

# Tamaris Healthcare (England) Limited

## Green Lane Intermediate Care Centre

### Inspection report

Green Lane  
New Wortley  
Leeds  
West Yorkshire  
LS12 1JZ

Tel: 01132311755  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection carried out on 17 January 2018. We last inspected the service on 24 May 2016 when the service was overall rated as 'Requires Improvement'.

Green Lane Intermediate Care Centre 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. This service provides short term rehabilitation to maximise the independence of people and enable them to return to living in their own home in the community. The service comprises care and therapy (occupational therapy and physiotherapy) all based in the same building and provides a range of facilities and equipment for up to 60 people who require rehabilitation. At the time of our inspection 34 people were using the service.

At the time of our inspection there was no 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.

Since our last inspection the service had closed for 11 months before reopening in November 2017. At the time of this inspection people were only living on the top floor of the building.

Medicines were managed in a safe and proper way; we saw good practice in the administration and recording of people's medicines. People received their prescribed medicines in a timely way.

Some people were not always happy with the staffing levels, staff and relatives felt there were enough staff and this was confirmed in our observations. However meal times became busy and some people were left waiting. At other times we saw staff were available and responded promptly to people.

Robust recruitment procedures were in place, which helped ensure staff were suitable to work in the care service. Staff received the training and support they required to carry out their roles and meet people's needs.

People told us they felt safe and this was echoed by relatives we met. Staff understood safeguarding procedures and how to report any concerns. There were procedures in place to manage risk effectively and we found evidence throughout the inspection that all efforts were made to support people's safe mobility and prevent falls. Accidents and incidents were logged and monitored by the manager for trends and areas for improvement.

We found people's nutritional needs were met. There were choices for meals and fluids and dietetic advice was obtained when required. The lunchtime experience was busy but had a social atmosphere with lots of chatter and interaction from staff. People told us they liked the meals provided to them. The dining

experience appeared disorganised and some people were left waiting for their food. We have made a recommendation that the provider reviews people's dining experience.

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

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and we saw the service worked in line with the principles of the MCA.

People told us they were not stimulated as no organised activities took place. We have made a recommendation that the provider revisits the provision of activities within the service.

People and relatives praised the staff who were described as kind, caring and considerate. People told us they were treated with respect and this was confirmed in our observations. We saw staff engaged positively with people, encouraging and supporting their independence and promoting their dignity. Staff had a good knowledge and understanding of people's needs and worked together as a team.

People and relatives told us they felt able to raise any issues or concerns and were confident these would be dealt with appropriately. People had different views about being consulted about their care and the service through discussions and reviews. Some people said they had been consulted while others told us they had not.

People received care tailored to meet their needs and they had access to healthcare professionals, some of whom were based on site. A healthcare professional who visited the home regularly told us "I have no issues here."

Staff were all new and so communication was being improved. We observed the culture of the organisation was based on putting people first, working together, ensuring the care was person centred and individuals being at the centre of their own care.

We found the quality monitoring system had been effective in maintaining standards in areas such as staff training, appraisal, rota management, staff absence and the environment. Any areas for improvement had been identified and actions plans indicated how to rectify these areas.

The manager was not currently registered with the CQC. Additional support had been provided to the manager from the area manager.

## 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 received their medicines in a safe way and as prescribed.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Staff were recruited safely and were employed in sufficient numbers in order to keep people safe.

### Is the service effective?

Good ●

The service was effective.

Staff received the induction, on-going training and support needed to fulfil their roles.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's health and nutritional needs were met. Some people were left waiting for their food for a long period of time.

There was a positive and collaborative approach to meeting people's re-enablement needs.

### Is the service caring?

Good ●

The service was caring.

People and relatives said staff were kind, considerate and caring and this was confirmed through our observations.

People's privacy and dignity was respected and maintained.

People's independence was well promoted and they were fully supported to engage in their re-enablement programmes.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People received person-centred care and documentation captured their personal preferences. Some people told us they were not always involved in the planning of their care.

No formal activities were taking place.

Staff promoted inclusion wherever possible and encouraged people to mix with each other.

Complaints were recorded and dealt with in accordance with the registered provider's complaints procedure.

### **Is the service well-led?**

The service was well-led.

There was a quality monitoring system in place which had identified areas for improvement in the service and most of the time action had been taken to address these.

The service had systems in place to gain feedback from people and relatives.

The service did not have a manager registered with the CQC.

**Good** ●

# Green Lane Intermediate Care Centre

## **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 checked 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.

The inspection took place on 17 January 2018 and the inspection was unannounced.

The inspection team consisted of one adult social care inspector, one specialist advisor in governance and one expert by experience (ExE). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This ExE had experience of working with older people and intermediate care services.

Before commencing the inspection we looked at the information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also contacted the safeguarding and commissioning teams at Leeds City Council prior to our inspection to gather their views about the service.

We had not asked the service to return a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the course of the inspection we spoke with the manager, operations manager, two nurses, two care assistants and the chef. We also spoke with 10 people who used the service and seven relatives as well as four health care professionals.

We looked at four staff files, four care records, six Medication Administration Records (MAR) charts, policies

and procedures and audit documentation.

## Is the service safe?

### Our findings

At this inspection we found the service was safe. We found during the previous inspection the service was not always safe. The service's rating for this key question has changed to Good.

People told us they felt safe. One person said, "Oh yes I feel very safe here I had two falls at home before coming here, I thought I wouldn't feel safe here when I first came as the door to my room was always open, but I do, there's no one here to cause me any harm." Another person told us, "Definitely feel safe here, the staff are excellent."

We asked people who used the service how their medicines were managed. One person told us, "They come when I call them, I know my tablets, they bring them to me, I have two paracetamol at night and it helps me to sleep." Medicines were administered by nurses, who had additional training in the management of medicines. We observed staff administered medicines in a patient and person centred way. They explained what medicines they were giving to people and supported people to take their own medicines where possible.

We saw the number of medicines in stock matched with what records suggested should be present. We found no gaps on Medication Administration Records (MAR's). Some people were prescribed topical medicines such as creams to apply to their skin and we saw systems in place to apply these safely. Medicines were stored in a safe way. However, nurses told us the process for ordering repeat prescriptions could be better. We mentioned this to the manager and they told us they had recently changed the pharmacist they used to improve these systems and so they were giving it time to resolve itself.

People who used the service and their relatives were overall satisfied with the staffing levels and one person told us, "They look after me well here but sometimes I don't think that there is enough staff in the dining area as there may be only two staff on duty, there seems more today though." Another person told us meal times were busy and sometimes you could be left waiting at the dining table for a while. We observed one person wait at the table for nearly 30 minutes before their food was served. We mentioned this to the manager who told us they would look into this as soon as possible.

Most staff told us staffing levels were fine, whereas others felt there could be more but insisted people were not at risk and had their needs met. The manager told us staffing levels were regularly reviewed and had increased since the re-opening of the service to reflect people's needs. The manager also told us there were new staff who were awaiting recruitment vetting checks to come through before they could join the team. We saw people had their individual dependency monitored which indicated to the manager how many staff was required. We observed staffing levels on the day of inspection reflected this.

We observed staff worked together as a team most of the time, but there were improvements that could be made. All the staff team were new since the re-opening of the service and they were still exploring all their job roles and getting used to all the changes in the new service. This showed us staff needed sufficient time to settle in to their roles. People always had access to their call bells. We saw staff were prompt in

responding to people's requests for assistance and made every effort to support people's re-enablement needs and offer additional support where people needed this. For example, one person required assistance from staff to walk alongside them while another member of staff walked behind with a wheelchair in case they became tired. We concluded on the day of our inspection, there was sufficient numbers of staff available to meet people's needs safely.

There was a range of other staff either employed by the service or employed by another organisation but based at the service. These included physiotherapists, occupational therapists, an administrator, two catering staff and domestic workers. This meant an effective staff team were on site to facilitate people's treatment programmes, and to provide care and support a practical discharge plan. One person told us, "Oh I think there is enough staff definitely there are doctors all types of people dieticians and physiotherapists."

Staff were recruited safely and additional checks were in place regarding decisions about employment. Potential candidates completed an application form so gaps in employment could be explored, references were obtained and interviews took place. Checks were made with the Disclosure and Barring Service (DBS) to ensure candidates had not been barred from working in care settings. Nurses employed by the service had their PIN numbers checked against the NMC (Nursing and Midwifery Council) database to ensure they were appropriately registered to deliver nursing care in the UK. This was confirmed in the recruitment records we looked at.

The registered provider had effective systems in place to safeguard people from the risk of harm and abuse. Staff had received training and in our discussions with them, they were knowledgeable about what constituted abuse, how they would manage incidents between people and what they would do if they had any concerns, or if abuse was disclosed to them.

Risk assessments were in place which covered areas such as nutrition, self-medication, falls, moving and handling, skin care and bed rails. Risk assessments for people identified as being at risk of falling detailed whether specialist equipment such walking aids was required. During the inspection we observed staff made regular checks on people they believed were at risk of falls. When accidents or incidents occurred, web based forms were completed in sufficient detail to understand what happened, who was informed, what action was taken and subsequent follow up. Investigation methods used were appropriate and proportionate and found the root cause of the accident or incident. Appropriate action was taken following incidents and subsequent learning was shared within the service.

The service had emergency evacuation plans in place. These plans instructed staff how to evacuate people from the building in the event of an emergency. People had individual plans in place called Personal Emergency Evacuation Plans (PEEPs). These plans documented the support each person required to evacuate the building.

The environment was clean and tidy. Staff had received training in infection prevention and control and had access to personal protective equipment when required to reduce risks of cross contamination. In the laundry area there was a clear system of work to ensure people's personal items and bedding were laundered appropriately. During the inspection we noted a sink in one toilet area took a long time to have running hot water from the tap and another toilet area had missing wood panels, exposed wood and sharp edges following recent work. We mentioned this to the manager who was aware and reported the lack of hot water and locked the other bathroom to keep people safe. We reviewed the Infection Control Policy and found these were detailed and staff had implemented them effectively. For example, a recent outbreak of Norovirus within the service had been appropriately managed in accordance with policies and procedures.

## Is the service effective?

### Our findings

At this inspection we found the service was effective. We found during the previous inspection the service was not always effective. The service's rating for this key question has changed to Good.

We found people's nutritional needs were met. Some people had specific dietary requirements and arrangements were in place to provide these people with a suitable diet. Food and fluid charts had been completed to record some people's intake where required. We observed people getting drinks and their water replenished and a selection fresh fruit brought round throughout the day.

Staff arranged the dining tables so people could sit together. Staff provided any equipment to support people's independence and dignity with meals. For example clothes protectors were available to people. Overall, we received positive comments about the meals; these included, "It's always nice, never had a complaint so far", "Its decent food" and "I enjoy the meal times. Food is good and tables are set nice." Meals were served in people's rooms or they could go into one of two dining rooms. A trolley from the kitchen came up and food was served from there. People were encouraged to go to the dining room but many chose to eat in their rooms. However, we observed lunchtime to be disorganised, trollies were mixed up and ended up in the wrong dining room so staff were running between the two. One member of staff served the meals and the rest took them to people. Staff told us people received their food by room numbers and as a consequence some people were waiting a long time to be given their lunch. One person said, "You have to sit such a long time before your meal is served." Another person told us it was 'chaotic' at breakfast time. We observed that residents were supported to the dining table for 12 o'clock and their meals served 12.40.

We recommend the provider revisits and takes steps to improve people's dining experience.

We saw people who used the service received care and support that was effective and which met their needs. Assessments were completed by care and therapy staff on admission and individual rehabilitation programmes were developed. Referrals to other health professionals were completed as required. We saw records of referrals made to the Speech and Language Therapy team (SALT) and dietetic services. A physiotherapist told us, "No real issues here. They have only just reopened but we don't have any concerns."

Most of the people we spoke with received regular assistance from the physiotherapists and occupational health staff to help them improve their mobility and undertake day to day tasks. Some people were encouraged to use the treatment room for one to one sessions with the therapist. The treatment room had stairs and hand rails for people to practice on in a controlled environment.

People felt they had made real progress during their stay. Comments included, "I struggled with getting washed when I first came. Now I do virtually everything myself", "I feel stronger now" and "They come and help you every now and again to keep us going." A relative told us their family member had made real progress during their stay at the service and told us, "I would recommend this place to anyone it's very good, really helped her improve."

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 authorisation procedures for this in care homes and hospitals are 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 were being met. At the time of the inspection no one living at the service was subject to a DoLS authorisation. We saw people had their capacity assumed and then assessed when their capacity was in doubt. Documentation was in place if people required their capacity to be checked.

Staff told us they received appropriate training, appraisal, supervision and support to enable them to feel confident when supporting people who used the service. Training records showed most staff completed all the providers' mandatory training and all outstanding training had been booked. Staff received a range of training considered essential by the registered provider and also specific training related to the health conditions of people who used the service. People and relatives said they thought staff were well trained. One relative said, "The staff are really on the ball." We looked at supervision documentation completed following staff meetings on a one to one basis with their line manager. Documentation we saw was brief and recorded the topic of conversation, rather than a reflection of the meeting with any goals that came from the meeting. We mentioned this to the manager who agreed more detail was required in the future.

The building was two stories high but only the top floor was currently in use. There was a range of communal rooms inside the building which responded to the varying needs of people who used the service. For example, there were dining and lounge areas on each side of the floor, a therapy room, kitchen and laundry room were also on site. The service had a large range of equipment to meet the care and rehabilitation needs of the people who used the service to ensure their independence was maximised.

## Is the service caring?

### Our findings

At this inspection we found the service was caring. We found during the previous inspection the service was caring. The service's rating for this key question has not changed from Good.

Staff treated people with dignity and respect and supported them in a kind and caring way. This was observed during the inspection and confirmed in discussions with people who used the service and their relatives. They told us, "It's nice here people are so helpful it's like living in a palace, the food's good too", "I would recommend this place to anyone it's really helped me to improve", "On the whole people here are pretty reasonable, I have asked for my fingernails to be cut but they haven't done this yet", "They are very good workers here they speak very nicely to you very polite" and "Definitely the staff are excellent."

Throughout the inspection the atmosphere at the service was busy; however the service was newly reopened and staff team were all new. We saw staff spent time with people when they could and had a good rapport with them. We saw person centred approaches to care. For example, people had their medicines at the times that suited them and people could have their breakfast at a time that suited them throughout the morning as they got up. A member of staff told us, "We try to spend time with people and get to know them so we can build better relationships."

People were satisfied that their privacy and dignity were preserved. People spoke about the 'good attitude' of the staff and how they always asked before providing care and respected their dignity. One person was pleased with the support from staff to wash their hair as they struggled with this as they liked their hair to look nice.

Feedback from health professionals who regularly supported people at the service was very positive. They told us the staff were friendly and welcoming of new people to the service that the staff were kind and people spoke highly of their stay.

Staff showed a commitment to promoting people's independence as much as possible. One member of staff said, "We encourage people to do things for themselves but we never push them into doing things they don't think they are ready for." We saw how staff supported people with their independence at every opportunity and staff were patient and encouraging in their approach. They often asked people if they wanted to have a walk and used meal times and activities to encourage people to mobilise. We saw staff were patient when they supported people and walked alongside them at the person's chosen pace, ensuring they used equipment if necessary and encouraged them to take their time and not rush. One person who used the service told us, "Staff know what I can do and they help me to do as much as I can for myself."

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. Records confirmed care workers had completed training in equality and

diversity.

We saw people who used and visited the service were provided with a range of information. There were notice boards with information about the organisation, results from consultation and enabling programmes. There were leaflets about the service, safeguarding, how to complain and advocacy arrangements. Advocates are independent of the service and can support people to express their opinions and wishes if they are unable to do this for themselves.

Personal information such as people's care plans; medication administration records and staff personnel records were held securely. Computers were password protected for additional security.

# Is the service responsive?

## Our findings

At this inspection we found the service was not always responsive. We found during the previous inspection the service was not always responsive. The service's rating for this key question has remained Requires Improvement.

We found mixed views about people's levels of involvement. Some people told us they had been involved in the care planning process, while others said they had not been included in this process. Relatives said they had to go and seek out staff to find things out about their family member's plan of care; they never came to them and discussed what was going on. Another relative told us they were happy with the care and the food was good. They said, "It's a very nice and clean place, a good environment, but my relative has only been here for a week. They commented, "So maybe they will talk to us once she settled in a bit more." One person told us, "They did I think talk about plans for me but I've forgotten now." Another person said, "I leave it up to the doctors to decide what's best."

Staff made efforts to introduce people to each other, to encourage participation during the day and at meal times. However during our inspection we saw TV's were on and music was playing, but no dedicated activities to stimulate people were organised. People made the following comments, "The facility here is nice but there is little stimulation or any activity", "There's not much going on like activities but I like my own company, I prefer to stay in my room" and, "No activities only physio." We mentioned this to the manager who told us the service was growing, they had recruited an activities co-ordinator but they had not started as they were still awaiting checks. This showed us although people told us they were unstimulated, the service had recognised this and staff were in place to address this specific concern.

We recommend that the provider revisits the provision of activities within the service for all people.

We saw staff were responsive to people's needs and care was delivered in a person-centred way. People who used the service and their relatives made positive comments about the quality of care provided. These included, "I was sent here for rehabilitation I'm so proud of myself as I couldn't do very much when I arrived and now they help me to get up to the sink and I gave myself a full strip wash, I was so pleased to be able to do that on my own without help", and "The staff have been great, a real help and I am doing much better."

We saw staff communicated with one another to support people's care. All care staff received a handover at each shift change which ensured they were kept up to date with any changes in people's care needs. Care staff and therapy staff also used daily notes in people's files which they confirmed worked well and had improved day-to-day communication with the staff team.

The care files of people who used the service showed that an assessment of their needs was completed by therapy and care staff on admission and this included risk assessments. A tool was used for supporting people's progress towards self-reliance, where people who used the service set goals and agreed outcomes. However, people told us they were unaware of these goals.

We reviewed people's care records. The assessments and care plans focused on people's re-enablement needs and these records were detailed and reviewed regularly. Care plans included details of people's preferences but did not reflect the person centred approach we had observed.

The registered provider also used an electronic recording system which enabled information to be shared amongst health professionals involved in people's care. Therapy and care staff provided information for a discharge record when people were discharged from the service or moved to another service.

People had reviews of their care undertaken in daily multidisciplinary meetings. This enabled the staff team to review people's needs, plan of care and treatment in an integrated way and manage any transition between other services involved with the care package to support discharge. Therapy and care staff told us the meetings worked well. Records showed discharge planning commenced from admission to the service. People and relatives considered the admission and discharge arrangements were well organised and coordinated. One relative we spoke with felt that all the staff had been responsive to their views. Due to their family member's complex needs, the relative felt they would benefit from staying a bit longer at the unit and they were happy that they had been able to have influence with regard to the decision making.

The registered provider had a complaints policy and procedure, which was on display and included in the information available to people who used the service. People told us, "I would ask my partner to complain as she's very good at that sort of thing, like this bathroom door doesn't work properly, she was onto that."

## Is the service well-led?

### Our findings

At this inspection we found the service was well led. We found during the previous inspection the service was not always well led. The service's rating for this key question has improved to Good.

A manager had been appointed to manage the service and the carrying on of the regulated activity, following a period of dormancy where the service had temporarily not been operating. The manager showed us the steps they had taken to start the process of registration. The manager was aware of their responsibilities if they were to become registered to ensure the CQC was informed of events at the service which affected the people who used the service. We discussed with the manager that some notifications had not been submitted in a timely manner, which they confirmed they would follow up.

Systems were in place to monitor the quality and safety of the service. The registered provider had an internal document called 'Governance Assurance and Risk Management Framework' that was used to monitor the quality and risk of the service. This was a comprehensive and robust document that demonstrated that the organisation understood the importance of a robust approach to governance and assurance. Day to day management of the service was undertaken by the manager who was assisted by a clinical lead and team of nurses and health care assistants. The manager told us, "The systems are good. You need to learn them" and, "I get good support with them."

The registered provider had a comprehensive clinical audit programme in place. An example of this was the manager's monthly audit. This covered a wide range of audits of clinical matters including; pressure relieving mattresses, tissue viability, residents at risk register, manual handling risks, and medication audits.

The manager used the registered provider's Intermediate Care Daily program. Various aspects of quality were covered. This included daily walkabouts, daily medications checks, weekly medications checks, resident and relative feedback, colleague questionnaires, and visiting professionals feedback. The nurse in charge collected three or four measures of quality on a daily basis. This information was captured and fed into the web based systems for analysis which was accessed by managers. Audit systems had identified the lack of activities for people during the day. Recruitment of an activities co-ordinator was underway.

The last inspection report and rating was displayed in a prominent location in the entrance hall.

All the staff we spoke with told us they found the manager and operations manager approachable and supportive. One member of staff told us, "We have not been open long so we won't be perfect but I think they are doing good." The operations manager told us, "We have a successful model we are following as this service grows, we just need to take things one step at a time."

People who used the service and relatives spoken with told us they felt the service was well-managed and they were satisfied with the quality of their care. Comments included, "Yes I think they do a good job", "The manager is around most of the time if you need them" and "They know what they are doing."

We spoke with the manager and operations manager about the culture and values of the organisation. These focused on putting people first, working together, ensuring the care was person centred and individuals being at the centre of their own care. In discussions with staff and through observations we saw these values working in practice, however some team meetings minutes and observations showed us there were still some 'teething problems' to work out such as clarity around topics and how to address concerns professionally.

Regular staff meetings were held. Records of these meetings showed that they were used to discuss quality and safety issues, and also to pass on praise and positive feedback to staff. The registered provider had systems in place which sought the views and opinions of the people who used the service through surveys and meetings. We saw I-pads and push button stands were used to quickly gauge people's initial feedback. As the service had only been reopened just over two months, no comprehensive feedback process had been completed.