

Together for Mental Wellbeing

Green Lane

Inspection report

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Date of inspection visit:
14 September 2021

Date of publication:
26 October 2021

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Green Lane is a care home without nursing providing accommodation and personal care to 14 adults at the time of the inspection. The service can support up to 15 people. People who live in the home all have a diagnosis of a mental health condition. The home is an adapted building which includes three self-contained flats.

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

People were not always kept safe from the risk of infection. Cleaning schedules were not followed and updated consistently. This caused confusion as to what cleaning responsibilities had been completed.

People were not always supported with meaningful activities that were suited to their hobbies and preferences. We have made a recommendation in relation to this.

There was no registered manager in post at the home. This meant various day to day management responsibilities were not consistently completed.

Risks were assessed and reviewed and guidance was available for staff to follow to keep people safe. People were supported with their medicines by staff that had received relevant training.

Staff were recruited in a safe way and were up to date with all relevant training. Staff felt supported by the temporary management team.

People told us that staff were kind and caring and supported them to access social and health care professionals. Accidents and incidents were recorded, analysed and action taken to ensure preventative measures were put in place.

People were supported to have 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.

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 28 February 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, not enough improvement had been made and the provider was still in breach of regulations. The service remains requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns raised and based on the previous rating. This enabled us to review the previous ratings.

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 have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Green Lane

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

The inspection was completed by one inspector.

Service and service type

Green Lane 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 did not have a manager registered with the Care Quality Commission. This means that it is the provider alone who is 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 five people who used the service about their experience of the care provided. We spoke with five members of staff including the operations and development manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures was 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. We spoke with one relative about their family member's experience of the care provided.



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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- There was no clear cleaning schedule dedicated to the kitchen and food preparation areas. Checks had also not been completed on containers of food that had been opened and not "date stamped" so it was not possible to confirm when the food had been opened. This increased the risk of people not knowing when food was out of date.
- There were no pedal bins for staff to dispose of personal protective equipment (PPE) in a safe way. Used masks and aprons were put in bins in the main office that did not have lids.
- We were not always assured that the provider was using PPE effectively and safely. One member of staff was seen to enter the building without a face mask and another member of staff were seen on occasions to wear face masks only covering their mouth area, this is not in line with government guidance. However, there had been one confirmed case of COVID-19 in the home and the staff had ensured that no other people or care staff had been infected.

We recommend the provider ensures staff consistently complete cleaning rotas and maintain kitchen hygiene.

- 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 accessing testing for people using the service and staff.
- 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.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection risk assessments had been reviewed and improved. People had risk assessments to address individual risks. Examples included people at risk of self-injury and people at risk due to smoking cigarettes.
- Staff were knowledgeable of people's individual risks. One member of staff said, "[Person] can walk off during trips into the community. We encourage [person] to save the office number and ensure they have credit on their phone to contact staff at the home when we are out at places that may not be familiar to [person]."
- Since the last inspection new processes had been introduced to improve the completion of medicine administration record (MAR) charts. Staff were seen to complete MAR charts in pairs to ensure that all medicine was accounted for and all records were completed correctly.
- Medicines were stored safely in a room that had been converted into the medicines room since the last inspection. Regular temperatures were taken to ensure the room was the correct environment for all medicines to be stored there safely.
- Safety checks were carried out regularly to ensure the environment was safe. These included fire alarms and water safety checks.
- The business continuity plan had been reviewed regularly to ensure it also prepared the business for the current COVID-19 pandemic and any potential threats to the safe running of the home.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient staff with the right training and skill to meet the needs of people and to keep both people and staff safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Although there was ongoing recruitment for vacancies in the staffing team, the home now employed regular agency workers. Agency workers were involved in the handover between shifts to ensure they knew important details of people's care that needed attention.
- Staff had received specialist training to ensure that they could safely support people that lived in the home with complex needs. People living in the home lived with various mental health conditions that required different approaches. For example, some people needed prompts of personal care or reminders to take essential medicines. Staff were knowledgeable about how to apply the training. One staff member said, "It is important we apply our positive behaviour training when supporting [person] as he has very complex needs and it is important we support [person] correctly."
- People told us there were enough staff that were trained in the necessary areas. One person said, "There is always someone to help me when I need it, all the staff are very good and know what they're doing."

At our last inspection the provider had failed to ensure that sufficient pre-employment checks were carried out to ensure appropriate staff were employed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff files showed that staff had been subject to previous employment reference requests and checks with the Disclosure and Barring Service (DBS). These checks confirmed whether a person had been previously known to police and if they were a suitable to support vulnerable people.
- The files showed that any gaps in previous employment had been addressed. This ensured staff were appropriate for the role of working in the home.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living at Green Lane. One person said, "I feel very safe here, I know I am not safe living on my own as I would forget my medicines and all sorts, and I would be in all kinds of trouble. The staff keep me safe and make sure I'm always okay."
- Staff were knowledgeable in identifying different types of abuse and confirmed they had received regular safeguarding training. One staff member said, "I have regular (safeguarding) training. It is so important as it is not always easy to identify different types of abuse and it is imperative we recognise it and report it straight away to make sure people are safe."
- In addition to safeguarding training, the home had a safeguarding policy. This was available for staff to read and take guidance from whenever they needed to.

Learning lessons when things go wrong

- The staff recorded any accidents or incidents on a form that was then reviewed by a senior member of the team. Action was then taken to ensure the chance of reoccurrence was minimised.
- An example of action taken was seen where a risk assessment had been added to a person's care file following an incident. This gave additional guidance for staff in how to support the person.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At our last inspection staff had not completed all mandatory training and some additional training to address complex needs was not deemed mandatory and only offered to staff. However, staff had felt that due to the home being short-staffed they had not had a chance to complete the optional training.
- At this inspection we found staff had completed all mandatory training as well as additional training to meet people's complex needs.
- Staff told us that they felt they had received all appropriate training. One staff member said, "The training here is very good, I feel that the initial induction really prepared me for the role and I appreciate the regular additional training. At this time I don't think I need any extra training."
- At the last inspection staff supervision was not regularly documented. Supervisions were now completed in a timely way and documented in staff files. Staff told us they felt supported. One staff member said, "I get regular supervision and I can take the opportunity to ask for more training if I felt I needed it".

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.

- At our last inspection we found that best interest decisions had not been reviewed following people's needs changing and capacity assessments and subsequent DoLS applications had not been made in a timely way.

- At this inspection the location no longer had anyone that required a DoLS authorisation. However, staff showed us how regular best interest decisions and capacity assessments had been completed for people. An example of this showed that a person had been shown to have capacity and therefore there was a care plan for staff to offer additional support and offer advice in certain areas.
- Care plans detailed consent had been gained from people living in the home to have support in certain areas. An example of this was seen with consent for staff to support people with their medicines.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- Prior to people moving into Green Lane staff completed assessments to ensure they could meet people's needs. These assessments were then established into various care plans to include guidance for staff to follow.
- People's preferences were detailed in their care plans so they could choose how they wanted staff to support them.
- People told us they enjoyed the food provided at Green Lane and said they could choose their own food to match their preferences. One person said, "The food is very good here and the chef always makes me food that I like."
- There was a drinks and snacks station where people could help themselves to hot and cold drinks and snacks. Staff were seen to encourage people to drink throughout the day.

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

- People told us that staff supported them to arrange relevant appointments with healthcare professionals when they needed them. One person said, "They (staff) are very good at chasing appointments for me and reminding me when I need to go to the doctors."
- Care plans detailed correspondence with various health professionals and medical advice that had been provided was incorporated into care plans.
- Staff told us that it was important to ensure referrals were made in a timely way. One staff member said, "If we notice anything different we call the GP or relevant specialist for advice."
- Throughout the COVID-19 pandemic staff had remained in close contact with the local GP surgeries to ensure any changes to people's health were addressed quickly and effectively.

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

- People told us they liked the home and their own private spaces. One person said, "I like that the home is nice and clean and I can decorate my room and that's my space."
- Staff told us how improvements were being made to update the home. Since the last inspection all bathrooms and toilets had been refurbished and were cleaned regularly by the cleaning staff. A pool table in the communal area had also been fixed and people were seen to use this throughout the inspection.
- Small decorations had been made to the home such as a notice board and photographs of activities on the wall. Staff told us how they wanted to build on these decorations to improve the home further.

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 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 told us that staff were kind and caring. One person said, "They [staff] are great. It doesn't matter if it's my keyworker or any staff member, they all treat me so nicely, nothing is too much trouble."
- A relative told us, "It's nice for us to know [person] is being well looked after by kind people [staff]. They are very attentive to the people living there." A person also told us, "They [staff] know we are all different and have our different ways, and [staff] respect that, that is important."
- Staff told us how they respected equality and diversity. One staff member said, "It is very important to treat everyone as an individual and respect that they want to do different things at different times of the day and we support people around their wishes."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were involved in the care they received. One person said, "Staff are very good at always asking me how I want support, how I want to spend my day, what I want to eat. I feel listened to."
- Relatives told us that they were involved in their family members' care, where appropriate. One relative said, "I appreciate the staff involving me as well. I think they are good at that."
- Staff told us that they tailored the support they provided to the person. One staff member said, "I always ask people how they want me to support them, they have to be comfortable and our approach has to change depending on the person we are supporting."
- People had their own private rooms and there were three self-contained flats. We saw staff knock on doors and waiting for answers before entering people's room to support them.
- People were encouraged to go on trips outside the home on their own, however staff were seen to offer support as well. On one occasion staff said to a person, "Are you going out? Is there anything you need from me before you go?"

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- People were not always supported with meaningful activities. There was an activities co-ordinator, however, this was only a Saturday shift position. This ensured an activities rota was created, however, there was no dedicated staff member to follow up activities with people. One person said, "If it's raining, like today, there really isn't much to do."
- With an absence of a full-time activities co-ordinator staff did not always feel that they had time to follow up on meaningful activities. One staff member said, "It is difficult, if we could have a full-time activities staff member, or an extra staff shift, we could spend more time with people to do more activities."
- Some activities had been organised such as a trip to the driving range, the beach and Thorpe Park. One person said, "We have done a few activities but not really that much, I liked the driving range but we only did it once but I also realise the pandemic has played a part. I would like to do more."

We recommend the provider consider more frequent and meaningful activities for people.

- Staff had supported people to maintain relationships that were important to them. During various restrictions they had supported people to stay in touch with family members. One person said, "They have been great, as they know my family are important, they have done a lot to make sure I've seen them throughout COVID in one way or another."

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

- Care plans detailed people's preferences, however, this was not always reflected in certain areas of support provided to people. For example, the menu for the home did not reflect people's diet preferences and needs. The choice was also limited due to only being refreshed and changed approximately every four to six months. People had not been involved in the development of menus, and people were not frequently involved in preparation or cooking of meals.
- People told us that they always enjoyed the food, however, due to the menu not being changed regularly that element of choice was not always available for people to try new recipes.
- Staff knew people's needs and people confirmed they were happy. One person said, "I'm happy that staff know me well and know how I like things."

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.

- There was nobody living with complex communication needs. However, staff were knowledgeable in what resources they would use if people needed support in this area, for example an easy read format.
- People had communication sections within their care plans detailing how they liked staff to communicate with them. During the inspection staff were seen to follow advice detailed and apply it with different interactions.

Improving care quality in response to complaints or concerns

- People told us they were confident to raise any concerns or complaints. One person said, "I've had to voice concerns in the past. I think the current staff are very good at dealing with any problems straight away."
- There was a complaints policy and procedure for staff to follow if a complaint was made. Staff were confident in how to ensure it was dealt with correctly. One staff member said, "I would follow the complaints procedure and assure the person we were dealing with it as quickly as possible to alleviate any further concerns or anxiety."

End of life care and support

- There was nobody receiving end of life care. Staff and the management team were confident in how they would support people entering this period of their life. For example, liaising with hospices or specialist care homes if appropriate.

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 has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection systems were either not in place or not robust enough to demonstrate the home was effectively managed. Records and relevant information were not always available for staff. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered manager had been absent from the home for an extended period of time and then had left their post just before our inspection. This had led to some management "walk around" style audits not being completed. This was highlighted in the kitchen cleaning and food hygiene checks not being completed consistently, and records not being completed accurately to ensure safe practices.
- There were cleaning schedules in place in the home. However, these were not consistently completed by some agency and weekend staff. This meant that it was not possible to establish whether certain cleaning responsibilities had been completed. If these had not been completed, the risk was increased for the potential of infection spreading.
- The concerns we had found regarding meaningful activities had not been highlighted as there was no permanent registered manager in post. This meant that people were not receiving care responsive to all of their needs and which took into account their preferences.
- The provider completed quality assurance audits, however, these had not identified the concerns found at the inspection.

We found no evidence that people had been harmed however, systems were either not in place or not robust enough to demonstrate the home was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People spoke positively about the temporary management arrangement for the home. This had been put in place whilst recruiting a new registered manager. One person said, "All I can say is the home has

drastically improved since the new management team have come in and hopefully this new ethos will continue."

- There were senior members of staff that were knowledgeable in risks and regulatory requirements. This ensured important risks were adequately managed.

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

- Some people spoke negatively about the management of the home prior to the new temporary management team. One person said, "It was not a positive place to live, it appeared there was a divide between staff and people and staff were told not to have a working relationship with us. Now that has completely shifted. The office is larger, we can go in at any time and we (residents) actually feel included."
- Staff also told us of a change in culture in the home in recent months. One staff member said, "It used to be a very different home, we have changed the culture for the better, we make sure that all staff try their hardest to build that rapport with everyone living here and always make sure we are available for the residents now."
- The office had been moved to a much larger room at the front of the home. Throughout the inspection people were seen to come in and speak freely to staff and it was evident that anyone was welcome in the new office space. One person said, "The new office has changed everything, it's like we are always welcome, whatever time of day it is."

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; Working in partnership with others

- The provider and the temporary management team worked well with the local authority and allocated social workers for people that lived in the home. Following a person's needs changing staff were working closely with professionals to ensure the best possible outcome was reached.
- The temporary management team had made relevant notifications to CQC and the local authority in relation to any information we needed to be made aware of.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us that they felt involved in the service. One person said, "We have meetings and I feel I can put ideas forward and changes are made. The new management team seem to really want to learn from our comments."
- Staff told us that they took part in regular staff meetings and handovers and felt confident to raise ideas to make positive changes. One staff member said, "They (temporary management team) are very receptive to ideas to improve the service."
- There was a business improvement plan that was regularly reviewed and updated to ensure changes were made to continue to improve the standard of care at Green Lane.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to establish effective systems to assess, monitor and improve the quality and safety of the service.</p>