

Dhyani Care Limited

Greenbanks Care Home

Inspection report

31 Buckland Road
Maidstone
Kent
ME16 0SL

Tel: 01622755859

Date of inspection visit:
03 November 2021

Date of publication:
29 November 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Greenbanks Care Home is a residential care home providing personal care to 18 people aged 65 and over, some of whom were living with Dementia, at the time of the inspection. The service can support up to 19 people, within one adapted building

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

People and their relatives told us they felt people living at the service were safe. Staff and management knew how to identify potential signs of abuse and how to escalate concerns to keep people safe. Accidents and incidents were reviewed by management to ensure they were dealt with safely and prevent reoccurrences.

There were sufficient numbers of staff deployed across the service to support people safely. The provider had safe recruitment practices and staff were well supported to ensure they had the skills to complete their duties. Infection control procedures were in place to help prevent the spread of infection.

Risks to people's health, well-being and environmental safety were assessed and managed to support people to stay safe. People received their medicines safely as prescribed. Staff were knowledgeable about people and were able to meet people's needs in line with individual wishes and preferences.

Staff supported people to maintain healthy lifestyles. They worked in partnership with other healthcare professionals to ensure people's specific physical and mental health needs were met as well as their nutrition and hydration needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us staff were kind and caring. Staff told us they maintained people's dignity whenever they supported them. People were supported by staff to make choices and encouraged to be as independent as possible.

The service was supporting people who were receiving end of their life care at the time of the inspection. These people were supported by staff in line with their wishes, and to maintain their dignity and comfort.

People received personalised care. Staff engaged people in activities that they enjoyed and supported people to maintain relationships with those important to them. People and their relatives knew how to make complaints but had not needed to.

People, relatives and staff said they felt the service was well-led. The provider and registered manager had

created a positive culture within the service. Everyone we spoke to felt engaged in the service, able to share their views and that these would be listened to by management.

The registered manager had ensured the quality of the service through their quality assurance processes. The provider and registered manager were continually looking to improve the service through developments and learning.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good published 20 June 2019.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Greenbanks Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 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.

Service and service type

Greenbanks Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, senior care workers and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and multiple staff supervision records. A variety of records relating to the management of the service, including meeting minutes and surveys were reviewed

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and people's loved ones confirmed this. One person said, "I am safe because the doors are all locked. If I ring my bell, they come very quickly. And they come and check me at night."
- People were protected from the risk of abuse. Staff knew the signs of abuse that might indicate someone had possibly been harmed and felt confident to raise any potential concerns both internally and to external professionals.
- The registered manager followed their systems and processes when dealing with any potential safeguarding concerns. Any concerns were recorded and reported to safeguarding teams as required to keep people safe.

Assessing risk, safety monitoring and management

- People had a variety of risk assessments in place to mitigate identified risks. For example, risks relating to people's nutrition and hydration were considered, such as risk of malnutrition or choking. These assessments contained clear guidance for staff to follow to support safe management of risks.
- We observed staff assisting people in line with their risk assessment and care plans. Staff supported people at risk of choking to eat safely and supported people to move around the service safely.
- The registered manager ensured risks were monitored and managed. A relative told us, "[loved one] is safe because she is well monitored." Risks to people were reviewed monthly or when there was a change in a person's needs.
- Environmental risks had been assessed and there were checks in place to ensure the ongoing safety of the environment. For example, checks around fire safety equipment and processes, water temperature checks to reduce the risk of scalding and moving and handling equipment were checked.

Staffing and recruitment

- There were enough staff suitably deployed to meet people's needs. Feedback from people and their relatives was there were enough staff. Comments included, "This place is great. There are so many staff around." And "There are always people around. They come quickly if I press my buzzer."
- The service rotas confirmed there were enough staff. The registered manager told us staff retention was very good and as a result the service had not needed to use agency staff. The manager and provider reviewed their dependency assessment which ensured there were enough staff on shift to meet the needs of people.
- Staff were recruited safely. Recruitment records contained all the necessary checks including ID checks, full employment history and Disclosure and Barring Service (DBS) background checks which prevents unsuitable staff from working with people.

Using medicines safely

- Medicines were being managed safely. Medicines were ordered, stored, administered and disposed of safely. One person told us, "Meds work very well."
- We observed staff completing the medicines round in line with people's needs. Medicines records were recorded in full. Staff followed the guidance in place for people who had been prescribed medicines to be taken 'when required'. A relative told us, "They weaned [my loved one] off some unnecessary pills the previous Home had given to calm [them]. [Loved one] is now fine."
- Staff who administered medicines were trained to do so and had their competency assessed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager and provider reviewed all incidents and accidents to ensure these were dealt with appropriately by staff and to identify any learning to reduce the risk of future incidents.
- Staff followed the processes for reporting and recording accidents. They took appropriate action where further medical advice or support was needed after an accident or incident.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the service. This meant the provider knew they could cater for the person's care needs.
- People living with dementia had their needs planned for holistically. There was guidance for staff to follow on how to support a person if they became confused or distressed. The provider also purchased assistive equipment such as coloured plates which have been shown to improve the dietary intake of people living with dementia.
- People told us staff supported their needs as required. One person said, "They do understand how to look after me. They are very good. They help me to get dressed in the morning."
- People's care needs were fully assessed and included their preferences as well as needs under the Equality Act (2010) such as people's cultural or religious needs. This information was transferred to the care plan which outlined the support required from staff to ensure these needs were met.

Staff support: induction, training, skills and experience

- Everyone that we spoke to said they thought that they, or their loved ones, were looked after very well and all spoke highly of the staff. One person said, "Staff are all brilliant."
- The provider was eager to develop staff skills and knowledge to better support the care they delivered to people living at the service. Staff received an induction and essential training to meet people's needs when they began their employment.
- Staff also received specific training on risks associated with people's conditions. For example, staff received training about dementia so they had an understanding of how to support people if they were confused or distressed and training on dysphasia to better understand the risk of choking and how to reduce the risk of this happening.
- Staff told us the provider and registered manager were very supportive. Staff had been encouraged to further their professional development where they wished to do so. They had their competency assessed and regular supervision to continue to review their skills and expand their experiences.

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

- People were supported to maintain their nutrition and hydration needs. Feedback from people was positive about the dietary support they received, the comments included, "They ask me what I want [to eat].", "The food is very good." And "[Staff] are always giving me drinks."
- We observed the lunch time meal and saw each person was shown sample plates to help them select a choice which is particularly helpful for people living with dementia. The food looked appetising, and people told us they enjoyed their meal.

- There were appropriate risk assessments and care plans in place for nutrition and hydration. For example, where there was a risk of choking. Appropriate referrals were made to healthcare professionals to manage this risk, staff knew the guidance and supported people accordingly such as providing modified textured diets.

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

- The design and layout of the service met people's needs. The service was one building with bedrooms spread across three floors. There was appropriate equipment to support people's mobility needs such as a shaft lift and walk-in bath. There was a garden which staff supported people to access. The provider had plans in place to make the outdoor environment more accessible for people.
- People and their relatives were positive about the environment. One person told us, "I have a very nice room.". A relative told us, "When we moved in, we were allowed to personalise [loved one's] room, like changing the curtains." The service had created personalised door signs with people's names surrounded by their likes and personal histories to help people easily identify their own rooms.
- Signs were used on communal doors, to assist people living with dementia, to identify the purpose of rooms.

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

- People were supported to stay healthy. People and their relatives told us, "The doctor comes in regularly.", "I get a regular rundown on [my loved ones] condition. [Staff] are very much on the ball."
- People's health and emotional needs were recorded in their assessments and care plans. Where people had specific conditions such as dementia, diabetes or difficulty breathing, there was additional information provided for staff to ensure they met their needs.
- Staff worked with other health care professionals to ensure people's needs were met. For example, district nurses, mental health teams and GPs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments were completed when there was uncertainty about a person's ability to independently make decisions. People were supported to make decisions they were able to.
- Where people could not make their own decision, a best interest decision making process was completed and documented. The registered manager worked with relevant people and professionals where a person was deemed to lack mental capacity to make certain decisions.

- DoLS applications for authorisation of restriction of people's liberty were completed by the registered manager and staff were aware of these and had received appropriate training.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People were very happy with the care they received, one person said, "Staff are very caring. It is a good atmosphere here." Another person said, "Staff always stop to have a chat." Relatives also confirmed they felt their loved ones were treated well. A relative said, "I cannot praise the staff highly enough. They were very thoughtful. Plenty of TLC... They say everything in such a kind, and considerate, way."
- People were supported by kind and caring staff. Staff treated people equally and respected their diversity. They used their detailed knowledge of people's life histories, likes and dislikes to engage them. For example, a staff member told us they knew a person's passions for their past career and made up scenarios to engage the person in their area of expertise.

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

- Staff understood people's varying ability to make decisions and how best to support each person to make decisions in line with their needs. For example, one relative told us, "Staff are good at dealing with [my loved one's] confusion. [My loved one] seems happy and relaxed. They know [their] sense of humour."
- We observed staff giving people choices about what drinks or snacks they wanted. Staff told us they supported people to be involved in decision about their care such as how they wanted to spend their time or what people wanted to wear.
- Staff helped people to express their views. They used a variety of methods to communicate with people such as communication cards and writing things down to help their understanding.

Respecting and promoting people's privacy, dignity and independence

- People and relatives were complimentary about the way staff provided support and care. One person told us, "They really do treat me with dignity and respect. And they respect my privacy."
- Staff supported people in a way that upheld their dignity. We observed staff knocked on peoples' doors before entering. Staff also helped a person who had spilt food by taking them to their room to get changed discreetly.
- Staff encouraged people to maintain their independence. Care plans recorded what people might like support with. Staff confirmed they encouraged people to do things for themselves where they were able and sought consent when people required support for example, with washing.

Is the service responsive?

Our findings

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

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

End of life care and support

- People were receiving end of life care at the time of inspection. Compliments the service had received reflected the compassionate care staff provided to people at the end of their life. Comments included; ""in [loved one's] final days [their] care was exemplary. [Loved one] always looked comfortable and at ease... Thank you again for [their] five-star care.", "Your staff were great...comforting us after [loved one] passed away." And "You are a magic team, [loved one] had the best end of life care."
- Staff had received relevant end of life care training in order to ensure they could meet the needs of people who were at the end of their life. Some staff had been supported by the provider to receive additional training, such as, how to certify the death of a person in order to support families and other healthcare professionals.
- People's wishes were recorded in their care documents, for example, whether they wanted to remain at Greenbanks Care Home if they were to become increasingly unwell.
- People were made comfortable at the end of their life. They had prescribed end of life medicines and these were administered by relevant healthcare professionals.

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

- Staff emphasised delivering personalised care to the people they supported. One person told us, "It is the way they look after you. I would say that this place is outstanding as a matter of fact."
- The provider, registered manager and staff were all aware of people's histories, preferences and needs. For example, staff responded to people's emotional needs and offered reassurance when this was required in line with their preferences. For some people this included physical comfort, but staff were aware of people who did not like this approach and adapted to this accordingly.
- They supported diversity, for example, a priest visited people within the service regularly. The provider had also just supported people and staff to develop awareness and celebrate Diwali. A person told us, "Yesterday's Diwali celebrations were very successful. We were all offered a lovely Indian meal."

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

- The provider, registered manager and staff worked together to ensure there was a full programme of activities for people. There were daily activities such as quizzes and pamper sessions. There were also larger events such as outings to places and entertainers who came into the service.
- Residents were very positive about the activities that took place. One person said, "The outings were fun. Visitors can come at any time." The registered manager told us that they tailored events to support people's individual experiences and preferences. For example, a person was taken to a place they had previously

worked, and staff facilitated discussions with the location's current employees.

- The provider also tailored their activities to meet the needs of people living with dementia such as therapy soft animals to engage people. Therapy soft animals have been shown to reduce distress and provide a calming effect. We observed people enjoying interacting with these during the inspection.
- Relatives confirmed their loved ones really enjoyed the activities and the provider regularly sent pictures of people happy and enjoying themselves to relatives to keep people connected.
- People were supported to maintain relationships with their loved ones. For example, the provider had arranged a party for one of the people living at the service. They utilised a separate space so multiple family members could be together, with the person, at one time with appropriate measures in place to reduce the risk of spreading infections. The service made use of video call technology to support regular family contact in addition to visits and outings.

Meeting people's communication needs

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

- The provider, registered manager and staff had in-depth understanding of people's communication needs. Staff told us how they supported people who had visual impairments to maintain as much independence as possible by verbally supporting them through activities of daily living. Staff also read information out to people who were unable to read things themselves with people's consent.
- Written information had been adapted to better support people to access it. For example, font sizes were increased to aid people with visual impairments to be able to maintain their independence while reading. The provider also had a selection of easy read documentation to further support people to understand information.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and information around the home to inform people how to raise any concerns or complaints they had.
- The registered manager had processed complaints in line with their policies and procedures. They exceeded their policies and processes when trying to make amends following complaints. For example, the registered manager had set up meetings to rebuild relationships following complaints.
- Feedback from people and their relatives was, they had no concerns or complaints about the service but felt the manager and staff would always be helpful if they did.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- Everyone we spoke to praised the atmosphere in the service. It was described by a number of people as being "very homely". One person said, "Everything is excellent. Beautiful – all the people and the place. I adore this place. I would not go anywhere else."
- Relatives were also very positive about the service, one relative told us, "I did everything to get [loved one] into this home because I was so impressed."
- All people and relatives we spoke to were very complimentary about the registered manager. Comments included, "The manager is superb, she comes to see me regularly just to see how I am.", "The manager is very approachable", "very good at communicating." And "This place is very well managed. The manager, in particular, has been very good. I would praise all the staff for being so helpful."
- The provider and registered manager were extremely supportive of their staff team they said, "happy staff make a happy home." A person told us, "I think that the manager treats her staff very well." Relatives also noticed this. A staff member said, "Support and care, everyone in Greenbank's pulls together and helps each other out. So proud to work for a team like that."

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

- The provider and registered manager understood the duty of candour. This means that following an unexpected or unintended incident involving a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had engaged an external consultant to work with them to check the quality of the service and identify areas where improvements would benefit people.
- Quality was monitored through a variety of monthly audits completed by the registered manager. Where issues were identified these were resolved by the next audit.
- The registered manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths. Their rating was also displayed which is a requirement.
- The provider and registered manager had continuously been working to improve the service with developments made to the building, staff training and well-being, activities programmes and connections with other stakeholders.

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

- The provider and registered manager had not set up formal methods of obtaining feedback from people living at the service although they sought feedback verbally. The people and relatives we spoke to did not feel they required meetings and felt confident to raise things with management and that these would be acted on.
- Relatives were kept informed of how their loved ones were, they received regular picture updates and the registered manager had just started a newsletter to further support engagement and communication.
- The provider and registered manager had sent out staff surveys which returned positive feedback and results. There was lots of praise shared with the staff team and gestures made by the provider to ensure staff felt appreciated and remained motivated to continue to provide quality care.

Working in partnership with others

- The provider and registered manager accessed forums and networks to support learning such as the National Care Association and Skills for Care.
- The registered manager and staff worked in partnership with other healthcare professionals such as GP's and district nurses to support people to achieve good outcomes. They also worked with other organisations such as The Royal British Legion and local library to support the personalised needs of people.
- The provider supported the local community and raised funds for charities.