

# Together for Mental Wellbeing

## Green Lane

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Green Lane is a care home providing personal care for up to 15 people who may be living with a mental health condition. At the time of inspection, the service was supporting 12 people. The home accommodates people in one main building set on two floors and three flats in the grounds of the home.

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

The service was not consistently safe. People's risks were assessed; however, assessments were not always accurate and management plans were not always in place or followed. There were not always enough staff to keep people safe. Infection control measures needed to be improved and medicines were not always managed safely.

Quality assurance measures in place were not sufficient to identify quality or safety issues including those highlighted in this report related to risk management, staffing levels, recruitment and training.

We received mixed feedback with regards to how supported staff felt in the service. People were supported and encouraged to engage in the service and community. Staff worked with other agencies to meet people's needs.

Staff received mandatory training and inductions, however, staff had not always received training in specialist areas that would have helped to meet people's needs more effectively. Staff told us that due to lack of staff that they were restricted to be able to attend training they felt would benefit them in their role.

People were supported to have maximum choice and control, however decisions made when they lacked capacity were not always evidenced. It was therefore unclear if these decisions were in their best interest or the least restrictive. Policies and systems were in place; however, these were not always followed.

People's care and support needs were assessed. There was some inconstancy of information and detail in support plans and these were not always person-centred. The registered manager had identified this and was in the process of making changes to people's care files.

Care workers had developed relationships with people they supported. Staff respected people's dignity and privacy and promoted their independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 7 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to safe care and treatment, staffing levels, good governance and safe recruitment at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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.

#### Inspection team

The inspection was carried out 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 single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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 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 four people who used the service about their experience of the care provided. We spoke with three members of staff and the registered manager.

We reviewed a range of records. This included three 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 were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Received feedback from the provider from two professionals.

# 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 deteriorated to requires improvement.

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.

Assessing risk, safety monitoring and management, using medicines safely.

- People's risks were not fully assessed, risk management plans were not always in place, clear, accurate or available to inform staff how best to manage them. For one person, not all their risks had been identified and recorded which put other people and staff at serious risk.
- Staff were not aware of all people's risks and so could not ensure they were well managed. One staff member told us, "Risks weren't emphasized quickly to us about [person's name]."
- Medicines were not always managed safely. Staff did not always adhere to the providers medicines administration policy with regards to signing medicines administration sheets following administering a person's medicines. This meant the provider could not have full oversight of who administered medicines and whether these had been administered as required.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a business continuity plan in place to ensure people were still cared for in circumstances such as severe weather.
- Environmental safety checks had been carried out such as gas and electrical testing to ensure the environment was safe for people.
- Medicines were stored safely in locked cabinets and at the right temperature.

### Staffing and recruitment

- There were not always enough staff with the required training to keep people safe. The service did not have sufficient staff to provide support based on people's needs and risks. Agency staff were not being used to increase numbers of available staff, this meant that there were not always staff with the right skills to support people effectively. The provider had agreed during the inspection that agency staff could be sought and used until there was enough staff.
- One person's risk management plan specified a certain staff mix was to be provided at all times, however staff were not always rostered in line with this plan which put staff at significant risk of harm due to the

nature of previous incidents and the likelihood of re-occurrence.

- Staff did not all have training in the skills which were required based on the complex needs of the people they were supporting, such as mental health awareness, suicide and self harm, breakaway techniques, first aid and substance misuse. The provider did not consider some of these as mandatory training courses for staff supporting people with complex needs.

The provider did not 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.

- The provider did not carry out robust pre-recruitment checks for staff to assure themselves that staff were suitable to work in a care setting.
- Staff files did not consistently show that the provider sought confirmation of good conduct in previous employment. Files also showed that gaps in previous employment were not accounted for. Therefore, the provider could not assure themselves that staff being recruited had good conduct and were appropriate for the role.

The provider did not 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.

#### Preventing and controlling infection

- The premises were in need of updating. We noted that bathrooms had grout that looked unclean and was stained. In one bathroom there was a heater hanging off the wall. We noted also in bathrooms there was no hand towels or toilet paper. We brought this to the attention of the staff and they arranged for more to be put in the bathroom.
- We noted that the risk of some infection spreading was higher due to conditions that people may have. There was little guidance for staff to follow to help minimise this risk.

#### Learning lessons when things go wrong

- There was evidence that incidents were reported, these were recorded with information of actions taken. The registered manager told us how following an incident staff training had been arranged as the gap in knowledge was identified.
- Following an incident where a person became agitated it was found through communication later that this person would benefit from a change of routine. The provider implemented a 'conversation café' to make communication easier for people.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and understood the signs and types of abuse. They were confident in how to raise concerns if this was needed.
- The provider had policies and procedures in place to support staff to report any concerns they had and ensure these were appropriately investigated.



# 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 now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff had received appropriate training for their role. Staff did not always have training specific to their role to support them to meet people's complex needs.
- The registered manager and staff told us how staff can access training in relevant topics, such as substance misuse and personality disorder. This was not mandatory training, so staff did not have to attend. Staff told us how due to lack of staffing they were unable to attend some training that they would have liked to and felt would have helped them in their role.
- Staff supervision was not always as frequent as the provider specified in their policy, however staff told us they felt they could seek support from the registered manager between supervisions and felt supported.
- Some staff had not completed mandatory training such as self harm and mental health awareness. Staff had completed training such as safeguarding adults, food hygiene and fire safety but we noted some of these required refresher training.

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 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.

- The registered manager had held best interest meetings where this was appropriate, however we found that these had not been updated over time where one person's needs had changed. We discussed this with

the registered manager who told us they would arrange meetings to update these best interest decisions.

- We found that one person may require an application to be made for possible restrictions to their liberty. The registered manager had not completed an application to have them assessed. We discussed this with the registered manager who told us they would complete a deprivation of liberty safeguard referral for this person.
- We observed and staff told us that they encouraged people to make their own decisions but supported where required or where appropriate.

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

- People's needs were captured in support plans, however relevant information was not easy to find and not always consistent with regards to the quality and detail in them. Most staff had worked at the service long term and knew people well however, there was a risk of new or agency staff not being able to access relevant information when needed. We spoke with the registered manager who told us they were updating people's files to rectify this.
- Staff told us that sometimes it was hard to find information on people to see what their needs were. The service had recently changed from paper files to electronic which had made this difficult.
- People told us that they were involved in their care reviews. One person told us, "My support plans are led by me."

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

- People were generally independent with eating and drinking and prepared their own meals. Staff supported some people with the preparation of food or prompted them if they needed some support.
- If people were not consistently eating and drinking enough, staff monitored and recorded this in people's files.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to ensure people's needs were met, however we did note that the registered manager did not always receive relevant information from other professionals about people's needs prior to them moving in to the home. This was something that could be improved to ensure people's needs were known prior to moving in so staff could support them accordingly.

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

- The premises were suitable to meet people's needs. There was a garden and smoking area for people to use.
- Much of the premises required updating but we noted that people's rooms where it was their wish had been personalised. People could choose what colour they had in their rooms and had personal belongings of their choice in their rooms.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services such as the dentist, to attend GP and hospital appointments. Some people asked staff for support to attend appointments out of the area.
- People were supported by their keyworker to maintain healthier lifestyles. One example was of a person who was supported to eat a balanced diet. Staff supported them by helping prepare food plans and food.

# 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 and staff, we spoke with told us that the staff who cared for people were kind and caring and we observed this. One person told us, "People are cared for and fairly well supported here." One staff member told us, "Caring aspect, everyone has allocated keyworker and can talk about their problems confidentially."
- People's individual needs, preferences and beliefs were respected by the service. Any specific requirements were catered for where possible. One staff member told us about them supporting a person in a religious festival. The person had asked staff to explain the festival to other people living in the home, which they did, to support people to understand what they were doing and why.

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

- People were actively involved in their care and support decisions and their relatives where this was appropriate. The provider ensured people and their families could feedback regarding the service in a number of ways to gather people's views on the service provided. This included face-to-face, through feedback forms and a comments box.
- People had fed back at a residents' meeting that they were unhappy with unannounced room checks. Following discussion and the service explaining the purpose of room checks it was agreed and implemented that staff will arrange room checks with people prior to carrying them out.

Respecting and promoting people's privacy, dignity and independence

- People confirmed that they were treated with dignity, respect and that their independence was promoted as much as possible. One person told us, "I started in the main house and now live in one of the flats. I am working towards independent living. Staff are there if I need them."
- Staff we spoke with told us how they promoted people's independence and respected their privacy and dignity. One staff member told us, "People here are very independent but there have been times where, for example, people have come from a secure unit environment. We then support and teach things like cooking and they then become independent."

# 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 deteriorated to requires improvement.

This meant people's needs were not always met.

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

- People's needs were captured in support plans, however relevant information was not easy to find and not always consistent. Most staff were long term and knew people well however there was a risk of new or agency staff not being able to access relevant information when needed. We spoke with the registered manager who told us they were updating people's files to rectify this.
- Staff told us that sometimes it was hard to find information on people to see what their needs were. The service had recently changed from paper files to electronic which had made this difficult as some information was missing in the new electronic files or were in different areas of the electronic system.
- People told us that they were involved in their care reviews. One person told us, "My support plans are led by me."

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 no one in the service that required information in an alternative format. We spoke with staff who confirmed that if this was needed, the service would comply with the AIS and could provide information in alternative formats to meet people's needs.

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 supported to take part in activities and engage in the community. Activities included; swimming, going to day centres, volunteering and day trips.
- The home had a range of activities including available including; a pool table, darts, smoothie mornings, conversion café, breakfast club and movie night. Staff encouraged people to engage in activities to support their mental wellbeing.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people told us they felt their concerns would be listened to and resolved in a timely manner. One person told us, "If I had any complaints I would talk to staff or the

manager, but I've not had to."

- We reviewed the home's complaints records for the last twelve months, two complaints had been received and had been handled effectively.

End of life care and support

- The service did not support people with end of life care but confirmed they would support people and their families to access the right service should this situation arise.

# 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 now deteriorated to requires improvement.

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; Continuous learning and improving care

- Quality and safety audits carried out by the provider did not adequately identify issues, and where issues had been identified, actions had not been taken in a timely way to resolve them. For example, there was insufficient oversight of recruitment, training and supervision to identify issues identified at this inspection. An audit in August 2019 had identified improvements were required to risk assessments, this had not been acted upon.
- The provider did not have an improvement plan in place to monitor and drive improvements needed in the service. The registered manager told us they had plans to create an improvement plan to ensure any improvements identified in audits were actioned and agreed that audits required improvement.
- Staff were not clear about their roles and responsibilities. The structure of the service meant that there was not always a senior member of staff or the registered manager on shift each day to take responsibility of the service and make decisions related to people's risks and safety. Some staff we spoke with told us they felt pressured and uncomfortable with this. We spoke with the registered manager who told us there was always a senior member of staff on management duty and could be contacted by phone in the event of an emergency for support but not on site.

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

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

- Staff gave us mixed feedback when asked if the service was well-led. Some staff felt that there should always be a senior member of staff on shift or a manager to support them. Staff told us that more staff were needed and that the lack of staff had impacted on their ability to attend training relevant to their role.
- There were regular staff and residents' meetings, this enabled people and staff to share ideas and receive updates on the service.
- Staff were updated on relevant information such as changes in a person's mood or risk verbally in

handover. We could not see evidence of this as it was not logged. Staff could also look on people's daily notes for updates to help meet people's needs and achieve good outcomes. This information could have been clearer and more easily accessible for staff to ensure consistency of knowledge and care.

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 was aware of their responsibility with regards to the duty of candour and had an open and honest approach when things went wrong.

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

- In addition to day-to-day contact with people who used the service, quality assurance surveys were given to people to gain feedback to improve the service. We noted that no improvements were suggested from the last survey and people were happy with the service.
- The service encouraged links with the community. People were supported to engage in the community and some people were volunteering. Others attended day centres.

Working in partnership with others

- The provider worked in partnership with the local authority and other agencies such as community mental health teams, GPs, pharmacies and specialist healthcare providers.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider failed to ensure all risks to people were assessed, managed and minimised.  |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The providers systems and processes did not identify or improve the issues we found on inspection.   |
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The provider had not carried out robust systems when recruiting to ensure staff were suitable to work in the care setting. |



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The provider failed to have enough suitably trained staff to keep people safe. |

**The enforcement action we took:**

Warning notice issued