

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

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11 August 2021
26 August 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

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 30 people were using the service

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

People's communication needs were not always recorded in their care files. We made a recommendation to the provider to review care plans to ensure people's cultural needs were reflective.

Personal emergency evacuation plans (PEEPs) were not always readily available in an emergency. This was rectified during the inspection.

The registered provider did not always have effective governance systems in place to ensure the quality and safety of the service. For example, PEEPs, care plans not always reflective of people's cultural needs. These had been picked up on inspection had not been identified by the provider.

There were mixed responses from people and their relatives around staffing levels. However, we found there was enough staff throughout the inspection to support people. We provided feedback to the regional support manager around the deployment of staff.

Staff were safely recruited, with all pre-employment checks completed before a new member of staff started work. Staff had completed training in safeguarding vulnerable adults. Staff said they would raise any concerns directly with the manager or nominated individual. People told us they felt safe and liked the staff who supported them.

We found the service to be clean and staff were observed to be wearing appropriate personal protective equipment (PPE).

People received their medicines as prescribed. All staff who had the responsibility of medication had completed training and competency checks in the safe administration of medicines.

A formal complaints policy was in place. People told us they felt they could raise any concerns. No one at the time of inspection had any concerns to raise.

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

Rating at last inspection

The last rating for this service was good (published April 2018).

Why we inspected

This inspection was prompted through our intelligence monitoring system.

We undertook a focused inspection to only review the key questions of Safe, Responsive and Well-led. Our report is only based on the findings in those areas reviewed at this inspection. The ratings from the previous comprehensive inspection for the Effective and Caring key questions were not looked at on this occasion. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

We found evidence that the provider needs to make improvement. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We found no evidence that people had been harmed however, governance systems were not robust enough to demonstrate risks were effectively managed and 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.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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 responsive?

The service was not always responsive.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

Requires Improvement ●

Green Lane Intermediate Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, a specialist advisor in nursing and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an unannounced inspection. Inspection activity started on 11 August and ended on 26 August 2021. We visited the service location on 11 August 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the deputy manager, regional support manager, occupational therapist and physiotherapist. We observed interactions between the staff and people living at the service.

We reviewed a range of records. This included five people's care records and five 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 were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.



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; Learning lessons when things go wrong

- Personal emergency evacuation plans (PEEPs) were not always readily available. For example, the PEEP for a new admission was stored on the computer and not readily available in the emergency file. We found this was the case for a couple of people. We spoke with the deputy and general support managers around the importance for these key plans to be accessible at all times in case of an emergency. These were actioned the same day of the inspection.
- After the inspection the registered manager told us they had organised additional training around PEEPS for all staff. We have discussed this further in the well led section of this report.
- Risks to people's health and well-being had been assessed and risk assessments developed. Where people were at risk of pressure care or falls these were in place. However one care plan relating to skin integrity discussed the use of a 2 hourly turn chart, but we couldn't find any evidence of this been completed.

Staffing and recruitment

- Staff were safely recruited, with all pre-employment checks completed before a new member of staff started work.
- There was mixed feedback from people, relatives and staff if there was enough staff to meet people's needs. However, during the inspection, we observed sufficient numbers of staff supporting people. One person said, "Everybody is there for you, you press a bell, and someone is here." Another person said, "Staff are always popping in and out to see that you are okay and if you are struggling, they will help you." A third person said, "Sometimes there is not enough staff, I used to have to wait ages when I was upstairs (pre hospital admission and discharge) but now I just press once and they come straight away, even at night."
- Additional staff had been recruited so there were more staff who could cover shifts when needed.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in safeguarding vulnerable adults. Staff said they would raise any concerns directly with the manager or nominated individual.
- Safeguarding policies and procedures were in place and staff had completed training in safeguarding vulnerable adults.
- Everyone we spoke with told us they felt safe at Green Lane Intermediate Care Centre.

Using medicines safely

- People received their medicines as prescribed. All staff who had the responsibility of medication had completed training and competency checks in the safe administration of medicines.

- Guidance for when medicines prescribed as 'as required' (PRN) was in place.
- People told us they received their medication on time. One person said, "The staff are lovely, I get my tablets on time."

Preventing and controlling infection

- We were assured the service was adhering to safe infection control practices.
- The home was visibly clean throughout. Cleaning schedules were used to ensure all areas were regularly cleaned. Staff wore appropriate PPE and were taking part in weekly COVID-19 testing. People living at the home completed a test every month.
- Visitors to the service followed current government guidance.
- The home had recruited additional members of support staff who could cover in the event staff had to self-isolate or caught COVID-19.
- People told us the it was always clean and hygienic and that staff were conscious of the importance of things being clean. For example, one person we spoke to told us that they dropped their cutlery on the floor and when the staff picked it up, they washed it before giving it back to them. They also told us that the cleaners were always cleaning.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met through good organisation and delivery.

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.

- People's communication needs were not always recorded in their care files. For example, for one person there was no care plan in relation to their cultural needs. However, we observed the staff were using the family to assist with translation and it was evident that the staff were considerate of the person's cultural needs but this was not reflective in the file.

We recommend the provider reviews care plans to ensure people's cultural and communication needs are reflective of their personal circumstances.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Relatives we spoke with told us they were aware of the care plans in place and were discussed when their relative was admitted to the service. We did not however see evidence of reviews taking place to confirm this. We spoke to relatives who told us they had not completed a review. We spoke to staff who also were unclear if a review had taken place. Care plans looked very generic and not necessarily person centered. For example, specific conditions we did not see a separate care plan for these.
- People told us they felt staff were responsive to their needs. One person said, "The staff are great if I need anything I just ask. Nothing is too much trouble."
- No one at the time of inspection was being supported around the end of life. However, staff had completed training in this area.

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

- At the last inspection people were not always engaging in activities and we made a recommendation the provider revisits the provision of activities. We saw an improvement in this, and people told us they felt engaged at the service. One person said, "Staff come around all the time asking what we would like to do. I like to read my paper which they get for me every day."
- Staff understood what individual people were interested in and who was important to them. People's preferred activities inside and outside of the home had been affected by the COVID-19 pandemic. Staff said they had tried hard to ensure people had activities in the home as much as possible, despite the restrictions. We saw people had regular visits from family and friends.
- We saw people were engaged in 1-1 activities as well as regular visits from the hairdresser.

Improving care quality in response to complaints or concerns

- A formal complaints policy was in place. People told us they felt they could raise any concerns. We found where complaints had occurred these had been dealt with in relation to their policy.

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; Working in partnership with others, Continuous learning and improving care

- The registered provider did not always have effective governance systems in place to ensure the quality and safety of the service. Areas which had been picked up on inspection had not been identified by the provider.
- People's communication needs were not always recorded in their care files. We made a recommendation to the provider to review care plans to ensure people's cultural and communication needs were reflective.
- Personal emergency evacuation plans (PEEPs) were not always readily available in an emergency. The importance of this was discussed with the management team on inspection. This was rectified during the inspection.

We found no evidence that people had been harmed however, governance systems were not robust enough to demonstrate risks were effectively managed and 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.

- The management team worked in partnership with community professionals and organisations to meet people's needs. After the inspection the registered manager told us they were working on the areas we had identified on inspection to make improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were all positive about the registered manager. Everyone we spoke with said they were approachable and were contactable by telephone at any time if needed. One staff member said, "The manager is great I have no issues but if I did, I know I would be listened to."
- Relatives said there was good communication with the home, and they felt able to phone the staff or registered manager. One relative said, "The staff are lovely they keep me up to date."
- Staff said they felt involved in the service. Staff meetings had been held to discuss people's support needs and ongoing changes.

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 registered manager was aware of the types of incidents that needed to be notified to the CQC. Due to the nature of the service, few notifications had been made

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	We found no evidence that people had been harmed however, governance systems were not robust enough to demonstrate risks were effectively managed and this placed people at risk of harm.