Together for Mental Wellbeing

Green Lane

Inspection report

122 Green Lane
Addlestone
Surrey
KT15 2TE

Tel: 01932857485
Website: www.together-uk.org

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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

The inspection took place on 08 February 2017 and was unannounced.

Green Lane is a care home registered to provide accommodation and care for up to 15 people. At the time of our inspection there were 11 people living at the home. Green Lane provides long term support to people living with various mental health conditions. They also provide temporary support to people during periods of crisis.

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

Our last inspection was in November 2015 where we identified concerns with risk assessments, infection control, premises safety, medicines management, staffing, care plans, consent and governance. At this inspection we found actions had been taken to ensure the regulations had been met and the service had improved.

The home environment was clean and systems were in place to maintain cleanliness as well as the environment. People were supported to maintain their home environment and were involved in decisions about the home.

There were sufficient staff present to meet people's needs. People were safe and staff were able to spend time with people developing their daily living skills. The provider undertook checks to ensure staff were suitable. Staff had access to a wide range of training to support them in their roles.

Staff understood their roles in protecting people from abuse and acted appropriately where safeguarding concerns were identified. Risks to people were routinely assessed and where incidents had occurred, actions were taken to prevent a reoccurrence. Staff were trained in managing medicines, which they administered safely.

People's rights were protected as staff had an understanding of current legislation. Staff understood the Mental Capacity Act (2005) and we saw examples of staff supporting people who were subject to conditions under the Mental Health Act (1983). People were able to access the local community freely.

People were supported by caring staff who supported them to make choices and develop independence. People made choices about activities they took part in. People's dietary needs were met and people were supported to develop skills in managing their own nutrition. People had access to healthcare professionals and staff worked alongside them to meet people's needs.

Staff knew the people they supported well and had built positive relationships with them. Staff promoted people's privacy and dignity when providing support. Staff had access to person-centred care plans which highlighted what was important to people. People's needs were regularly reviewed in order to identify any changes.

Systems were in place to measure the quality of the care that people received. The provider took action where they identified improvements. People and relatives provided feedback, which the provider acted upon. Staff responded to complaints. Staff felt supported by management and had input into how the home was run.

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.

People lived in a clean and safe environment.

Risks to people were routinely assessed and measures were in place to keep people safe whilst maximising their independence.

Where accidents or incidents occurred, appropriate actions were taken in response.

Staff understood their role in safeguarding people and acted appropriately where there were safeguarding concerns.

There were sufficient staff present to meet people's needs. The provider undertook checks on staff to ensure they were suitable.

People's medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

People were supported to prepare meals of their choice. People developed culinary skills and their dietary needs were met.

Staff worked alongside healthcare professionals to meet people's needs.

People's rights were protected as staff understood the Mental Capacity Act (2005). Staff worked with people who were being provided care under the Mental Health Act (1983).

Staff received training to ensure they were effective in their roles.

Is the service caring?

Good

The service was caring.

People were supported by staff that knew them well.

People lived in an inclusive atmosphere in which they were able

to make decisions about their care.

People's cultural and religious needs were met by considerate staff.

Staff focussed on people's goals and how to enable them to live independent lives.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

People had access to a range of personalised activities.

Care plans were person-centred and reflected people's needs, preferences and aspirations.

People's needs were regularly reviewed and where changes in need were identified, these were responded to.

People were made aware of how to make a complaint and the provider had a system in place for analysing them.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were in place to monitor the quality of service being delivered and improvements were made as a result.

People's records were managed and maintained by competent staff.

Staff had input into the running of the home and felt well supported by management.

The registered manager understood the challenges facing the home and was taking steps to address them.

Green Lane

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 08 February 2017 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke to four people living at the service. We observed caring interactions throughout the day. We spoke to the registered manager and three members of staff. We read care plans for two people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at three staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff and residents.

Our last inspection was in November 2015 where we identified concerns with risk assessments, infection control, premises safety, medicines management, staffing, care plans, consent and governance.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "They (staff) are always around so it's safe." Another person told us, "I feel safe here."

At our inspection in November 2015, the provider had not ensured people received safe care and treatment. Communal areas were not well maintained and expected standards of cleanliness were not always upheld. Risks to people were not routinely identified and assessed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made the required improvements. People told us that they felt that the home environment was clean. One person said, "It's clean, we help out a bit too." The environment was clean and there were no malodours. Following our last inspection, all carpets at the home had been cleaned or replaced. A robust cleaning schedule was in place in which staff completed cleaning tasks and signed off when they were done. This meant that the provider could monitor cleaning at the home and staff were accountable for work they had carried out. Cleanliness was monitored as a part of regular audits so that where shortfalls were identified, these could be addressed.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. Following our last inspection, the provider had reviewed all people's care records and updated risk assessments where necessary. These were reviewed regularly and where new risks were identified, these were assessed with measures identified to reduce risk. One person smoked heavily and staff had identified that this exposed them to a number of risks. The person had a history of smoking within the home so staff monitored them regularly and where they did not smoke in designated areas, staff intervened. A smoke alarm was in place and we saw evidence that this had alerted staff to the person smoking indoors so that they could respond quickly. The risk assessment also identified that when the person was supported to engage in activities that were important to them, they were less likely to smoke. Staff supported the person to access information on stopping smoking, should they chose to in the future. These measures demonstrated a holistic approach to managing risk.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. In their PIR, the provider told us, 'We use ABC (behaviour) charts to analyse incidents on an individual and collective basis to identify improvements to support plans, risk assessments and our procedures.' Our findings supported this. The provider had a system to record and analyse accidents and incidents to identify patterns to prevent them reoccurring. The accidents and incidents log included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same accident happening again. One person had recently gone through a period of relapse of their mental health condition. This had resulted in some verbal aggression due to psychosis that they were experiencing. Staff reassured the person and supported them to discuss what they were experiencing. The person became calm and staff informed healthcare professionals of the change so that they could carry out a review.

At our inspection in November 2015, the provider had not ensured there were sufficient staff deployed to

meet people's needs. People had to wait before being taken out and staff were not able to dedicate time to supporting people to take part in activities. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made the required improvements. There were sufficient staff present to meet people's needs. One person said, "They (staff) are always around." Since our last inspection, the provider had increased staffing levels and, through recruitment, had stopped using temporary agency staff. The registered manager had a tool in place to calculate the number of staff needed, based on people's needs and activities. Throughout the inspection, we observed enough staff present to keep people safe and to enable them to participate in activities and go out when necessary.

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

At our inspection in November 2015, people's medicines were not stored and administered safely. Medicines were not always stored securely and important information on how people should receive their medicines was missing from records. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made the required improvements to the management of medicines. People received their medicines safely from trained staff. Medicines were stored safely and the provider had installed ventilation to the storage room to ensure medicines were stored at an appropriate temperature. Temperatures were recorded daily and the cleanliness and safety of the medicines room was regularly audited. Staff had been trained to manage medicines and they were required to pass a competency test before being able to support people with medicines. This demonstrated that the provider made sure that staff who administered medicines were skilled and competent enough to do so.

Medicine Administration Records (MARs) were up to date and showed who had administered medicines or the reasons for medicines not being administered if applicable. People's medicine records contained photographs of them; this ensured that staff knew who they were administering medicines to. We observed staff administering medicines to one person and best practice was followed. Staff followed the person's care plan which stated the person liked to take their medicine themselves when given to them in a pot.

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. On staff member told us, "First, I would talk to the person whilst being careful not to ask leading questions. I'd tell the manager and ring the safeguarding team, providing information about the incident." Staff had attended safeguarding training and it was discussed at one to ones and team meetings. Where there had been safeguarding incidents, they had been raised appropriately and quickly by staff, with plans implemented to ensure people's safety. The registered manager was aware of their responsibility to inform the local authority safeguarding team and to notify CQC of any incidents.

Good

Is the service effective?

Our findings

People told us that their nutritional needs were met. One person told us, "We go shopping and do a cooking group on a Monday. It's good fun." Another person said, "They help me cook and I can make a lot myself."

At our inspection in November 2015, people were not fully supported to have balanced nutritious meals. People were expected to cook independently with limited support from staff. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made the required improvements. People were supported to cook themselves nutritious and balanced meals by staff. One person told us, ""I have low fat chips and salmon. I don't eat fatty food. I have scrambled egg." We observed this person being supported to make food in line with their preferences. Increases in staffing meant that people had more time with staff developing their cooking skills. Every person had undergone a 'Self Catering and Kitchen Assessment'. This assessed people's ability to cook independently and also identified any risks. The provider told us about these assessments in their PIR. They told us that they were introduced to improve the way they meet people's nutritional needs. Developing cooking skills made up an important part of people's care. Some people aimed to live independently when they left the home and they told us these skills were important to them. People's care records contained information on their favourite foods and everyone had time to spend with staff cooking, both individually and as a group. The kitchen had a television monitor installed which was used by people to watch recipes as they cooked to further develop their skills. We observed people cooking with staff and it was evident that people took the lead and were building on their skills to manage their own nutrition.

Where people had specific dietary needs, staff helped to ensure that these were met. People were weighed regularly to identify any changes. Staff recorded what people ate and followed the guidance of healthcare professionals. One person had a history of malnutrition and self- neglect. Staff supported them to access a dietician who created a diet to improve their nutrition. Staff worked with the person to write shopping lists and to prepare suitable balanced meals in line with the advice of the dietician. A recent review had noted that the person's diet had improved, along with their overall health.

Care records showed that healthcare professionals were involved in people's care and people accessed healthcare professionals when they needed them. Some people came to the home following time in hospital. Staff worked alongside healthcare professionals in the community who provided continuity of care. Staff attended Care Programme Approach (CPA) meetings and provided feedback that guided healthcare professionals on the person's treatment. The CPA is a way that services are assessed, planned and reviewed for people with mental health problems. One person had a history of anxiety. Staff completed a chart for when this person had become anxious or agitated. This information was used by healthcare professionals to ensure the person was receiving the appropriate medicines and support for their mental wellbeing.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our inspection in November 2015, people's rights were not protected as staff did not work in accordance with the MCA. People's mental capacity was not assessed and where people lacked capacity to make specific decisions, the correct legal process had not been followed. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made the required improvements. Following our last inspection, the provider reviewed the MCA assessments of all people and staff attended MCA training. People living at the home were able to make decisions themselves. There was nobody living at the home with any restrictions placed upon them and we observed people leaving the home freely. People had their own keys and accessed the local community independently. People's records contained information for staff on what support they needed to make their own decisions. One person's records stated staff should, 'explain the full situation and all available options' to help them make decisions. Records of one to one meetings with the person demonstrated that this was taking place.

The registered manager had a good understanding of the Mental Health Act (1983) and how it applied to people living at the home. Some people were provided support under a Community Treatment Order (CTO). A CTO is a plan of supervised treatment after discharge from hospital. Staff worked with people to meet the conditions of their CTOs. Staff observed medicines that people took and supported them to contact healthcare professionals when they became unwell. Legal documentation regarding CTOs were in people's records and staff frequently discussed the CTO with people. At a recent discussion, one person had wanted to challenge their CTO. Staff advised them of the appeal process and supported them to follow this.

People told us that they felt staff were trained to meet their needs. One person told us, "They (staff) know what they're doing." People were supported by staff who had the appropriate training to meet their needs. One staff member told us, "We can ask for training and they do a lot when you first start." Staff training included safeguarding, health and safety, moving and handling and the Mental Capacity Act (2005). Staff received training specific to the needs of people living at the home. Staff had undergone training in areas such as mood disorder and psychosis which meant they had a good understanding of people's needs and how to respond in a crisis. Staff had regular supervision where they discussed people's needs and could request further training.

Good

Is the service caring?

Our findings

People told us that staff were caring. One person told us, "They (staff) are respectful." Another person said, "The staff are nice."

People were supported by staff that knew them well. Records contained detailed information on people's backgrounds, family lives and preferences. Every person had a keyworker. A keyworker is a dedicated member of staff who oversees a person's care and gets to know them well. A staff member said, "Key working is essential as it gives people that focussed support." Keyworker meetings were led by people using the service. People chose when they would like to meet their keyworker and what they wished to discuss. Staff demonstrated a good understanding of people's needs and backgrounds. Records of keyworker discussions showed that people had in depth conversations and were able to request support from their keyworkers in achieving their goals. One person had recently discussed their plan for when they left the home. They had discussed actions they could take now to prepare them for this, such as building relationships with relatives and developing their skills to live independently.

People lived in an inclusive atmosphere. The registered manager empowered people by involving them in decisions about their home. Regular meetings took place where people were able to express their views and make suggestions. One person had started a group called 'Music Mondays'. This was their idea and involved people choosing songs and listening to them together. Staff supported them to do this by providing them with a tablet device from which they could find and play their chosen songs. One person told us, "We do Music Mondays, which is good fun." At another meeting people had discussed inviting people from another of the provider's locations over for a coffee.

People's religious and cultural needs were taken seriously by staff. In their PIR, the provider told us, '… support plans take into account the things that define people; their cultural background, gender and religious preferences.' Our findings supported this. Initial assessments included questions on people's religion and culture so that staff could support the person in a personalised way. One person followed a religion and their care plan reflected this. They did not eat certain foods as a part of their faith. This was clear in their records and staff demonstrated a good understanding of this person's spiritual needs.

Staff encouraged people to maintain their independence through providing appropriate levels of support so that people could manage their own needs. Support was focussed on people developing skills to become independent. People's ability to complete tasks was assessed and staff provided support to people to develop their skills and confidence. Everyone was involved in daily tasks within the home as well as cooking. During our inspection we observed people doing laundry as well as cleaning communal areas of the home. People cleaned their own rooms which meant they took ownership over their own spaces. Records were clear on what people could do and what their goals were.

Staff had a good understanding on how to promote people's privacy and dignity. Due to the nature of people's needs, staff often held discussions with people which were of a personal and sensitive nature. One staff member said, "Keyworker sessions usually take place somewhere private, but it depends where they

choose. If we are discussing health information then we try to do that away from others." We observed one person discussing their medicines with staff. Staff took the person away from other people to talk about their health needs which demonstrated that staff understood the importance of keeping people's information private.

Good

Is the service responsive?

Our findings

People told us that they enjoyed the activities they took part in. One person told us, "I go to a café. I go to everywhere I want to go." Another person said, "Its lovely, we do stuff here and go out on trips."

People were able to choose what activities they took part in and everybody had an individualised activity plan. One person's care plan stated they wanted to find local community groups and staff had been supporting them to find some. Every person had a plan that reflected their interests. Activities were discussed at keyworker meetings and at reviews and these linked with their care plans. One person enjoyed exercise, which was of benefit to their mental wellbeing as well as their physical health. This person exercised regularly using equipment at the home. Their keyworker was also supporting them to join a local gym.

At our inspection in November 2015, we found that information in people's care plans did not reflect their needs and preferences. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made the required improvements. Care plans contained current information on people's needs and they reflected what was important to them. Following our last inspection, the provider had reviewed all of their care documentation as well as meeting with people and staff to identify ways records could be more person-centred. People's care plans reflected people's needs and focussed on their goals and aspirations. One person was working to develop skills to live independently. They needed some support with personal care, but could do a lot of this themselves. Staff prompted and encouraged them as they had a history of self-neglect. Their plan contained a routine which also involved developing daily living skills such as cleaning and shopping. The plan also listed activities that were important for their mental wellbeing and relaxation. Everybody had a 'Staying Well Plan'. These detailed what was important to people's mental wellbeing. One person had a plan including relaxation, visiting friends and relatives, listening to music and trips out. These demonstrated a holistic approach to meeting people's needs and improving their overall wellbeing.

People received a thorough assessment before living at the home. Assessments were detailed and captured important information about people's needs and aspirations. Assessments covered people's health, personal care, food and drink, community living skills, goals and future planning. Information from assessments was put into people's care plans.

Changes to people's needs and circumstances were identified by robust review processes. In their PIR, the provider told us that they held regular, 'How Is It Going' meetings. These were an opportunity for people to meet with the registered manager and discuss their support and anything they wished to change. They could review their goals and identify new ones. People's needs were also fully re-assessed every year. Where changes occurred between reviews, people's care records were updated. People also discussed their needs and wishes and monthly keyworker meetings, and where these identified changes, care records were updated. One person had identified at a recent review that they wished to find volunteer work. This linked in

with their overall goal to live independently in the future. Their keyworker supported them to find new opportunities and this was added to their care plan.

People told us that they knew how to make a complaint. One person told us, "I'd just go to them (staff) if I had any problems." The complaints procedure was visible in the home and people were reminded of their rights and how to complain at keyworker meetings. The provider had a system in place for documenting and responding to complaints. This also meant complaints could be analysed so where patterns developed these would be identified. There had been no complaints since our last inspection.

Good

Is the service well-led?

Our findings

People told us that they got on well with management. One person told us, "I see (registered manager) a lot, always happy to talk." Staff said they found management supportive. One staff member said, "I feel supported by the manager." Another staff member told us, "I get on really well with everyone here. (Registered manager) is really nice."

At our inspection in November 2015, important information about people was not always easily accessible in records. There was a lack of robust quality assurance audits in place which meant improvements to the home were not always identified and actioned. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made the required improvements. Care records were detailed and kept up to date by staff. The registered manager discussed record keeping with staff at meetings and documentation was reviewed and gaps were filled. Staff had dedicated time to complete daily notes as well as regular meetings with people to update records where needs or wishes changed.

Quality assurance systems were in place to monitor the quality of service being delivered and improvements were made as a result. The registered manager carried out regular audits and documented their findings and any actions taken. An action plan was drawn up following our last inspection and actions had been taken in all of the areas that we had identified. The provider had continued audits and kept an up to date plan of improvements made as a result. Audits covered areas such as staff training, medicines and care plans as well as the home environment and health and safety. A recent audit had identified that the radiators required maintenance. This had been completed. The provider was in the processes of arranging a refurbishment of one communal room which would make it into two spaces for people. This was following feedback from people and staff that an additional communal room could be utilised. The arrangements were in place to commence this work. The provider also asked people and relatives for regular feedback.

People's records were managed and maintained by competent staff. Records were stored securely where only staff could access them. This meant that people's personal information was protected and their confidentiality respected. The registered manager maintained a filing system that meant important documentation about the home was readily available. Records were kept up to date and important information about people was up to date. Staff were trained in how to record and store information and the registered manager had systems in place to monitor the quality of records kept within the home.

Staff were involved in the running of the home. One staff member told us, "Staff meetings are once a month." Meetings took place as planned and records showed they were used to discuss improvements to people's lives. A recent meeting had been used to discuss activities that could be arranged at the home that people would enjoy. All members of staff had an area of responsibility. For example, one staff member took the lead for maintenance. They reported to the registered manager on the progress of tasks completed and provided an oversight of this to ensure improvements were actioned when identified.

The registered manager understood the challenges facing the home and had a plan on how to overcome them. The registered manager told us that recruitment was a challenge that they faced. To overcome this challenge, they had started to advertise in areas that had good transport links for the home. They told us that they were finding staff with good qualifications, such as psychology students, who were keen to develop experience working with people. During discussions with staff it was apparent that they had an interest and a passion for working with people with mental health conditions.