

Greenbanks House Limited

Greenbanks

Inspection report

Greenhills
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Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

Greenbanks is a residential care home for 20 older people and younger adults who need support due to having learning disabilities, autism and special mental health needs. It can also accommodate people who have physical and/or sensory adaptive needs. The service can support up to 20 people in one adapted building. At the time of this inspection there were 20 people living at the service.

The service is run by a limited company. The shareholders and directors of the company are family members or guardians of the people who live there.

Not everyone who used the service received personal care along with their accommodation. CQC only inspects where people receive personal care with accommodation under one package of care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us that they were very happy living at Greenbanks. One person said, "I have lived here a long, long time. I don't want to be anywhere else." Another person said, "This is a hundred times better than where I lived before."

The service was in the process of transferring all their records onto an electronic system. This process had not yet been completed and some records required reviewing and updating. Some records were not accurate. The registered manager took action to address these shortfalls after the inspection.

Risks to people had been identified and mitigated. However, guidance for some risks had not yet been fully recorded on the new system. Staff knew people well and people were kept as safe as possible. Staff were consistent in their approach in managing risks.

Some care plans were written in a way that could be misinterpreted by staff, so people might not receive the care and support that suited them best. These records were being reviewed and updated. We observe and we were told by people, relatives, staff or visiting professionals that people were always listened to and treated with respect. The registered manager identified that additional training and support was required for certain staff members in recording information in people's care plans.

At the last inspection people had not always been supported to take their medicine as safely as possible. At this inspection improvements had been made. Since the last inspection there was increased monitoring and auditing of medicines to make sure errors were reduced and if any mistakes were made, they were identified quickly.

People told us they felt safe at Greenbank's. Incidents that had occurred had been reported to the local safeguarding team. The registered manager had taken action to make sure people were safe.

People were supported to have day to day choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Staff helped to maintain people's independence by encouraging them to do as much as possible for themselves.

There were enough staff available to make sure people received the personal care and support that they needed. People's needs had been assessed and assessments had been used to plan staffing levels. Staff had been recruited safely to make sure they were suitable to work with people at Greenbanks.

When accidents or incidents occurred, learning was identified to reduce the risk of them happening again. When people were unwell or needed extra support, they were referred to health care professionals and other external agencies.

Infection was prevented and controlled including risks associated with COVID -19. No people living at the service had contracted COVID-19 during the pandemic.

The registered manager had oversight and scrutiny of the service. People, staff, external professionals and relatives were satisfied and complimentary about the leadership within the service. People and staff also told us that the registered manager was approachable and had an 'open door' to hear their concerns or suggestions. Quality checks had been completed and people had been consulted about the development of the service. The service worked in partnership with other professionals, and the local community.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

We did not review all aspects of Right support, right care, right culture as the inspection only looked at Safe, and Well-Led. In the areas we covered in the inspection we found the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and Independence. People had access to professional advice and equipment to maximise their independence.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. Staff demonstrated how individualised support was offered to people.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. People's consent and views were valued by staff and management, improvements had been made to the environment with people's input.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 10 September 2019) and there had been one breach of the regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about medicines, staffing levels and bullying by senior staff towards care staff. A decision was made for us to inspect and examine those risks. This report only covers our findings in relation to the Key Questions 'Safe' and 'Well-led'.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenbanks on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Greenbanks

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.

This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe, and well-led only. This enabled us to review the previous ratings.

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

The inspection team consisted of two inspectors (one inspector visited the service and one inspector looked at records remotely).

Service and service type

Greenbanks 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. However, some people who lived at the service did not receive personal care.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection-

We spoke with six people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, the deputy manager, three support workers, the maintenance person and activities person. We also spoke to a relative.

We reviewed a range of records. This included multiple medication records, accident and incident records, staff and residents meeting minutes and complaints. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed documentation remotely. We looked at training data and quality assurance records, health and safety checks and audits. We reviewed five people's care plans, risk assessments. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We spoke on the phone with two relatives and three professionals who have regular contact with the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection the provider failed to ensure medicines were well managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no- longer in breach of the regulation.

- Staff had recently started to use an electronic system for the recording and administration of medicines. Errors in administering medicines had reduced. People told us they received the medicines they were prescribed. A relative told us, staff made sure their relatives medicines were frequently reviewed to make sure they were not in any pain or discomfort.
- Checks on medicines had been introduced at the beginning and end of each shift. Staff checked the records of medicines dispensed during their shift to make sure they corresponded with the medicines given. Two care staff worked together to give people their medicines to reduce the risk of errors.
- Staff were doing more frequent audits of the medicine systems and processes. Mistakes were quickly identified, and action was immediately taken to make sure people were safe.
- Creams people applied to their skin to keep it healthy were stored in locked cupboards in people's bedrooms. On occasions the temperature in the cabinets exceeded the recommend temperature to ensure creams remained effective. The registered manager took action to address the issue and ice blocks were placed in the cupboards to keep the creams cool.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and the risks of abuse. People were relaxed and happy when spending time with the staff members supporting them. People told us that they felt safe. A person said, "They have been very good here, I always feel safe. Staff make sure we are safe." A relative told us, "I have total trust in the manager and staff to keep [my relative] safe. I trust them."
- The local safeguarding lead for the local authority told us that the registered manager and staff reported any incidences of suspected abuse or abuse to the local safeguarding team. The safeguarding lead said they had recently delivered safeguarding awareness sessions to the staff which were well received.
- The registered manager told us that they and their deputy were going on enhanced training for safeguarding people. This information would then be cascaded to the other members of the staff team.
- Staff knew what constituted abuse. They told us the registered manager was approachable and always listened, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. They knew where they could go outside of the organisation to raise their concerns if necessary.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- People were supported to identify and mitigate risks associated with their care and support. The registered manager and staff assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- Risk assessments relating to people's care, medical conditions and behaviours that could be concerning were being transferred onto the new electronic system. Until this was completed there were gap in the records. However, staff knew people well and they knew the risks associated with people's care and support.
- Risks to people were kept under review and monitored. If risks increased prompt action was taken by the staff, make sure they were mitigated. Staff knew how to keep people safe while promoting and encouraging their independence.
- Regular checks were made on the environment, utilities and firefighting equipment to make sure it was safe and fit for purpose. Any areas of the home that needed fixing were logged with the maintenance person so, they could be addressed.
- There was a culture of learning when things had gone wrong. The management team had reflected on past situations when they could have acted differently. They described the things they had learned and put in place to help minimise the same happening again. Lessons learned were shared with the staff team.
- Staff knew how to respond to and report any accidents and incidents. All significant events were reviewed and analysed by the registered manager. Any patterns or trends were identified, and action taken to reduce the chance of the same things from reoccurring.

Staffing and recruitment

- There were suitable numbers of staff available to support people. People's support needs had been assessed jointly with the local authority that funded each person's care. These staffing hours included support with personal care and to enable people to go out.
- The provider had a contingency plan which assessed and detailed minimum safe staffing levels. Staffing rotas were planned, and any shortfalls covered by existing staff. Agency staff were not used during the pandemic to reduce any risk of Covid -19 entering the service.
- We saw staff were available to support people. They responded quickly when people asked for support or assistance. Relatives told us the staff had 'been amazing' during the pandemic. One relative said, 'It was all hands-on deck. They kept going, they made sure all the residents were cared for.'
- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and Disclosure and Barring (DBS) records. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.

Preventing and controlling infection

- The service was clean and well maintained.
- 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.
- No people at the service had contracted Covid -19 since the beginning of the pandemic.

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 requires improvement. At this inspection this key question remained the same.

This meant the service was not consistently managed and well-led. Leaders and the culture did not always created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection the registered persons had not always made suitable provision to operate, monitor and evaluate the running of the service. At this inspection improvements had been made but there were areas that needed further developing.
- People, their relatives and visiting professionals were complimentary and positive about the care and support people received at Greenbanks. A visiting professional said, "Some people are unrecognisable after living at Greenbanks. There have been vast improvements in their well-being." A relative said, "They are doing a fantastic job. They have done everything to keep people safe. I can't fault it."
- The service was in the process of transferring paper records onto an electronic system. Some of the electronic care plans and risk assessments were lacking the information needed to make sure people received consistent care and support. Some records were written in a way that was not reflective of people's diverse needs. However, staff knew people well and supported people in a way that suited them best.
- Other records like water temperatures were not recorded accurately. Although this did not pose a risk to people the inaccuracies had not been identified. This is an area for improvement. The registered manager responded immediately during and after the inspection. They confirmed that the shortfalls in record keeping had now been addressed. We will check this when we next inspect the service.
- The registered manager and the staff team understood the importance of their roles, ensured risks were managed and complied with regulatory requirements.

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

- The registered manager and staff understood the aims and values of the service to provide personalised care and support and this was the culture amongst the staff team. People were priority and at the heart of the service.
- People were supported to do as much as possible for themselves and live fulfilling and active lives within Greenbanks and in their local area. People told us that they were happy living at Greenbanks. One person said, "I am very busy, I have lots of things to do. I have just come back from a weekend away at the sea-side."
- A visiting professional told us that people are involved in all aspects of the service. They said, "People get everything they need. Every time I visit there are people in the kitchen, or they busy at the day centre."
- A relative said "The registered manager is very responsive. If there are any issues, they are sorted out immediately". Staff said they felt supported and listened to. Their ideas were listened to and acted on. One

staff member said, "You can go to the manager or other senior staff. The managers door is always open."

- Throughout the inspection people came and chatted to the registered manager. People were their priority. They took time to listen and answer their questions and support them in a caring and personable way.
- Staff were aware of the provider's whistleblowing policy and knew how they could use this to raise concerns. When concerns had been raised these had been investigated and action had been taken to prevent any re-occurrence.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The registered manager understood their responsibilities under the duty of candour when incidents occurred (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The registered manager kept families informed of any concerns with their loved one.
- A relative said, "Yes, well informed by them all. The registered manager will call me with updates. We are involved in all aspects of [my relatives] care. They have put lots of things in place to make sure [my relative] is getting everything they need."
- When things had gone wrong the registered manager and staff were open and honest. Investigations took place and action was taken to make improvements and prevent any re-occurrence.

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

- The registered manager engaged with people, relatives and staff through a variety of ways. Staff and relatives told us they felt fully involved and their views and feedback were listened to and appreciated and acted on.
- Satisfaction surveys were circulated as a measure of capturing thoughts, views and suggestions on the quality and safety of care people received. The registered manager used feedback and results from the quality and assurance systems to improve the service.
- People had allocated keyworkers and people were encouraged to engage with resident meetings. Staff had regular supervisions and team meetings were held..

Continuous learning and improving care

- The registered manager had recently employed a qualified nurse to work at the service one day a week to support and guide care staff with the more complex needs of people.
- The registered manager was part of the Kent registered managers forum and had applied to go on courses provide by the local authority. They were keen to develop their skills and knowledge.
- Staff were encouraged to develop specialist roles so they could be 'Champions' in different areas of care and pass their skills and knowledge to the rest of the staff team.

Working in partnership with others

- The registered managers had good working relationships with local healthcare professionals including GPs and community nurses.
- Visiting professionals told us that the registered manager worked with them to make sure people received safe and effective care.

