

Dhyani Care Limited

Greenbanks Care Home

Inspection report

31 Buckland Road
Maidstone
Kent
ME16 0SL

Tel: 01622755859

Date of inspection visit:
20 May 2019

Date of publication:
20 June 2019

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: Greenbanks Care Home is a residential care home providing accommodation and personal care for 16 older people, some of whom may be living with dementia. At the time of this inspection 14 people living in the service.

People's experience of using this service:

People told us they enjoyed living at Greenbanks Care Home and felt safe. One person said, "They're all so kind here, it's a nice atmosphere. I get on with all the staff; if I need anything they are there to help me."

People spoke highly of the staff, we observed kind natured interactions between people and staff. Comments included, "The staff are remarkable, respectful and kind, nothing is too much trouble" and "The staff do exceedingly and marvellously well in every aspect." Staff knew people well and protected people's dignity whilst maintaining their privacy.

People's safety had been promoted and potential risks posed to people had been mitigated. Equipment used within the service had been regularly serviced to ensure they were in good working order. Staff understood their responsibilities about safeguarding and had been appropriately trained.

There were enough trained staff with the right skills to meet people's needs. Staffing levels had increased when there had been changes in a person's needs. Staff were recruited safely to ensure they were suitable to work with people.

People's safety in the event of an emergency had been considered. Equipment was serviced and maintained. People received their medicines safely as prescribed by their doctor.

Staff felt supported in their role by the management team and received guidance when needed. Staff were encouraged to complete further education courses to widen their skills and knowledge.

People were supported to seek medical support when this was required to maintain their health. People had access to food and drink they enjoyed; as well as snacks throughout the day. People's nutrition and hydration needs had been assessed.

People were at the centre of their care and support, making choices about their lives. Care records were kept under review to ensure they continued to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to give their feedback about the service and make suggestions for improvements or to raise any complaints.

People were supported to participate in activities and events within the service. People were enabled and encouraged to maintain as much independence as possible.

Systems were in place to monitor and audit the quality of care people received. Action was taken when any shortfalls were identified.

The registered manager and provider were committed to ensuring people received a high-quality service. Attendance at regular events and forums enabled the sharing of best practice.

Rating at last inspection: This is the first inspection since the service registered under a new provider name on 08 June 2018. The staff had remained the same and prior to the provider name change the service was rated Good (report published 28 March 2018)

Why we inspected: We inspect all newly registered services within the first year, this was a planned inspection.

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Greenbanks Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

Service and service type:

Greenbanks Care Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

The inspection was unannounced.

What we did:

Before visiting the service, we looked information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We also looked at information sent to us by the registered manager through the Provider Information Return (PIR). The PIR contains 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 reviewed four people's care records, which included care plans, risk assessments, daily care records and medicines records. We looked at documentation that related to staff management and recruitment

including three staff files. We also looked at a sample of audits, health and safety checks, accidents and policies and procedures.

We gathered people's experiences of the service. We spoke with four people and five relatives. We spoke with the visiting GP. We also spoke with provider and two care staff. We observed the support people received from staff when in communal areas.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff, living at Greenbanks Care Home. Comments from people included, "It's definitely safe, there are people around all the time", "It's nice, homely and clean. Staff are lovely, this makes me feel safe and peaceful, what more can I ask" and "I feel safe when I know there is always someone around all the time."
- Staff had been trained, understood the potential signs of abuse and knew what action to take if they had any suspicions. Staff told us they felt confident that any concerns they raised would be taken seriously and acted on by the management team.
- Records showed the registered manager had contacted the local authority safeguarding team for advice when concerns had been identified.
- Policies and procedures were in place to guide staff and inform them of the action they needed to take. This also included the protocol and contact details for the local authority.

Assessing risk, safety monitoring and management

- Staff followed guidance to reduce potential risks that were posed to people. For example, people's mobility, nutrition and health; where a risk had been identified staff took appropriate action to reduce the risk. For example, a record of people's food and fluid intake was recorded and monitored where a risk of malnutrition or dehydration had been identified.
- Guidance was in place to support people emotionally and psychologically at times of anxiety or distress. Staff followed advice from health care professionals such as offering people reassurance and giving clear instructions.
- Equipment used to keep people safe was regularly checked and maintained such as the bath hoist and raiser chair to support people to stand if they had fallen over. The lift used to access the other floor had recently been upgraded and serviced.
- A new fire alarm system had recently been installed to promote the safety of people. Regular safety checks were completed of the building such as, the hot water temperatures and general hazards. Gas, electricity and fire systems were checked and tested by specialist engineers.
- Each person had an evacuation plan based on their needs in place which staff could follow in the event of an emergency.

Staffing and recruitment

- People told us they felt there were enough staff available throughout the day and night and they received support when they needed it. Observation showed staff had time to sit and talk with people; people did not have to wait for staff when they needed support.
- The registered manager reviewed people's needs on a regular basis to monitor the levels of staffing. For

example, records showed that staffing levels had recently increased when a person had become unwell and there was an increase in their needs.

- Staff were recruited safely. Pre-employment checks were made of new staff, to check they were suitable to work with people. This included new staff providing references from previous employers and a full work history. New staff also completed a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a potential staff member may have. These checks enabled the registered manager and provider to make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and as prescribed by their GP. Systems were in place for the ordering, obtaining and returning of people's medicines. People's medicines were stored appropriately and were clearly labelled within the locked and secure medicine trolley.
- Staff had been trained and were observed administering medicines to people in a calm, unrushed manner.
- Daily audits and regular checks were completed of people's medicines to ensure people had received their medicines safely.
- Staff followed guidance for people that were prescribed 'As and when' required medicines (PRN). Each person had an individual PRN protocol which detailed what the medicine was for, the dosage and how the person would inform you they required this medicine.

Preventing and controlling infection

- People told us, and observation confirmed the service was clean and smelt fresh. A relative said, "It is always clean and smells pleasant."
- Domestic staff followed a schedule of cleaning to promote a clean and hygienic environment.
- Staff understood the importance of promoting good hygiene to reduce the risk of cross infection. Staff were observed using personal protective clothing such as, disposable gloves and aprons to reduce the risk of infection.

Learning lessons when things go wrong

- The registered manager investigated and analysed incidents and accidents to identify potential patterns or trends. This was so that lessons could be learnt, and changes made to reduce the risk of reoccurrence.
- Action was taken when concerns had been identified. For example, one person who kept falling was provided with a sensor mat for their bedroom; another person was referred to their GP for a review of their medicines.

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

Good: 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 on an individual basis whether the person was staying for a period of respite or a permanent admission. The assessment considered people's needs such as, mobility, care, health and cultural needs. An initial care plan was created using the information gathered at the initial assessment.
- The provider told us there had been an occasion when the local authority had sent through a completed assessment; as they were looking for an emergency placement. The provider told us that in this instance the registered manager used this information to determine whether the person's needs could be met; and then stayed to meet the person and create an initial care plan.
- People's individual protected characteristics under the Equality Act 2010 were considered during the initial needs' assessment, this included people's needs in relation to their sexuality and communication. People's rights and choices were respected and promoted. For example, people could choose to spend time alone with their loved one.

Staff support: induction, training, skills and experience

- People told us they felt the staff were well trained and able to meet their needs. Comments from people included, "The staff are well trained and seem to handle every situation in a professional manner" and "You could tell they are well trained, because they work very efficiently." A relative said, "The staff are excellent, I cannot fault them, they are very helpful and know what help to give."
- The registered manager used a matrix to track and plan training courses that staff needed to complete; this enabled the management team to track staffs' skill base. Staff told us they were provided with the skills and knowledge to meet people's needs. Staff were able to discuss any training or development needs at regular supervision meetings with the registered manager.
- There was a commitment from the provider to continuously develop the staff teams' skills and knowledge. Staff were given the opportunity to gain national accredited qualifications such as, a Diploma in Health and Social Care. A member of staff told us that these courses had enabled them to have a greater understanding of a role at a more senior level.
- New staff completed an induction before working as part of the care team. This included observing practise, reading care records and getting to know people and their routines.

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

- People told us they enjoyed the food they were served. Comments from people included, "The food is good, the cook knows just what I like and that's what I get", "The food is always good, there is always drinks and snacks on offer" and "The food is excellent and there is a variety to choose from."
- People were offered a choice of two hot meals at lunchtime. On the day of our inspection the lunch

choices were lamb hotpot or chicken casserole. People were offered a variety of drinks and snacks throughout the day.

- People's needs had been individually assessed in relation to their nutrition and hydration. Measures were in place for people assessed as being at risk of malnutrition or dehydration. For example, regular weight checks and the monitoring of food and fluid. Some people required a soft food diet which was catered for.
- The kitchen was awarded three out of five stars from the Food Standards Hygiene Rating in August 2018. The provider had created an action plan to complete the outstanding actions and recommendations such as, replacing cracked tiles and the worktops.

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

- People told us they were supported to maintain their health and access health care professionals when it was needed. Comments included, "The doctor is called when the need arises, or you can see the doctor when they make the weekly house calls" and "They got the GP before for me when I was unwell."
- Staff worked in partnership with other health care professionals to ensure people remained as healthy as possible. A visiting GP said, "They make appropriate referrals to the surgery when needed. When I make changes to a person's health support it is implemented straight away, and I do not need to follow this up at the next visit as they make the required changes straight away."
- People accessed various health care professionals such as, district nurses, opticians, chiropody and a mobile dentist. Records were kept of any contact and appointments that people had attended. Any changes to people's needs were communicated promptly with the staff team and the persons' care records were updated.

Adapting service, design, decoration to meet people's needs

- The service had been designed to meet people's needs and included facilities such as sloping ramps to enable access to all areas of the service internally. Picture signs were used to identify rooms such as the toilet and bathroom.
- The provider had invested in developing the back-garden facilities. Work was underway to rennervate the garden to make all areas fully accessible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of our inspection the registered manager had reapplied for authorisations that were due to expire.
- People told us, and observation confirmed that staff asked for people's consent prior to any care or support tasks. Staff had been trained and understood how the principles of the MCA applied to their role.
- Records showed that people's ability to make decisions had been assessed using an MCA. People were supported to make as many choices about their care and support as possible. For example, people consenting to their care and the management of their medicines.

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

Good: 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 spoke highly of the staff that supported them. Comments included, "The staff are remarkable, respectful and kind; nothing is too much for them", "They have good attitude and they're all kind" and "I don't think I could be anywhere nicer." Relatives said, "We have been to other care homes and so far, this is the best, the staff are kind and caring, they have time for you and listen" and "The staff are kind and thoughtful; they wait and listen to you even if they are busy."
- Staff had been trained and understood the importance of respecting people's diversity and human rights. Staff followed the provider's equality, diversity and inclusion policy and procedure. People's choice about their personal relationships was respected and promoted.
- The provider told us that people's religious beliefs would be accommodated and the appropriate resources would be sought when this was required.
- Staff knew people well including their personal histories and we observed staff spending time talking to people about their interests. Staff were respectful of people's wishes and referred to people in their chosen name; if this was a name different from their name at birth.
- Staff responded to people's emotional needs, spending time with people; offering reassurance when this was required.

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

- People told us they were involved in making day to day decisions about their care. Comments from people included, "I make my own decisions and they are ok with it, they just help and support you when needed" and "I have asked for a shower every day and it's honoured."
- People had been involved in the development of their care plan which was reviewed and updated with them, their relatives and the registered manager.
- People's views were sought through resident and relative meetings. These meetings gave people an opportunity to give feedback about the service they received. The provider and registered manager also used these meetings to update people and their relatives about the building work that is currently underway.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always respected their privacy and dignity. Comments included, "The girls always treat me with dignity, I never worry about that" and "The staff treat me with dignity and respect, they make sure I am never exposed."
- Staff had been trained and understood the importance of maintaining people's privacy and dignity. Staff were observed knocking on people's bedroom doors and waiting for a reply before entering.
- Confidential information about people and staff had been stored securely within locked cupboards and

on password protected computers.

- People told us staff encouraged them to do as much for themselves as possible. Care plans promoted people's independence, detailing what people were able to do for themselves. People confirmed that staff enabled them to maintain their independence as much as possible. For example, one person's care plan detailed how they liked to fold their own washing and the table cloths. This person was offered the opportunity to complete this daily.

Is the service responsive?

Our findings

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

Good: 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 told us they received care and support that was responsive to their needs. People and their relatives were involved in the development and review of their care plans to ensure they continued to meet their needs.
- Care plans contained detailed guidance for staff to inform them how people wanted their needs met. For example, one person's care plan stated they liked to wear makeup and that staff should ask the person if they required any support with this. Care plans included information about, the support required to manage specific health needs, communication needs and any emotional support that was required. Care plans recorded people's likes, dislikes, personal histories and hobbies.
- People were offered the opportunity to participate in activities that had been arranged by the staff team throughout the day such as, hoopla, ball games and crosswords. The provider used an external singer who visited the service twice a month. People told us they enjoyed seeing the singer and enjoyed singing along to their music. One person said, "I like the sing song activities and that's about it." A relative said, "The staff know she likes the music and make sure that she does not miss the sign song activities."
- The provider told us they planned to increase the visits from the singer and planned to provide people with a structured number of daily activities they could choose from.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint however, they had not needed to. People and their relatives were given the opportunity to raise any concerns or complaints with the staff at any time.
- A complaints policy and procedure were in place which was accessible to people and in a format, people understood.
- The provider told us there had not been any formal complaints since their registration; any concerns or suggestions that had been made were acted on and resolved promptly.

End of life care and support

- People's choices for care at the end of their life had been clearly recorded within their care records. Staff worked alongside the local hospice team when people had chosen to stay at the service at the end of their life. People's wishes had been respected and accommodated; allowing people to have a pain free death where they felt comfortable.
- The visiting GP told us they had worked closely with the staff team to arrange palliative care for two people that had chosen to stay living at the service at the end of their lives.
- A relative of a person that had recently chosen to stay at the service to receive care at the end of their life said, "They were brilliant. They looked after me and looked after my [loved one] with tremendous care. They cared exceptionally well, there was always someone there to offer support to both me and my [loved one]. I can't speak highly enough of the staff."

- The provider told us they had purchased a portable bed to enable family to stay with their loved one if they had chosen to. Relatives had also been provided with meals during their stay.

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

Good: 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 with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- People told us they felt the service was well managed and found the registered manager open and approachable. Comments included, "It's well managed and we can talk to any of them. I know the manager quite well, I am able to share feedback, it's a really good service" and "The manager is friendly, I would certainly go to her if I have any problem, but I am content."
- Staff told us the registered manager and provider were approachable and always listened to their ideas and suggestions. The provider worked alongside the registered manager and was available throughout the week.
- The management team promoted an open and equal culture between staff. Regular team meetings were held which enabled the sharing of good practice and gave staff the opportunity to make suggestions about the service.
- Regular audits and checks were completed to monitor and improve the quality of the service people received. Monthly audits were completed by the registered manager which included an entire systems audit; this looked at care records, care delivery and health and safety. The provider used an external independent auditing company to complete audits. These audits generated action plans that were monitored and completed by the registered manager and provider.
- The provider understood their duty of candour responsibility, taking responsibility and being honest when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- Staff had a clear understanding of their role and told us they enjoyed working with people at the service. Each member of staff was given a job description and contract of employment which outlined their role and responsibility.
- The registered manager used team meetings with staff as an opportunity to discuss working practices and any changes to legislation.
- The registered manager attended workshops and local provider forums where current best practice within health and social care was discussed; any ideas or suggestions would be discussed with the provider and implemented.
- The management team and staff worked closely with visiting professionals such as GP's, chiropody and the district nursing team. A visiting GP told us they liked to see any new admission within 24 hours of their arrivals and the team would contact the surgery to ensure this happened.

- Policies and procedures governing the standards of care in the service were kept up to date, considering new legislation.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards authorisations and deaths. The management team was aware of their regulatory responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.

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

- People and relatives were involved in the development of the service. Annual surveys were sent out to gather feedback from people and enable an opportunity to make suggestions. These were available in different formats to ensure their accessibility. Results showed that people were happy with the service they received.
- People and their relatives could attend resident meetings where people were asked for their feedback and informed about any changes that were planned, such as the building work.
- Newsletters were sent out quarterly to update people on what was going on within the service such as, new staff or activities.
- Staff completed questionnaires to provide feedback about the management and leadership of the service. Results from the 2019 questionnaire showed that staff felt supported in their role and knew the management team would offer help and support, if required.