Buckland Rest Homes Limited

Greenbanks Nursing Home

Inspection report

29 London Road
Liphook
Nr Guildford
Hampshire
GU30 7AP

Tel: 01428727343

Date of inspection visit:
30 November 2016

Date of publication:
22 December 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection which took place on 30 November 2016.

Greenbanks Nursing Home is registered to provide care (with nursing) for up to 30 older people. Some people are living with various types and degrees of dementia and some people have other difficulties associated with the ageing process. There were 22 people resident in the service on the day of the visit. The building offers accommodation over two floors. The first floor is accessed via a staircase or lift. The service has five double rooms but only one is used as a double. The maximum number of people offered a service at any one time is therefore 26. The two people who share a room are happy to do so.

The service should have a registered manager but did not have a registered manager running the service. 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 manager and provider promoted the safety of people who lived in, worked in or visited the service. General and individual risks were identified and managed to make sure that people, staff and others were as safe possible whilst in the service. Staff were provided with training in the safeguarding of vulnerable adults and in relevant health and safety procedures. Staff were able to describe how they ensured people were kept safe from abuse and/or poor practice.

People were provided with care that was as safe as possible because the manager ensured adequate numbers of appropriately skilled staff were made available. The service's recruitment procedure ensured that as far as possible, all staff employed were suitable and safe to work with vulnerable people. People were given their medicines in the right amounts at the right times by qualified nursing staff who had been trained to carry out this task.

The manager and staff team protected people's rights to make their own decisions and choices. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. Care staff knew who and when to discuss consent issues with the interim manager. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. Where people did not have the capacity to make their own decisions about all aspects of their care, appropriate DoLS referrals were made to the local authority.

People's health and well-being needs were met by staff who were trained and supported to offer effective day-to-day care. People were assisted to make sure they received health and well-being care from appropriate professionals. Staff were trained in necessary areas so they could effectively meet people's diverse and changing needs.

People and staff built effective relationships and staff provided caring and compassionate support. Staff encouraged people to make as many decisions and choices as they could to enable them to keep as much control of their daily lives, as was possible. People were treated with kindness, dignity and respect at all times.

People benefitted from a well-managed service. The manager and provider were described as approachable and supportive. The service made sure the quality of care provided was regularly monitored and any necessary improvements were made, where possible.

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.

Staff understood how to protect people from any type of abuse or harm.

There were enough staff, on duty, to make sure people were cared for safely.

Staff were checked so that the manager was confident they were safe and suitable to work with people.

People were given their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported and cared for by well trained and knowledgeable care staff.

Staff supported people to ask for help from appropriate professionals to enable them to stay as healthy as and happy as possible.

People were helped and encouraged to make as many choices and decisions for themselves as possible and choose their lifestyle.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and dignity at all times. Staff interacted positively and patiently with people.

Staff understood people's communication methods and knew how people expressed their needs.

People's dignity was maintained and staff and their privacy was respected.

Staff understood equality and diversity and treated people as individuals.

Is the service responsive?

Good

The service was responsive.

People's needs were responded to quickly by the care staff.

People felt they were listened to by the manager and staff team.

People were supported and cared for in the way that they preferred and that suited them best.

People were provided with daily activities which stimulated them and helped them to enjoy their lives.

People and their families knew how to make complaints about the service if they wanted to. They were confident these would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

Although the service did not have a registered manager in post the provider had ensured it was well-led.

The service kept accurate records relating to people who live in the service and other aspects of the running of the service.

The manager and provider checked the service was giving good care to people. They made changes to improve things, as appropriate.

Greenbanks Nursing 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 30 November 2016. It was unannounced and carried out by one inspector.

Before the inspection the provider sent us an information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all the information we had collected about the service. This included all information and reports received from health and social care professionals and others. We looked at the notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas of the home and used a method called the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. Additionally we spoke with seven people who use the service, the manager, the nominated individual, three relatives and seven care staff. We requested feedback from four professionals but received no responses.

We looked at the records, including plans of care and daily notes for five people who live in the service. In addition we looked at a sample of other records related to the running of the service. These included medicines administration recording systems, four files of staff recruited in the previous 12 months, staff training records, duty rosters and records used to measure the quality and safety of care provided.

Good

Is the service safe?

Our findings

People felt safe in the home. One person told us, "I feel perfectly safe" and another said, "I feel nice and safe, better off than when I'm at home, although of course I like it at home". Staff told us they had never seen anything they felt was abusive, harmful or disrespectful. Relatives of people who live in the home felt their family members were kept safe by the service. One commented, "I am 100% confident that [relative] is safe."

People were protected from abuse or poor care by staff who were trained in the safeguarding of vulnerable adults. Staff fully understood their duties and responsibilities with regard to safeguarding people in their care. They were able to describe the actions they would take if they identified any safeguarding concerns. The service had a detailed whistle blowing policy which was easily accessible and understood by staff members. However, care staff and relatives were confident that the manager, provider or other senior staff would take immediate measures to ensure people were protected. The service had reported three safeguarding concerns during the past 12 months. These had been reported appropriately and dealt with effectively.

People, staff and visitor's safety was taken seriously and robust health and safety procedures helped people and others to be as safe as possible, whilst in the service. Staff were trained in areas such as fire safety, moving and handling and general health and safety. Safety measures included, thermostatic valves fitted to hot water taps and staff tested and recorded water temperatures before assisting people into the bath or showers. The service completed regular health and safety maintenance checks, at the required intervals. Examples included internal checks on window restrictors, wheelchairs and fire alarms and external contractor checks on equipment such as hoists and the passenger lift. The service had a service continuity plan in place. This advised staff how to deal with foreseeable emergencies such as total evacuation and loss of supply of utilities. The plan was produced in a format which was easy to read and follow in crisis conditions.

The service improved people's safety by ensuring care staff completed assessments which identified risks to individuals and others. Generic safe working practice risk assessments included visitors in the home, window safety and surfaces and hot water scalding. The assessments were concise but detailed and had been reviewed in October 2016. Individual risk management plans were developed for significant risks to people and incorporated into their care plans. These included a safe living environment, hydration and behavioural needs. Nationally recognised risk assessments were used for areas such as skin health, dependency levels and falls.

Safety was promoted because the service learned from accidents and incidents. An accident and incident log was kept and reviewed monthly to identify any trends or recurrences. Accident and incident reports recorded, in detail, what had happened and the action taken. All follow up actions were noted and where necessary care plan or health and safety reviews took place.

People enjoyed living in a clean and hygienic environment where they were protected from infection, as far as possible. People and relatives told us the home was clean and fresh. One relative commented, "I have

only once ever smelt an unpleasant odour which was short term and vanished quickly." Infection control policies and procedures, which staff followed, were in place. The service had not been inspected by the environmental food safety standards agency since February 2014.

People were given their medicines safely by qualified nurses who had been trained to administer it. People's medicines were stored in locked medicine cabinets at the correct temperatures in original packaging. The service used a computerised medicines recording system. This recorded administration, stocks, when it was necessary to order medicines and provided ongoing auditing. The system produced a picture of the person with all their medicines and times of administration on a tablet (hand held computer). Staff then pressed the appropriate buttons to confirm medicines had been given. The system was able to alert nurses if medicines had not been given and used a bar code swipe system to keep track of stocks of medicines. The nurse told us the system was practically, "fool proof" and the manager and provider told us that there had been no medicine administration errors since its introduction. The nurse was extremely proficient in the use of the system and was able to show us historical records to confirm that people had received their medicines in the right quantities at the right times. If people had been prescribed any medicines to be given, as required, detailed protocols and guidelines were provided to ensure they were given consistently and only when needed.

There were adequate staffing levels to meet people's needs safely. There were a minimum of five staff on duty during the morning and four staff during the afternoon /evening. Two waking staff covered the night time shift. Care staff were supported by the manager and ancillary staff. The numbers and needs of people were assessed according to people's dependency levels and on a daily basis. Additional staff were provided, if required. Staff told us there were enough staff to meet people's needs safely.

People were supported by staff who were suitable and safe to work with them. The provider's recruitment processes made sure the necessary safety checks on prospective applicants were completed prior to appointment. These included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Staff recruitment files were well kept and included all necessary records.

Good

Is the service effective?

Our findings

Staff helped people to stay as healthy as possible. People's health and medical needs were clearly described in their care plans. They were supported to access health care services and received ongoing support from external professionals. Health care records formed part of people's overall care plan. The manager told us they had an effective working relationship with the surgery and the GP visited weekly. People told us they were helped to visit the hospital for any specialist treatment and could see a GP if they felt they needed or wanted to. Appropriate referrals were made to other professionals such as dietitians, mental health professionals and specialist nurses. Qualified nurses worked in the service and completed routine nursing tasks such as dressings. A senior care staff member had been trained to complete some invasive nursing procedures, under the direction of qualified nurses. We discussed if this was appropriate and in people's best interests when qualified nurses were available. The service considered our comments after the inspection and this practice has now ceased.

Care plans identified people's well-being needs which were met. People were provided with adequate amounts of nutritious food of their choice and supported to drink enough fluids to keep them healthy. People's care plans included nutritional and eating and drinking assessments, as necessary. Weight charts were kept for those people who needed them. The service used a colour coded system to enable staff to easily identify who needed special help with nutrition and hydration, on a daily basis. Care charts for areas such as nutritional intake and turning were kept in people's rooms. They were completed accurately and at the correct intervals by care staff. Some charts did not include targets for individuals. For example fluid charts did not always include how much an individual should drink and what action staff were to take if they didn't drink enough. The manager undertook to review the charts used.

People benefitted from being offered a balanced and varied diet. People said, "We have very good food and are well looked after." "The food is very, very good. It's lovely" and, "Excellent food, so good I no longer have a flat tummy." People were offered drinks and snacks throughout the day on the day of the visit. One person told us, "There are always plenty of fluids around and staff encourage us to drink, drink, drink." People could choose where to eat their meals. There was a formal dining area, people ate on tables in the sitting areas and some people either chose or needed to eat in their rooms. People conversed and interacted with fellow residents and staff members, throughout the meals.

People's rights were upheld by the manager and staff team who understood consent, mental capacity and Deprivation of Liberty Safeguards (DoLS). Staff understood mental capacity and some had received Mental Capacity Act 2005 (MCA) training. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the DoLS. The service had made appropriate DoLS applications. Two had been granted and eleven were awaiting authorisation form the local authority.

People were encouraged to make as many decisions and choices as they could. Best interests meetings were held and the content recorded, as necessary. Care plans included detail of the day to day decisions people were able to make and how staff could assist them to make them. Staff described how they encouraged people to make their own decisions. They described giving people alternatives and using pictures and other methods of helping people to choose. During the inspection staff asked people's permission before undertaking any personal care or other tasks. For example where they would like to sit, what activity they would like to do and if they wanted any help with eating their meal.

People were provided with any necessary equipment to ensure their comfort and to keep them as safe and mobile as possible. For example grab rails, wheelchairs and bath/shower aids were provided, if necessary. The service was considering refurbishments and changes in the environment to make it more dementia friendly.

Staff were trained to meet people's individual needs. Staff told us they received good training opportunities which were up-dated regularly. Of the 12 staff, nine had completed a relevant health and social care qualification. One staff member was engaging in professional training. The staff team had further opportunities for training during group supervision sessions and for training in specific areas such as diabetes and dementia care. Staff told us that they could ask for any additional training to cover areas they felt they needed. They said the manager or other senior staff member generally managed to find the training for them.

Staff told us they felt they received very good support from the manager and senor staff to support them to offer effective care to people. They said they were able to request supervision whenever they felt they needed it. Formal, recorded one to one supervision was provided approximately every two months, although this was variable depending on the needs of individual staff members. Appraisals for all staff were completed by the manager, once a year. The service was inducting new staff using a system that meets the requirements of the care certificate framework. This is a set of 15 standards that new health and social care workers need to complete during their induction period.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by a caring staff team. People and relatives of people told us they were treated with respect and kindness. One person said, "We receive very, very good care. Staff are very kind." Another told us, "The women who look after me are great." A further comment was, "Staff are very kind and caring, they are lovely people." One relative commented, "Staff treat people with the greatest respect and make sure they preserve their dignity." Another said, "Staff are very caring, very patient and treat everyone with loving care."

People were helped to maintain their dignity and staff ensured people's privacy was respected. Staff interacted with people positively and reacted to them in a warm and friendly way. For example they used a soft and measured voice tone and appropriate humour to encourage people to interact with them and other people. Staff used people's preferred name and spoke with them respectfully.

People were supported to maintain as much of their independence as they were able to, for as long as possible. Some people needed more assistance than others and this was reflected in individual care plans. People were asked if they needed any help before staff gave support. Some people were gently encouraged to accept assistance, as necessary. Daily routines (included in care plans) noted how people could be supported to be as independent as possible. Equipment such as specific crockery and cutlery and mobility aids were provided to assist people to remain as independent as possible.

People had plans which described their individual communication methods. These ensured staff knew how to interpret behaviours and other non-verbal interactions and were able to communicate with people who were not able to converse clearly. Simply presented posters and leaflets were displayed in communal areas to inform people of relevant information about the service. These included how to complain, activities and the results of quality assurance surveys.

People's equality and diversity was respected by a staff team who had received training in this subject. People were cared for by a manager and staff team who knew people and their needs very well. Staff developed relationships with people and their families as quickly as possible. Some people had lived in the service over a long period of time and longstanding staff had built strong relationships with them. The manager and staff were knowledgeable about people's individual needs, likes and dislikes. They were aware of people's personalities and their diversity and individuality was respected by the staff team. Religious, cultural and lifestyle choices were included in people's plans of care.

People were respected, they and their families were encouraged to make their views about the service and how it was run known. Various methods, such as surveys and meetings, were used to gather people's views and ideas. People told us they felt they were involved in the running of the home and they were informed of what was 'going on'.

Staff were trained in and understood the principles of care and confidentiality. People's records were kept in cabinets that were locked when not in use. Staff did not discuss private issues in public areas of the service.

We saw that confidentiality had been a discussion point in staff and group supervision meetings.

People received compassionate end of life care. Some staff were provided with end of life care training. End of life care plans were developed, when necessary, taking into account people's preferences and choices. The service worked with other health care professionals to ensure they kept people as comfortable as possible. The manager told us they worked with the GP, the local hospice team and nurses from a charitable nursing organisation, as and when necessary. One relative wrote, "The end whilst bitter sweet was made so much easier by the staff…" The GP provided emergency end of life medicines for individuals which were appropriately stored in the service. People who chose to had do not attempt cardio-pulmonary resuscitation forms (DNACPR), in place. DNACPR's had been signed by the appropriate health care professional.

Good

Is the service responsive?

Our findings

Staff responded to people's needs efficiently on a daily and long term basis. People told staff were always available should they require assistance. People and their relatives told us the call bells were answered quickly and they never had to wait very long for attention. People were confident to ask staff for help or attention and made it clear they were not used to waiting for a response. Staff were able to identify when people needed assistance by noting behaviour and non-verbal communication, as well as being directly asked. They responded to those needs (however expressed) in a timely way, throughout the day of the inspection visit. People said, "They answer buzzers very quickly", "staff are around to help…" and, "They really look after us." One relative commented, "Staff are always around to support residents and their families."

The service assessed people's needs before they moved in to the service. This assured the individual and the staff that they could meet the person's needs. Assessments were developed into very high quality, detailed care plans. These clearly described people's needs, preferred routines, any special needs and the person themselves. A one page summary of individuals ensured that new or temporary staff had immediate knowledge of them as people, what was important to them, their needs and preferences.

People's care plans were exceptionally person centred. They included information such as, "How best to support me", "What people like and admire about me" and "Things I would like to share with you about my life". For example one care plan described the person's relationship with their pets and explained what the person liked to be called and why. Staff could use this type of information as a point of reference to encourage people to engage in relationship building and social interactions. We observed staff using this type of personal information for distracting people from negative behaviour and to lift people's mood.

People's diverse and changing needs were met by knowledgeable staff who were kept up-to-date with any changes needed in people's care. Care plans were routinely reviewed every month and further reviewed if people's needs changed suddenly. People and their relatives or representatives were involved in planning and reviewing their care if they wanted to be and as appropriate. Staff told us they always kept relatives informed of any significant changes to people's well-being (with people's agreement). One relative confirmed this and commented, "They take any necessary action but then let the family know as soon as possible." The service sought external help to respond to people's changing needs, as necessary. Changes to people's care recommended by external health care professionals were recorded on their plans of care.

People were provided with organised and individual activities. The activities co-ordinator worked with care staff to ensure people could pursue activities that met their individual needs and preferences. People's past hobbies and interests were noted in their individual care plans and this information was used to give them appropriate activity opportunities. People had opportunities to go on outings throughout the year and entertainment was invited into the home. Examples included outings to the seaside and gardens and individual trips to the local shops. People told us they had, "Plenty of things to do". Some people told us they preferred to watch their TVs or listen to their radios but could always join in with any activities if they wanted to. On the day of the inspection people and staff were making and putting up the Christmas

decorations and trees. One person told me, "It is an exciting time which I really enjoy. They (staff) make it special and I think others enjoy it too." Other people smiled and nodded their agreement and many were stimulated and engaged in the activities.

The service had a detailed complaints procedure. This was produced in a simple format and displayed in communal areas of the home. People and their relatives told us they knew how and would be comfortable to complain and would do so if necessary. People told us they had, "No issues", "Absolutely no complaints" and, "I have no grumbles at all." Relatives told us, "We are very, very happy. No complaints at all."

The service had received two complaints from relatives during 2016. Both were investigated, recorded and dealt with appropriately. The complainants were spoken with to ensure their concerns had been resolved to their satisfaction. The service had received 13 compliments, during the same time frame. These included comments such as, "Thank you for your loving care and shown to [relative] during their stay…", "…you have been so accommodating, this is a real home" and, "Thank you for all your kindness and care over the years."

Good

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. The service did not have a registered manager in place. However, the provider had notified us of the systems they were putting in place to ensure the service was properly managed whilst they sought to recruit a suitable registered manager. An interim manager was in place and had been supported by the provider. A manager was appointed on the day of the inspection visit and was submitting her application to register the day after the visit.

People, relatives and staff told us the manager was approachable and open. Staff told us, "If I have any problems I can just ask the manager." "It is a strong staff team because we get supported and encouraged by the manager." One staff member described the service as, "A fantastic place to work." Another said, "We are very well supported by the management team who are open and transparent." People and relatives made comments such as, "We are ecstatically happy with the standard of care…", "[Relative] chose this home and is absolutely thrilled with it" and, "It' a jolly good home."

People, staff and others were listened to and their views were taken into account. The registered manager interacted with people on a daily basis. A staff member said, "We are encouraged to contribute our views and ideas and I am confident they are listened to." The manager ensured they worked at least one weekend every month to meet with visiting relatives and work directly with staff. The manager told us this had been very successful and we saw the notes of discussions held with 17 visitors to the service, over one weekend.

The service held staff meetings on a regular basis generally every one to two months, there had been nine general staff meetings in 2016. These were recorded and included relevant topics and information sharing. Additional meetings were held for specific staff such as heads of departments and housekeeping staff. Other communication methods included daily handovers, regular staff training sessions and group supervisions, as necessary.

The provider and manager monitored and assessed the quality of care people were offered. There were a number of formal quality assurance systems. These included annual surveys sent to families, other professionals and people who use the service and monthly provider visits completed by a senior member of the management team. Records were kept of the responses to the surveys and the provider visits. The results from the annual surveys and actions taken as a result were produced in a simple chart format and displayed in a communal area of the home. Additionally individual responses were made to anyone who had a negative view of the service.

Regular audits were completed and included medicine checks, health and safety checks care plan checks. The quality assurance procedures informed a development plan. Improvements made as a result of the various quality assurance and auditing processes included displaying meal times on the notice board, the manager working one weekend a month to ensure contact with families and refurbishments in the home.

Exceptionally well produced risk assessments and care plans were kept to ensure staff were given enough

information to enable them to meet people's needs safely and in the way they preferred. Records relating to other aspects of the running of the service were well - kept and up-to-date. All records were clear, well written, accurate and well ordered. The service sent appropriate notifications (information about important events which the service is required to tell us about) to the Care Quality Commission in a timely way.