

Bowercroft Care Limited

Greenbanks Care Home

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

We inspected this service on the 5 and 6 February 2018. The inspection was unannounced.

Greenbanks Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Greenbanks Care Home provides personal care and accommodation to a maximum of 15 older people, some of whom were living with dementia. There were 15 people living there at the time of our inspection.

The service was taken over by a new provider in January 2017. Since this time extensive work has been undertaken to make improvements to the service such as, the replacement of the fire alarm system, replacement of all carpets, redecoration of people's bedrooms and ensuite facilities. Greenbanks Care Home has two lounges for people to use and has a passenger lift for access to the first floor.

The service had a registered manager in post who had worked with the new provider for a number of years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a deputy manager.

People felt safe and were protected from the potential risk of harm and abuse. Staff understood their responsibilities for safeguarding people and followed the provider's policy and procedure. Potential risks to people had been assessed and steps were taken to reduce any risks. The premises were maintained and equipment had been regularly serviced to ensure it was in good working order.

There was enough staff to meet people's needs. Staff recruitment procedures were followed to ensure staff were safe to work with people who needed care and support. Staff were trained to meet people's needs including any specialist needs. Staff were given feedback, support and guidance from the management team, through regular supervision meetings.

People were supported to maintain their nutrition and hydration with support from health care professionals if necessary. A menu was in place which offered a choice of two hot meals; however, other food options were available. People's feedback and suggestions regarding the meals had been listened to and action taken. People were supported to remain as healthy as possible and attend appointments with health care professionals when required. Medicines were managed safely and people received their medicines safely, from trained staff. Accidents and incidents were monitored effectively.

People's needs and choices were assessed when they started using the service. People received care that was personalised to their needs. People were offered the opportunity to take part activities which they enjoyed. People were encouraged to raise concerns or complaints and were asked for feedback about the

service they received. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with dignity and respect, by staff that were kind and caring. Staff knew people's likes, dislikes and personal histories; this information was readily available within the persons' care plan. People were supported to maintain relationships with people that mattered to them.

Systems were in place to monitor the quality of the service being provided to people. They were a range of checks and audits carried out to ensure the safety and quality of the service that was provided to people. The registered manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the potential risk of harm and staff understood the action to take if they had any suspicions.

Risks to people had been assessed and steps were taken to reduce any potential risks.

Systems were in place for the event of an emergency such as a fire or flood. Equipment was serviced and maintained to reduce potential risks.

There was enough staff to meet people's needs. Staff were recruited safely and followed good practice.

People received their medicines as prescribed by their GP.

Is the service effective?

Good ●

The service was effective.

People's nutrition and hydration was maintained. People were supported to remain as healthy as possible with support from health care professionals.

Staff were supported in their role and were given training to meet the needs of people.

People and their relatives were involved in the initial assessment which was then transferred into the persons' care plan.

People were asked their consent by staff prior to any care and support tasks being carried out. Mental capacity assessments had been completed with people and/or relevant people.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring. People's privacy and dignity was maintained by staff who promoted people's independence.

People were supported to maintain contact with people who mattered to them.

People and/or their relative were involved in the development of their care plan.

People's personal information was stored securely and confidentially.

Is the service responsive?

The service was responsive.

People's documents were reviewed with them and/or their relatives on a regular basis.

People were encouraged to participate in a range of activities within the service and out in the community.

Systems were in place for concerns or complaints to be listened to and acted on.

Good ●

Is the service well-led?

The service was well-led.

There was an open culture and staff were kept informed and updated about changes to the service.

Systems were in place to monitor the quality of the service being provided to people.

There were a range of policies and procedures in place to guide and inform staff.

The registered manager understood their role and responsibility to provide a good quality service to people.

Good ●

Greenbanks Care Home

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 the 5 and 6 February 2018 and was unannounced. 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 or caring for someone who uses this type of care service. The expert-by-experience for this inspection had experience in care for older people.

The registered manager had completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what they do well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge and dining area of the service. We spoke with nine people using the service and two relatives to give their feedback on the service they received. As part of the inspection we spoke with the provider, the registered manager, the deputy manager and two care staff.

We reviewed a range of records. This included three people's care plans and records including care planning documentation, risk assessments, nutrition and hydration information and medicine records. We looked at documentation that related to staff management and staff recruitment including three staff files. We also looked at records concerning the monitoring, safety and quality of the service.

The service had been registered with us since 26 January 2017. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.

Is the service safe?

Our findings

People told us they felt safe with the staff supporting them and thought their belongings were safe within their bedrooms. One person told us they had new bedroom furniture which included places to put their things safely. They said, "I've got a nice strong door. I've got no fear." Another person told us they had a call bell in their room however they were worried about falling and not being able to access the call bell; as a result a neck pendant was purchased for the person to wear, this made them feel safer. A relative commented, "It's nice to go home and know [loved one] is in good care."

People were protected from the potential risk of abuse, by staff who knew the potential signs of abuse and the action to take if they had any suspicions. For example, speaking to the registered manager, the local authority safeguarding team or the Care Quality Commission (CQC). Staff received regular training regarding adult protection and followed the provider's policy and procedure. Records showed safeguarding concerns had been raised by the registered manager through the local authority and had been recorded appropriately. Staff understood whistle-blowing and felt confident any concerns they raised would be acted on.

Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to personal care, mobility and medical conditions; these were linked to a care plan. Each risk assessment detailed the potential risk, the persons' abilities to self-manage the risk and an action plan for staff to follow to support the person. Risk assessments were reviewed on a regular basis by a member of the management team to ensure staff were following up to date guidance. Accidents and incidents involving people were recorded and monitored by a member of the management team.

Some people, at times, displayed behaviour which could be challenging towards themselves or others living within the service. Records showed for these people there was a behavioural management strategy within their care plan. The plan gave an overview of the person, identified possible triggers and then detailed the action and interventions required to support the person. For example, for staff to walk away or speaking to the person in a calm way.

Systems were in place to ensure the safety of people, staff and visitors and minimise potential risks. Environmental risks were assessed and recorded online which were accessible to staff working within the service. For example, risks relating to the outside access, garden area, gas safety and the food preparation areas. Equipment was regularly checked and serviced to ensure they were in good working order such as the bath chair, mobile hoist, emergency lighting and fire alarm system. The provider had installed a new fire detection system and new fire doors since taking over the service. New door alarms had been fitted to all external doors to alert staff if a door was opened. These checks enabled people to live in a safe and adequately maintained environment.

Each person had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on how to support people in an emergency. The provider had a business continuity plan in place for the event of an emergency such as, extreme weather, utility failure or a flood. An emergency 'grab file' was stored

securely within the entrance hall, along with items such as drinking water and foil blankets. People's safety in the event of an emergency had been carefully considered and planned for.

The provider employed a team of domestic staff across seven days a week to ensure the environment remained clean to reduce the risk of infections. One person told us they felt the service was "very clean" and said, "The rooms are cleaned every day." Another person said, "It's so clean here. I have got the nicest room." All staff received training regarding infection control and followed the providers' infection control and cleanliness policy. Each person's bedroom contained a box for staff to access personal protective equipment (PPE) such as gloves or red laundry bags. We observed staff using PPE when completing personal care tasks or when serving food. An infection control audit was completed by a member of the management team on a monthly basis. This looked at, infection control procedures, staff training, the laundry area and waste disposal.

There were enough staff on duty to meet people's assessed needs. We observed staff responding promptly to requests from people for assistance or support. A relative told us they felt there were, "Plenty of staff." The registered manager and the provider were based within the service most days and were available to offer any additional support if required. Staff were recruited safely, recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and verified over the telephone by a member of the management team. People could have confidence that the staff supporting them were of good character and were safe to work with people.

The provider and registered manager used observation and concerns as a way to continuously learn and improve the service they delivered to people. The provider told us they had used observations within role play with staff to enable a better understanding. For example, staff observed the provider who sat crossed legged for a prolonged period of time and then tried to get up and walk. On another occasion the provider sat in a chair with wet trousers to demonstrate to staff how they felt. The provider used the information within the staff newsletter, which was made available to all staff.

People received their medicines safely by staff who were trained in the administration of medication; and followed the provider's policy and procedure. All medicines were stored securely and appropriate arrangements were in place for ordering, recording, administering and disposing of people's prescribed medicines. During our inspection we observed the medicines round, staff administered medicines to people and accurately recorded when they had been taken. The medicine trolley was neat and contained clearly labelled shelves for people. People's medicine administration records (MAR) were clear with accurate recording of when medicines had been administered. People were asked discreetly if they required any pain relief, prior to its administration. Records showed a weekly and monthly audit was completed by the deputy manager of people's medicines and the records. This enabled potential errors to be identified such as a missing signature or low stock of a particular medicine.

Some people had "As and when required" PRN medicines. Guidance was not in place for staff to follow on the first day of our inspection. However, the following day the deputy manager had completed PRN protocols for all prescribed PRN medicine, which included the dosage, frequency, purpose of administration and any special instructions.

Is the service effective?

Our findings

People told us they enjoyed living at Greenbanks. One person said, "Nice, little place. I am looked after as much as I want." Another person said, "All's well. I'm extremely well looked after. They're [staff] very patient."

People were supported to eat and drink enough to maintain their nutrition and hydration. People had an initial nutritional assessment completed when they moved into the service and their dietary needs and preferences were recorded, and transferred onto the care plan. People's weight was regularly monitored and recorded. Systems were in place if staff had any concerns about a person's weight or food intake, action would be taken such as, a referral being made to the dietician.

The provider employed a cook who prepared the meals on a daily basis. There were a choice of two hot meals, however, people were able to choose other items if they did not like the menu. People we spoke with gave mixed views about the food they were served, however, they all felt the quality was improving and their suggestions were being listened to. One person when speaking about the food said, "I get enough. I expect it to be good and cooked reasonably. Sometimes it's not cooked reasonably. It is improving. They're very good at vegetables. The menu could be broader." Another person said, "The food is adequate. We always get a choice. I like it well enough." A third person said, "The food is quite reasonable. They've taken notice of people who said they didn't like it." A fourth person said, "I enjoy the food." Information about people's food likes and dislikes were recorded within their care plan.

Staff used 'sample plates' to enable and encourage people to make an informed choice. This was when the two options would be plated and shown to people, who then made their food choice based on what the meal actually looked like. The registered manager told us they had recently attended a conference regarding supporting people living with dementia; as a result the provider purchased red plates to be used at meal times. Some people living with dementia are able to see food clearer when a red plate is used as opposed to a white plate. People were asked if they would like to try the red plate with their meal, if people chose not to this was respected by staff. Records showed that one person's weight had increased since the introduction of the red plates. A relative told us their loved one had recently moved into Greenbanks from another service and felt their loved one had a much better appetite now.

Regular tea trolleys were taken around to offer people a variety of drinks and snacks. People had access to water within their bedroom if they wanted a drink. One person said, "I've never found it a problem to get a drink." People were given a choice of where they wanted to eat their lunch; some people sat in the dining room, in the lounge or in their bedrooms. Staff were observed encouraging people to eat their meal and offering support if it was required.

The registered manager and the deputy manager carried out an initial assessment with people prior to and when they started to use the service. A health and social care professional completed an initial assessment with people and this was sent to the registered manager to begin the referral process. The providers' assessment took into account the person's care and support needs, communication, physical and social needs. They included details about how the person wanted to be supported and were written in conjunction

with people's families if necessary. This information was then transferred onto the electronic care plan for the person. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the initial assessment. There were equality and diversity policies in place for staff to follow, this helped staff promote people's equality, diversity and human rights. Nobody living at the service had a protected characteristic at the time of our inspection. The provider ensured they met staff's needs such as set days to attend training due to family commitments.

Staff worked alongside health care professionals to ensure people remained as healthy as possible. Each person had detailed guidance in place which included information of the support from health care professionals and guidance for staff to follow. All appointments with professionals such as doctors, district nurses and chiropody had been recorded with any outcome. Staff used an electronic recording system to record what had happened and any action that had to be taken. The information from them electronic tablet was then instantly transferred to the person's care plan. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly. One person said, "If I need a doctor, I see a girl on the counter [deputy manager]. She will probably phone a doctor." Some people accessed the visiting chiropodist during our inspection. One person commented they thought the chiropodist was, "very pleasant." During our inspection staff noticed a person was not their usual self and felt unwell, staff telephoned the persons' doctor for advice and support.

The premises had been adapted and decorated for the people who lived at the service. People could choose to have their name or photographs of reference on their bedroom door. We saw some people had chosen pictures of their past occupation, places of work and places of interests, whilst other people had chosen not to have anything on their bedroom door, this was also respected by staff. There were adaptations that had been made to the front of the building, a ramp to reduce the risk of people falling or tripping and to enable people to safely exist the service in a wheelchair. People had access to a small outside patio area which was accessible to people in wheelchairs or people who had mobility needs. The provider told us they planned to use the outside garage to create an additional space outside for people to access.

Staff told us they felt supported in their role by their lines manager. One member of staff said, "They [management team] give you support when you need it." Another member of staff told us they felt the management team worked well together and said, "I am definitely supported in my role." Systems were in place to provide support and supervision to staff, through supervisions and an annual appraisal. This was to provide opportunities for staff to discuss their performance, development and training needs. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

Staff were provided with the skills, knowledge and guidance to meet people's needs. Staff told us they felt they had been provided with the training and support relevant to their role. New staff completed the providers' mandatory training in subjects such as, first aid, food safety, health and safety, dementia and fire prevention. These courses would run alongside the providers' induction book, which covered information about the company, its values and policies and procedures. New staff worked alongside experienced members of staff before working as part of the care team.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any applications or authorisations to deprive a person of their liberty had been made. The registered manager, deputy manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand and use these in practice. People's consent and ability to make specific decisions had been assessed and recorded in their records. Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests. Records showed that DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Is the service caring?

Our findings

People told us and observations showed that staff were kind and caring. Staff were observed supporting people in a patient and gentle manner, whilst moving from the lounge to the dining room or to the bathroom. One person when speaking about the staff said, "The girls are all very nice and very helpful." A relative said, "A friend recommended Greenbanks. I am very pleased with it." Another relative said they felt the care staff were, "very good."

People were supported to maintain as much contact with their friends and family as they wanted. Relatives told us they felt welcomed when visiting and there were no restrictions on what times visitors could call. One relative told us they felt Greenbanks was, "very accessible" and that staff always "make us welcome." One person told us their family lived nearby and visited them on a weekly basis. One person had a landline telephone within their bedroom which enabled them to keep in contact with friends.

Staff treated people with dignity and respect whilst maintaining people's privacy. We observed staff and the management team knocking on people's bedroom doors and waiting for a reply before entering. Staff gave examples of how they protected people's privacy and dignity whilst offering them care and support. For example, closing doors, covering people up with a towel following personal care, closing the curtains and encouraging people to do as much for themselves as possible.

People's confidential records relating to their care were kept on an electronic care plan system which was password protected. Staff understood the importance of maintaining people's confidentiality through the providers' induction and ongoing training programme.

People and or their relatives were involved in the planning and delivery of their care. One person said, "I was involved in the preparation of my care plan. I feel my choices are respected." One relative said, "If I felt it needed to be reviewed, I would speak to [registered manager]." People's care plans included clear information and guidance about their individual communication needs, their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about people's backgrounds. People were encouraged and supported to remain as independent as they wanted to be. Care plans included details of what people were able to do for themselves and the support they required from staff.

Is the service responsive?

Our findings

People told us the staff were responsive to their needs and they were happy living at Greenbanks. One person said, "This is just right. This is me. It's very nice. I am very happy here." Another person said, "I'm quite happy here." A third person said when speaking about living at Greenbanks, "I'm happy. I very much enjoy it." A fourth person said, "I'm glad I'm here. It's very good. Comfortable." A relative said when speaking about the service, "Overall, I am very happy."

People received a personalised service that was responsive to their needs. People and/or their relatives were involved in the planning and delivery of the care and support they required. People's care plans were reviewed on a regular basis to ensure the information was up to date and continued to inform staff how to meet their needs. People's wishes and choices were respected by staff. For example, one person had chosen not to have a television in their bedroom as they preferred to listen to music and read. Another person said, "I can have a bath whenever I want one." Insisting that the staff respected their choice about this. Staff were knowledgeable about how people liked to be supported and used the information contained in people's care plan to meet their needs. People could be assured that they would be offered person-centred care, which put themselves and their wishes at the centre of everything they needed care and support with.

People were supported to take part in a range of activities to meet their needs and preferences. People spoke highly of an external singer and guitarist who visited the service on a monthly basis. One person told us they had recently been out into their community, shopping with staff and had lunch out. They said, "The girls that came were pleasant. I had a really nice day out. It was pretty super actually." Another person said, "I think there's enough to do." Staff completed activities with people on a daily basis such as games, quizzes, music and movement and crosswords. External companies came in to provide services such as, singers and a weekly visit from the hair dresser. A local library would bring books in on a monthly basis for people to read. One person had regular visits from a retired vicar which they enjoyed. The registered manager had been responsive to one person's need to go out on a regular basis to the local shop. This was not always possible so instead the person would be supported when they wanted to visit the store cupboard within the service to choose a range of snacks and biscuits which they kept within their bedroom.

People told us they knew who to speak to if they had any concerns or complaints. One person said, "We've got an individual manager, I get on well with her. I get on with [deputy manager] very well, I speak to her." Another said, "If I wasn't happy I would speak to [registered manager], I get on well with her. [Registered manager] will, come and have a chat." A third person said, "The lady in charge is friendly. She is the perfect person to complain to because she always gets something done." A relative told us that if they had any concerns about their loved ones care they would; I would definitely speak to [registered manager]." Information about how to make a complaint was available to people and their relatives. The provider had a complaints policy which included the procedure which would be followed in the event of a complaint. The registered manager told us there had been no formal complaints made since the provider took over in January 2017.

Peoples' end of life care had been discussed with them and/or their relatives and recorded within their care

plan. People's wishes had been respected if they had chosen not to discuss things. Some people's care plans recorded specific preferences such as whether they wanted to be buried, cremated or donated their body to science.

Is the service well-led?

Our findings

People and relatives spoke highly of the management team. One person said, "[Registered manager] is alright. She's got an assistant who is a very good administrator." Another person said, "The overall manager [the provider] comes round to see if you're alright." A relative when talking about the provider said, "The owner talks and interacts with the resident's she's always about." Another relative said, "Since [registered manager] has been here, it's been better. There have been improvements since [registered manager] has been here. I looked at this place four years ago and it was totally different. There was carpet everywhere and it smelled."

The registered manager was supported by a deputy manager staff who managed the care staff. Staff understood the management structure and who they were accountable to. Staff said they understood their role and responsibilities and said this was also outlined in their job description and contract of employment. One member of staff when speaking about the management team said, "They are the best managers I have ever worked for. There are no challenges to working at Greenbanks." The providers' mission, vision and values included, treating people as individuals, promoting health, comfort and reassurance and respecting peoples' diversity and choice.

The management team promoted an open culture between them and staff. Staff and people were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice and gain some feedback from observations made by the management team. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs.

People and their relatives received a regular newsletter. This contained information about activities that had taken place, celebrated birthdays, staffing changes and updates about the service in general. Word searches had been added to the back of the newsletter for people to complete if they wanted to.

Following the new provider taking over the service in January 2017, the registered manager had developed links with local health care professionals such as the local pharmacy and GP surgery. A visiting district nurse complimented the service, writing, 'The home has improved massively since the new owners have taken over.' Another health care professional wrote, 'Excellent staff polite, careful professional manner towards staff/users. Helped Seacamb crews by providing a clear and concise handover.' This meant the medical staff supporting the person to hospital had the information they required from the staff, such as how to meet the persons' needs.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the deputy manager on a monthly basis, including health and safety, medicines management, infection control, falls and an audit of people's care records. The provider had commissioned a quarterly audit by an external company. These audits generated action plans which were monitored and completed by the management team. Feedback from the audits were used to make changes and improve the service

provided to people.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. For example, consent to care and treatment, equal opportunities policy, capability policy and staff recruitment and selection. Staff knew where to access the information they needed.

The registered manager had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. All incidents have been reported correctly.