their health and dietary needs was assessed and met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's individual needs were assessed, planned for and met. People were cared for by compassionate staff who were committed to providing high quality care.

The provider and registered manager had systems to assess and monitor the service people received. This assisted the provider and registered manager to identify potential shortfalls and address them. People's views about the service were sought, valued and used to drive improvement. There was a complaints procedure and concerns and complaints were addressed. Staff were supported and empowered to provide good quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 1 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## 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 ●

# Green Rose Care Head Office

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service notice of the inspection; the inspection was undertaken on a Monday and we announced the inspection the Friday before. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started 27 January 2020 and ended 30 January 2020.

### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

### During the inspection

On the first day of our inspection on 27 January 2020 we visited the service's office. We spoke with the registered manager, the service manager and the human resource manager. We reviewed a range of records. This included three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We observed an 'on call' handover meeting between the registered manager and two team leaders. We visited one house where three people lived. We spoke with two of these people about their experiences of using the service. We also reviewed their care records, medicines records and records including audits. We also spoke with a team leader and a support worker.

On 28 January 2020 to 30 January 2020, we spoke with one person who used the service, three relatives and three staff members, including team leaders and a senior support worker, on the telephone. We received electronic feedback from a professional who was involved in the care of people using the service.

### After the inspection

We looked at information sent to us by the registered manager, including the recruitment policy and focus group feedback.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. One person said, "I feel safe with them [staff], I feel at home with them, I will never forget them." One person's relative told us they felt their family member was, "Absolutely safe."
- Staff had received training in safeguarding and understood their responsibilities in reporting concerns of abuse to the appropriate professionals.
- The registered manager provided examples where they had raised safeguarding referrals appropriately with the local authority safeguarding team, who are responsible for investigating allegations of abuse.

Assessing risk, safety monitoring and management

- People's care records held risk assessments, which demonstrated how risks in their daily lives had been assessed and staff were guided in how these were mitigated.
- Environmental risk assessments were in place in people's homes to identify and reduce risks to all people in them, this included risks associated with using equipment and lone working.
- Checks were undertaken of equipment used in people's homes to ensure they were safe and fit for purpose. Systems were in place to reduce the risks to people in their homes, for example, if there was a fire.

Staffing and recruitment

- The registered manager told us the service was fully staffed and there were enough staff to ensure they were available to meet people's needs. Staff told us there were enough staff to meet people's needs.
- The registered manager told us about their plans for the growth of the service. They were clear they needed to have the skilled care staff in place to support people's needs before further people started using the service.
- The service had a robust recruitment system in place. A staff member responsible for recruitment explained their processes, which was confirmed in recruitment records and the provider's recruitment policy. This included checks on prospective staff to reduce the risks of employing staff who were not suitable to work in this type of service.

Using medicines safely

- Staff received training in medicines and had their competency assessed by a member of the senior team.
- There was a robust system for auditing medicines, this supported the management team to quickly identify shortfalls and address them. The registered manager told us this had reduced errors with medicines. The systems included lessons learned, such as reconciliation of medicines until errors were reduced.
- People's records demonstrated they received their medicines when they needed them.

### Preventing and controlling infection

- Staff received training in infection control and received guidance to ensure they wore personal protective equipment, such as disposable gloves, where appropriate.

### Learning lessons when things go wrong

- There were systems in place to report and review incidents that occurred in the service. These were used to drive improvements and reduce future risks. This included debriefing staff and encouraging reflection of incidents to aid in lessons learned.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Prior to using the service, people's needs were assessed. This included input from the person, their relatives and other professionals involved in their care.
- Before people started to use the service, they undertook a transition period where they could meet staff and if they were going to share accommodation, with others who lived there. One social care professional told us the service, "Will often begin working with the service user at the point of transition [for example] when we begin hospital discharge planning to get an in-depth insight into the customer's needs." This assisted the person to experience a smooth transition between services.

Staff support: induction, training, skills and experience

- There were systems to provide staff with ongoing training to ensure they were trained to meet the needs of the people who used the service. Staff were trained in how to meet people's specific needs, including de-escalation techniques, autism and epilepsy. One person told us, "They know how to help people, they are understanding."
- Staff told us they received the training they needed and support to meet people's needs effectively. One social care professional told us, "My experience of working with Green Rose has been that they are experienced in managing challenging situations because they are knowledgeable. I am aware the support workers have a good amount of training."
- Before they started to work alone in the service, staff received an induction which included training, shadowing more experienced colleagues and working on the Care Certificate, which is a set of standards care workers should be working to. One staff member told us, "The induction was intensive, told us what the job is all about... the induction prepared me for what to expect."
- Staff received support through regular one to one supervision, which provided the opportunity to discuss their wellbeing and work practice, receive feedback and identify any training needs. Themes were discussed in supervisions to check staff's understanding, such as safeguarding and domestic violence. In addition, regular team meetings/group supervisions were held.

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

- People told us they were supported to have a balanced diet and made their own choices in this area. One person told us, "I am exercising, eating less, I have come this far and will keep going... They [staff] are proud of me. I do my own menu plan."
- People's records included the support they required with the planning for, preparing and eating a healthy diet, where appropriate.

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

- The registered manager told us they had worked well with other professionals to support people to achieve good outcomes. This included people's allocated social care professionals and health care professionals. One social care professional told us, "Green Rose are a provider I have been working with for a number of years now and have established a good working relationship with to support a number of service users."
- The registered manager shared examples with us about how they had worked with health care professionals to ensure people received the medicines which met their needs.

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

- Two people told us how they were being supported to maintain good health and attended a local gym and swimming pool. One person said, "I like it."
- The registered manager told us how they had worked with other professionals and supported people with desensitising programmes to receive health care treatment, including having a blood test and dental treatment. This included step by step actions to prepare the person prior to their appointment.
- People's oral health was supported. Staff had supported one person in learning how to brush their teeth effectively to reduce pain and gum disease. Another person told us how staff were encouraging them to brush their teeth to maintain good oral health.
- We observed a staff member calling a health care service, which demonstrated the service worked to ensure people received the health care support when they needed it. One social care professional told us, "In my experience the Green Rose team are very quick to get in contact with other professionals [including] GP or care coordinators, dentist."

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care records identified people's capacity to make their own decisions and any support they required in this area. One person told us, "I make my own choices, sometimes not good ones, I need to break out of that, they [staff] let me make my choices but are honest if I am going wrong."
- The registered manager was knowledgeable about the MCA and the service worked within its principles. Staff received training in the MCA and understood the importance of gaining people's consent. One staff member told us, "All people are asked for their consent, we make sure we do that."
- Ongoing consideration was being made relating to how people may be deprived of their liberty including with locked doors and non-abusive intervention techniques. Best interest decisions were made appropriately with the input of other professionals.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with told us the staff treated them with respect. This was confirmed in our observations. One person told us, "They [staff] are caring, respectful, loving and very polite... I will never forget the people from this company they are amazing.
- Staff spoken with knew the people they supported very well. All staff spoken with, including the management team, spoke about people in a compassionate manner. They were passionate about providing people with a caring and respectful service.

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

- People told us they felt their choices were listened to and acted on by staff. One person told us how they had been shopping to buy their own clothing. They told us they felt this was important to dress how they wanted. One person's relative said, "[Family member] chooses what [they] want to do and when."
- People's care records demonstrated they were involved in making decisions about their lives and these were valued. One staff member said, "We work on what works best for the person, each person is different, and we work with them in their way."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their privacy was respected. We observed a discussion between a staff member and a person regarding respecting another person's privacy. To support this the other person had a sign they put on their door to show they did not want to be disturbed.
- We saw the minutes from a meeting held in three people's home, this included being mindful about each other's privacy and how to respect each other.
- People's care records included how staff should respect people's rights to privacy, dignity and independence. One person told us, "They [staff] respect me if I need space."
- One person told us, "Most of the work I do myself and they [staff] guide me. Guide me on things to work on, work on independence, improve my confidence... I was going out with staff one to one, now I go out on my own. I am doing my own finances, I have my own opinions, make my own appointments, have responsibility, I am working on budgeting they are helping me."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were happy using the service which met their individual needs. One person said, "The [staff] in this company are very supportive, they helped with a lot of areas I need support with... Staff are an amazing bunch help me to understand me. I could not thank the staff enough I would not have got this far without their guidance." One person's relative told us, "[Family member] is being very well looked after, is being taught to cope with [their] condition and develop strategies to cope, with putting that into place [family member] is coping better."
- People's care records demonstrated care and support was assessed and planned for, and included guidance for staff how people's individual and complex needs were met. This included positive behaviour support plans which identified the support they required and potential triggers to anxiety and distress. One social care professional told us, "I have been extremely impressed with the support provided... [people] can at times present with behaviours which can be challenging, the support team are able to quickly deescalate situations in a calm and responsive approach."
- Staff told us how people received individualised care. One staff member said, "All our clients are so different, and we have to know what it means for each of them and apply their individualism, they are all diverse. When you think you know them there is something else to learn about them."
- People's hopes and aspirations were documented and systems in place to support people to meet them in a realistic way, whilst considering people's abilities. One person told us about their dream and how they were working to achieving this, which they were happy about.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records included information about their communication needs and guided staff how to communicate with them effectively.
- Where required, there were documents in accessible formats, such as easy read care documents.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care records included the support they required to maintain meaningful relationships, including their family and friends.
- People were supported to participate in social activities to achieve good outcomes. The service manager

told us about the work they had done with staff to help them understand why activities for people should be meaningful and designed to promote positive wellbeing.

- One person's relative said their relative had, "Been to the cinema, joined a gym, swimming, far busier." Another relative said, "[Family member] is going out again, which is good so showing [staff] are working well with [family member], we are happy, [staff] are brilliant. They understand [family member], we are really happy with what they offer, understand [family member] well, they are good carers."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which identified how people could raise concerns and complaints and what would be done following their concern being received.
- Records of concerns and complaints demonstrated these were investigated and addressed and used to drive improvement. One person's relative told us, "If we have any concerns we ring up and they are responsive."

End of life care and support

- There were no people using the service who required end of life care. However, the service had a policy and procedure in place should this service be required. If people chose to discuss their wishes in this area, this support was provided and documented.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since our last inspection, a new registered manager was in post. They were registered with us in September 2019. They told us they were supported by the provider.
- The registered manager understood their role and responsibilities in being a registered manager for this type of service. They were knowledgeable about people's conditions and complex needs.
- There was a programme of audits in place which assessed and monitored the service provided. A service action plan identified the improvements to the service which had been actions and planned.
- We reviewed records of management meetings, attended by the providers, the registered manager and members of the management team. These included action points to achieve, and discussions about people's changing needs and wellbeing.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All of the people and relatives we spoke with were complimentary about the service provided. One person's relative told us, "We are very happy... we have expressed how happy we are several times to the staff."
- All of the staff we spoke with were complimentary about the service and how it was managed. They were committed to providing people with good quality care. One staff member said, "[Registered manager] is always at the end of the phone if we need her no matter how big or small she will help."
- The service had a robust on call system. Team leaders undertook the on-call duties on a weekly rotational basis. The duties included calls to each person's home to discuss any incidents, and who was on shift. We observed the handover of the on-call duty team leaders and the registered manager. A detailed description of what was happening in each service was passed over and any issues the on-call staff member needed to be aware of in case there were any issues, such as with changes in people's wellbeing. This enabled the on-call staff member to take swift action in case of an emergency.
- There was a clear line of managerial support in people's homes. This included a team leader in each property, senior support workers and support workers. Staff were supported in their career progression to work towards team leader and senior support worker roles. Staff told us how they felt empowered to progress through the service and the support they had received to do this. One staff member said, "Everything is perfect, they give me a lot of support... the job had developed into a passion never thought I would enjoy it at this level... They have helped me develop professionally and personally."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear understanding of their responsibilities in the Duty of Candour and there was a policy in place relating to this.

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

- There was a system in place to gain the views of people using the service, relatives, staff and other professionals by the way of satisfaction surveys. The results of the most recent survey were seen and were mainly positive. Actions were taken when comments were received, for example a relative had said they were not sure who to speak with if they wanted to discuss their family member, as a result they were informed who they could speak with about their family member's care.
- The service had developed a focus group in November 2019 to improve staff engagement. The focus groups looked at practice, staff feedback and addressing any issues. The actions taken following a focus group in November 2019 included guidance and support to team leaders to support and upskill staff.
- To show staff they were valued the service had a reward system for positive staff actions, such as going the extra mile, coming up with an idea to improve the service and delivering their work to a high standard.
- Staff attended regular meetings to discuss any changes in people's needs and receive updates in the expectations of their work practice.

Continuous learning and improving care

- The registered manager was supported by a staff member who had been supported in their continuous learning to improve the service, this included the completion of a qualification in human resource management. In addition, they were an accredited trainer in non-abusive psychological intervention. This training was being rolled out to the care staff working in the service, each training session was bespoke to identify the support individual people required.
- The service manager also supported the registered manager and undertook visits to people's homes, identified areas for improvement and implemented them. This included the provision of 'micro training' and support if required to guide staff if any specific incidents or issues were arising. They also told us about the work which was ongoing to streamline the use of behaviour records and understanding what a person's usual presentation was and what were behaviours out of the ordinary for a person. This assisted the team to identify specific health needs for people associated with changing behaviours.
- The registered manager told us how they ensured staff were skilled in people's homes, where potential shortfalls were identified, staff were provided with support and guidance to meet the individual needs of people.
- The registered manager had instigated a system designed to help staff retention and reduce sickness and unplanned leave, to help ensure stability for people using the service.

Working in partnership with others

- The registered manager told us they had positive relationships with professionals involved in people's care, this included commissioners and allocated workers.
- This was confirmed in feedback we received. One social care professional told us, "Green Rose are very responsive to my communications and are also with family members I have spoken to. I do feel [registered manager] and her team are very good at keeping in contact and providing updates whether it be concerns or updates on achievements and progression."