

Mr D & Mrs M A Roy

Greenbanks Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 29 January and 1 February 2016 and was unannounced.

The service provides accommodation and support for up to sixteen older people. Accommodation is arranged over two floors. There were fourteen people living in the service when we inspected some of who were living with dementia others were independent.

A registered manager was in post and was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, the registered manager had not applied for DoLS authorisations for some people living at the service, who were unable to leave without the support and supervision of staff. The registered manager understood their responsibilities under the Mental Capacity Act 2005. However, people were being deprived of their liberty.

Recruitment checks had taken place prior to staff starting work at the service, however gaps in people's employment history had not been explored. Staff felt supported in their role and received regular supervision. Staff told us the registered manager was approachable and there was an open culture within the service. We have made a recommendation about this.

A system was not in place to determine if there was enough trained staff on duty to meet people's needs. Staff told us they had received the training and support required to fulfil their role. However, staff had not received the specialist training they required to meet people's needs. We have made a recommendation about this.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely. Guidance was not available to staff regarding medicines prescribed as 'as and when' PRN.

People were treated with kindness and respect. People's needs had been assessed to identify the care they required. Care and support was planned with people and reviewed to make sure people continued to have the support they needed. Detailed guidance was provided to staff about how to provide all areas of the care and support people needed.

People told us they felt safe. Staff had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and measures put in

place to manage any hazards identified. The premises were maintained and checked to help ensure people's safety.

Staff listened to what people told them and responded appropriately. People were treated with respect and their privacy and dignity was maintained. People told us that they had no complaints and if they did they would speak to the registered manager or staff.

People had access to the food that they enjoyed and were able to access drinks with the support of staff if required. People's nutrition and hydration needs had been assessed and recorded. People were asked for feedback on their food and action was taken if required.

People were supported to maintain good health. Staff had up to date information to support people to remain as healthy as possible. People were supported to stay in touch with people that mattered to them.

Processes were in place to monitor the quality of the service being provided to people. Records were up to date and stored appropriately. A complaints policy and procedure was in place and people knew how to report any concerns they had.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

There was a recruitment policy in place but full employment history checks were not made for all staff.

A system was not in place to ensure there were enough staff on duty to meet people's needs.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

Risks to people in their everyday lives had been assessed and recorded.

Medicine management was safe. People received their medicines as prescribed by their GP.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were not followed by the registered manager.

Staff had not received training to meet people's specialist needs.

People were provided with a suitable range of nutritious food and drink.

Staff ensured people's health needs were met. Referrals were made to health and social care professionals when needed.

Requires Improvement ●

Is the service caring?

The service was caring.

People said the staff were kind and treated them with respect.

People's privacy and dignity was protected.

People were involved in making decisions about their care and

Good ●

staff took account of their individual needs and preferences.

Records were up to date and held securely.

Is the service responsive?

The service was responsive.

People's needs were assessed, recorded and reviewed.

People were included in decisions about their care.

People were supported to participate in a variety of activities to meet their needs.

People were supported to maintain relationships with people that mattered to them.

The complaints procedure was available and in an accessible format to people using the service.

Good ●

Is the service well-led?

The service was well-led.

There was an open and transparent culture, where people and staff could contribute ideas about the service.

Checks on the quality of the service were regularly completed. People were asked for their experiences of the service.

The registered manager understood their role and responsibility to provide quality care and support to people.

Requires Improvement ●

Greenbanks Residential 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 29 January and 1 February 2016 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with eight people about their experience of the service and one relative of someone using the service, who was visiting. We spoke with two care staff, the cook and the registered manager to gain their views.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at three people's care files, three staff record files, the staff training programme, the staff rota and medicine records.

A previous inspection took place on 24 November 2014; the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People told us they felt safe living at the service, one person said, "I know they keep me safe and there is always someone to call on, both day and night." A relative told us they felt their loved one was safe. They said, "My mother had falls when she was living at home but has not had any falls since moving into Greenbanks."

Recruitment files kept at the service did not contain the information required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Of the three files we checked two staff did not have a fully recorded employment history. Gaps in employment had not been explored and recorded by the registered manager. Checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff recruitment checks had been completed before they started work at the service. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service.

We recommend that the provider explores any gaps in employment in line with schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing was planned around people's needs. We saw staff had time to sit and talk with people using the service. People's needs were assessed within their care plans. This gave staff the information about how much support a person required with a particular task. For example, personal care or eating and drinking. The registered manager was available at the service and worked as part of the care staff team. We looked at ten weeks of rota's which showed a consistent number of staff on duty. A senior member of staff was on duty everyday supported by care staff.

Medicines were managed safely and staff followed a medicines policy. All medicines were stored securely and appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Records were kept of all medicine that had been administered. The records were up to date and had no gaps showing and all medicines had been signed for. Any unwanted medicines were disposed of safely. Medicine audits were also carried out on a regular basis by the local pharmacy and the registered manager. Staff were observed speaking to people and informing them of the medicines they were going to take. These processes gave people assurance that their medicines would be administered safely.

Senior staff were trained in how to manage medicines safely and were observed by the registered manager before being signed off as being competent. Some people had "As and when required" PRN medicines. We observed staff asking people if they required any pain relief before this was administered. This gave people assurance that their medicine would be given when it was needed. However, guidance was not in place for staff to follow regarding the administration of PRN medicines. People could not be assured that they were receiving the right PRN for what they were experiencing.

The registered manager had taken steps to protect people from the risk of abuse. Staff had access to a

safeguarding policy and procedure which included the contact details of the local authority safeguarding team. Staff were aware of how to protect people and the action to take if they suspected abuse. Staff were able to describe the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team or the Care Quality Commission. Staff received training in safeguarding adults from harm and abuse. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were confident that any concerns they raised to the registered manager would be taken seriously.

Accidents and incidents involving people were recorded. Staff completed an accident form and a body map recording any injuries. Action taken had been recorded such as calling the doctor for advice. The registered manager did not always review accidents and incidents to look for patterns and trends. Reviewing accidents and incidents could highlight that the care people received may need to be changed or advice sought to help reduce incidents.

Potential risks to people in their everyday lives had been identified, such as personal care, nutritional needs, monitoring their health and moving and handling. Each risk had been assessed in relation to the impact that it had on each person. Care had been planned to reduce risks to people while maintaining their independence. For example, how people wanted to be supported with personal care was assessed and recorded in peoples' care plans. Guidance was provided to staff about how to support and maintain people's independence. For example, 'Staff to approach in a calm caring manner and allow time to promote and maintain independence.' People's risk assessments were regularly reviewed and changes were made if necessary. Staff were informed of any changes in the way risks to people were managed during the handover at the beginning of each shift.

People had a personal emergency evacuation plan (PEEP) located in the fire file and a copy kept within their bedroom. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been carefully considered and recorded.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they were reported. The service employed a maintenance person who was available when required. Records showed that the call bell system, portable electrical appliances and firefighting equipment were properly maintained. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Risks relating to the environment and staff had been considered and recorded. These checks enabled people to live in a safe and adequately maintained environment.

Is the service effective?

Our findings

People who lived at Greenbanks were happy with the service provided. One person told us, "It is really nice here. The staff are lovely and nothing is too much trouble." Another said, "All the staff are excellent and know how to look after us. Most of the staff have been here a long time."

The principles of the Mental Capacity Act 2005 were not always followed by staff. Some people were being unlawfully deprived of their liberty as they were unable to leave the service without the support and supervision from staff. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people living at the service were constantly supervised by staff and not able to leave the service without staff to keep them safe. Applications had not been made to local authorities to grant DoLS authorisations. The registered manager told us they had planned to make applications for people who were being deprived of their liberty. However, the registered manager had not taken advice from the local authority or started making applications for people.

This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff explained how they supported people to make choices. Staff gave examples of how they offered people choice. For example, asking people what they wanted to wear and what they wanted to eat. Staff had been trained to understand and use these in practice. Staff asked people for their consent before they offered support.

Staff we spoke with confirmed that they had received all of the training they needed. The training matrix and staff files we looked at confirmed that staff had received the mandatory training for their role which would ensure they could meet people's individual needs. A training plan was in place with dates booked for mandatory courses. However, records we saw showed that staff had not been trained to meet people's specialist needs. For example, catheter care or skin integrity.

We recommend that the provider seeks, an appropriate training provider to ensure staff receive training to meet people's specialist needs.

New staff completed an induction checklist when they started work at the service. This included reading the information regarding the people using the service, orientating staff to the service and reading the policies and procedures. New staff worked along existing staff before working on their own. This enabled people to get to know the new member of staff.

Staff told us they felt supported by the registered manager and said there was visible leadership within the

service. Staff received regular supervision meetings with the registered manager. These meetings provided opportunities for staff to discuss their performance, development and training needs. The registered manager also carried out annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year.

People told us they were supported to maintain good health. One person said, "If they think I need to see a doctor they tell me and it is arranged." Records showed that medical advice was sought when people felt unwell. Peoples' health needs were recorded in their care plans with the action staff should take to keep people healthy and well. Any changes in people's health were recorded and acted on quickly. Records confirmed people were supported to access a variety of healthcare professionals including, district nurses, GP's, opticians, dentists and the chiropodist.

People's nutritional needs had been assessed and recorded; these had been reviewed on a regular basis. People's food and fluid intake was recorded if they had been assessed as being at high risk of malnutrition or dehydration. Staff knew what action to take if they were concerned about someone. For example, contacting the doctor or district nurse. People had access to a variety of drinks throughout the day. Drinks of water were observed within people's bedrooms and in the lounge. People's weight had been monitored on a monthly basis, this was completed in conjunction with a nutritional screening tool.

People we spoke with were complimentary about the food. One person said, "We have plentiful food which is nicely cooked." People were offered a choice of meals from the menu each day. On the day of our inspection people could choose from an omelette, fish or a pie. People's suggestions about foods they would like to see on the menu were listened to and were provided. Menus were balanced and included fruit and fresh vegetables. The chef was aware of people's dietary requirements such as allergies and likes and dislikes, which were catered for. People could choose to eat in the dining room, lounge or in their bedroom. The lunchtime meal was served to people individually and people had the time they needed and were not rushed. Staff who were supporting people to eat their meal were observed to be encouraging and engaging with people. Staff took their time and were patient with people, this enabled people to eat their full meal.

Is the service caring?

Our findings

People told us that the staff were kind and caring. Their comments included, "It's really nice here, the staff are lovely." A relative also commented how kind and caring the staff were and said, "There is absolutely nothing they wouldn't do, we are all so happy with her care."

Throughout our inspection we saw that people were treated with respect and that the staff took appropriate action to protect people's privacy and dignity. We observed staff knocking on bedroom and bathroom doors and waiting for a reply before entering. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity. People, if they needed it, were given support with washing and dressing. All personal care and support was given to people in the privacy of their own room or bathroom. One person when talking about the staff said, "They respect my privacy but will always come if I need them. The emergency call bell is always answered promptly."

When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to spend time in their bedroom and in the lounge which was respected by staff. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. One person told us, "I sometimes go out with my sister into town by taxi." A relative said, "We couldn't ask for better care or attention." People were supported to have as much contact with their friends and family as they wanted to. Visitors were made to feel welcome, a visitor told us that they visited often and were always made welcome by the staff.

People's care plans contained information about their preferences, likes, dislikes and hobbies. 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. Each person had a 'Lifestyle Profile' section within their care plan which contained information about their life history and interests. People were actively involved in making decisions about their support, for example people had signed to agree to their care plans. Staff were in close contact with people's family and friends who were all involved in helping people to write their care plans. Staff knew people well with many staff having worked at the service for a number of years. A relative we spoke to said, "I come in very regularly and they will always update me about my relative."

Some people had spoken to staff about the care and treatment they wanted at the end of their life which had been recorded within a care plan. Some people had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in place which staff knew about. These forms were at the front of care plans so would be accessible in an emergency.

Records we saw were up to date, held securely and were located quickly when needed.

Is the service responsive?

Our findings

Records showed people had been involved in planning their care, with their relatives. People told staff how they liked their care provided and told us that staff did as they requested. One person said, "My sister helped me with my care plan when I moved in."

People were involved in planned activities during the day. The service employed an activity coordinator who worked two days a week. During the inspection people were observed reading magazines, watching television or drawing. People told us they enjoyed the music and exercise which takes place twice a week. The hairdresser visited weekly and people told us they enjoyed getting their hair washed and set. People's interests and hobbies were included within their care plans this information had not been used to engage people in activities. For example, bingo, dominoes and quizzes. People's spiritual needs had been taken into consideration with monthly visits from the local Priest. Staff spent time with people on a one to one basis talking, reading or painting their nails or in groups playing games such as skittles or hoopla. People were actively involved in activities which matched their interests and hobbies.

People were encouraged to be actively involved in making decisions about their support and how to spend their time at monthly house meetings and review meetings. The meetings involved asking people if they enjoyed living at the service and if there were any improvements people wanted to make, staff recorded people's answers. People were also encouraged to complete an annual satisfaction survey. The survey included questions about the environment, staffing, meals, choice and quality. People were then given an opportunity to write any additional comments regarding how things could be made better. The results were collated into a summary and displayed as an overall score which was available to people. Results from the October 2015 survey showed that the majority of people rated the questions as agree. An action plan had been developed from people's comments. For example, staff to ensure that people's meal trays are collected promptly after a meal.

People's care plans had been developed with them, their relatives and the management team. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's daily routines, communication, health condition support and things that were important to the person. Staff knew about people's needs and their backgrounds and the care and support they required. People's care plans were reviewed with them on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. People were fully involved in the development and review of their care plans.

People told us they would raise any concerns or worries they had with the registered manager or staff. They said that the registered manager was always available if they wished to make a complaint or had a suggestion about the service. A process to respond to and resolve complaints was in place. Information about how to make a complaint was available to people and their representatives. There had not been any complaints since the last inspection. The service kept copies of complaints they had received from relatives. These included a number of cards expressing thanks and saying how helpful and supportive the staff and

registered manager had been.

Is the service well-led?

Our findings

The service had a registered manager in place who had worked at the service for a number of years and was supported by a deputy manager who managed the care staff. Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people. People were able to approach the registered manager who worked as part of the care team, when they wanted to and they saw her almost every day.

There was a process in place to monitor the quality of the service. These included regular audits regarding health and safety, infection control, meals and medicines management. Feedback from the audits, people, their relatives and staff were used to make changes and improve the service provided to people. Records were up to date, held securely and were located quickly when needed. However, the observations and areas for improvement found during our inspection had not been identified and addressed by the registered manager.

The registered manager had an 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, if a person had died or had had an accident. All notifiable incidents had been reported correctly. 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. However, applications had not been made relating to DoLS.

Staff told us that the registered manager was approachable and supportive. Staff felt there was an open culture where they could discuss ideas on how to improve the service, through team meetings and supervision. The registered manager was also the provider with her husband. One person told us, "The manager is here a lot of the time and if I was worried about anything I could tell her." Another said, "The owner is a very nice man who comes in sometimes."

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice. The registered manager worked as part of the staff team to provide staff with experience learning from them. 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.

There was a 'Statement of purpose' in place which was available to people using the service. These documents gave people information about what they could expect from the service including, the aims and objectives, facilities and staffing. The registered manager had a vision for the service which was to provide people with the best care which meets their needs. The registered manager used team meetings to reinforce the vision and values of the service. People we spoke with commented that this was a peaceful, caring home with a lovely atmosphere. One person said, "We are just like a big happy family."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were being deprived of their liberty and applications had not been made to local authorities to grant DoLS authorisations.