Toqeer Aslam

Welcome House - Leeza Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Inadequate
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 25 November 2014 and it was unannounced, which meant that the provider did not know that we were coming.

Welcome House - Leeza Court is registered to provide accommodation and personal care for up to 16 people with mental health needs who do not require nursing care. Accommodation is provided in a detached property in Rainham, close to the town centre.

There was a registered manager at the home. A registered manager is a person who has registered with the Care

Summary of findings

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.

While some people said that the food was good, others told us the food was not nutritious. Staff did not adequately support people in preparation of their meals. For example, one person's food was kept in the oven for too long by staff and was clearly overcooked. At no point was the person actively involved in making their own lunch or in choosing what they ate or how it was prepared.

We have made a recommendation that the provider seeks and follows guidance on how to provide nutritious meals and on including people in choosing and preparing their own food as part of developing their daily living skills.

People did not have copies of their own care plans and did not understand what their plans were for. The care plans were kept in the registered manager's office. However, we noted that people were able to access the office to see their care plan if they so wished.

Some people told us they felt they were not involved in managing their health care needs. One person said, "They arrange all things for hospital appointments for me". People told us they were able to see a doctor whenever they wanted to but they were not involved.

We have made a recommendation about involving people in decisions about their care.

People were not always provided with a range of suitable individual and group activities they could choose from. Our observation showed that people were not encouraged to take part in activities and leisure pursuits of their choice, and to go out into the community as they wished. For example, people sat down watching TV, or doing nothing in the home throughout our visit. People told us that they were not able to choose when they wanted to get up and when they wanted to go to bed.

The examples above show that people did not have their individual needs met and proper steps had not been taken to ensure their welfare. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

The provider had a clear set of vision and values, which staff had not followed. The management and staff team had not demonstrated their commitment to implementing these by putting people at the centre when planning, delivering, maintaining and improving the service they provided.

The home had a system to assure the quality of service they provided and the way the home was run had been regularly reviewed. Prompt action had not always been taken to improve the home and put right any shortfalls they had found. However, the same recent internal home audit failed to identify people not being involved in their care plan, people not being able to go to bed at a time that suits them and the non-provision of nutritious food.

There were systems in place to protect people from abuse or harm and make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team. People told us they felt safe in the home and indicated that if they had any concerns they were confident these would be quickly addressed by the registered manager.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. There were risk assessments related to people's mental health and details of how the risks could be reduced. These risk assessments were last reviewed in October 2014. They contained relapse indicators such as violence, self-harm and neglect. These records were reviewed monthly to look for trends. This enabled the staff to take immediate action to minimise or prevent harm to people. These audits were part of the quality assurance system.

There were sufficient staff to meet people's needs. The registered manager and staff told us there were enough staff to care for people and keep them safe. The registered manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. The weekly roster confirmed this. The provider operated safe recruitment

Summary of findings

procedures which included carrying out legally required checks. This was to make sure staff were suitable to work with the people who lived at this home. Staff told us there was a good atmosphere and they worked as a team.

Medicines were safely stored and administered correctly. People showed that they had been given information about their medicines by being able to describe the names and purpose of the medicines they took. Medication administration record (MAR) sheets showed that people received their medicines as prescribed. Clear and accurate records were maintained.

People said, "Staff were well trained and knew what they were doing". Staff knew each person well and had a good knowledge of the needs of people. Staff had completed training in a range of areas that reflected their job role. Staff told us that they had received one to one supervision and yearly appraisals, which enabled them to develop their skills further.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. For example, one person who did not agree with the use of a disability term in their care records was listened to and a best interest meeting took place where a decision was reached by everyone that it was in their best interest to have the word in their care records.

People told us that staff supported them with health care appointments and visits from health care professionals such as mental health professionals. Care plans were amended immediately to show any changes, and care plans were routinely reviewed every month to check they were up to date.

People told us that they received the care and support they needed. They said they liked living in the home. One person said, "I like living here. The staff are much better than my old place"

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed with the person concerned and their relatives and care plans had been updated as people's needs changed.

Staff demonstrated respect for people's dignity during our visit, as they were discreet in their conversations with one another and with people who were in communal areas of the home. People knew how to make a complaint if they were unhappy. One person said, "I have no complaint and if they did, they will speak with staff".

People spoke positively about the way the home was run. Members of staff told us that the registered manager was very approachable and understanding. They said they were encouraged to raise issues or make suggestions and felt they were listened to.

A quality audit was carried out by NHS West Kent Clinical Commissioning Group (CCG), named 'Quality and Safety Site Visit' to the home in October 2014. The CCG shared the results with us and these were mainly positive. They did ask the registered manager to make information about the MCA and DoLS, advocacy services and safeguarding available to people.

Summary of findings

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.

The provider had taken reasonable steps to protect people from abuse. They operated safe recruitment procedures and there were enough staff to meet people's needs.

Risks to people's safety and welfare were assessed and managed effectively.

Medicines were stored, administered and recorded safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People told us that the food was not nutritious. People were not involved in the preparation of their meals. People were not offered much choices of food.

People were support to maintain their health but they did not feel involved in doing so.

Staff had undertaken Mental Capacity Act (2005) (MCA) and Deprivations of Liberty Safeguards (DoLS) training, to make sure that they understood how to protect people's rights.

Is the service caring?

Inadequate

The service was not caring.

Some people told us that some staff do not allow them time to express their wishes and do not listen to them.

People were not always provided with a range of suitable individual and group activities they could choose from.

Staff had not always demonstrated genuine respect for people's dignity. People told us that they were not able to choose or follow their own preferred routines.

Is the service responsive?

Good

The service was responsive.

People's needs were fully assessed with them before they moved to the home, to make sure that the home could meet their needs.

People's care was planned and continually reviewed by staff to make sure all their needs were understood by all the staff who provided their care and treatment.

Summary of findings

There was a complaints policy and procedure. The complaints procedure was available on the notice board in the hallway and each person was given a copy when they moved to the home.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had a clear set of vision and values, which weren't being put into practice by staff.

Quality assurance and monitoring systems were in place but these failed to always identify shortfall.

Staff, people and professionals were provided with forums in the form of questionnaires where they could share their views and concerns and be involved in developing the service.

Welcome House - Leeza Court

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 25 November 2014 and it was unannounced, which meant that the provider did not know that we were coming.

Our inspection team was made up of one inspector and one expert-by-experience who carried out interviews with people. This was how we obtained the views of people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of accessing mental health services including hospital inpatient and outpatient clinics, specialised clinic as well as community based services.

Before the inspection, we asked the provider to complete 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. We reviewed the information included in the PIR along with information we held about the service. We looked at information received from the provider that included information about important events which the service is required to send to us by law.

During our inspection, we spoke with eight people, three support workers and the registered manager. We also contacted health and social care professionals who provided health and social care services to people. These included community nurses, doctors, Kent and Medway Partnership Trust (KMPT), local authority care managers and commissioners of services.

We observed people, care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at the provider's records. These included two people's records, which included care plans, mental health care notes, risk assessments and daily records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

At our last inspection on 12 November 2013 we had no concerns and there were no breaches of regulation.

Good

Is the service safe?

Our findings

People who used the service informed us that they felt very safe and had no concerns. One person said, "I like it here. I feel safe … I know what I'm doing". Another person said, "I like the fact that I can 'come and go' as I please. I feel safe here".

Staff spoke about their understanding of safeguarding and protecting people who lived in the home. They said they would take any allegations of abuse made to them seriously and that they would confidentially report any concerns to the most senior person on duty. Staff commented, "I will report it immediately to the manager and appropriate authorities, if I suspect abuse and I will keep records as this is important". Another member of staff said, "I will report it to my manager and keep the person calm as it can be a delicate subject. If the manager is not here, I can contact the operations manager or social services. I can also contact the police". Staff had received training on protecting people from abuse.

The registered manager was responsible for safeguarding and said, "We regularly do competency assessments for staff, to ensure they are aware of issues of abuse. We follow safeguarding protocols and liaise with local authority social services if we suspect any type of abuse".

Welcome House – Leeza Court had a safeguarding policy dated July 2014. This detailed what staff should do if they suspected abuse. The policy listed the possible signs and symptoms of abuse. It detailed the names and numbers of organisations that abuse should be reported to. The policy linked directly to the local authority safeguarding policy, protocols and guidance'.

There was a comprehensive risk assessment for each person. The assessment considered a range of factors affecting the individual, aside from the main issues, such as behaviour, family circumstances, personal, financial, physical health and current medication. Where risks were identified, steps were put in place to minimise them. For example where people were at risk of self-harm or harm to others, management plans to minimise the identified risk were in place. Staff demonstrated knowledge of identified risks to people and how to manage these risks.

There were day, night and sleep over shifts on the roster. The provider had a roster system based on people's individual needs. This ensured that there were sufficient staff to meet the needs of the people. The registered manager said, "We always have one support worker, one senior support worker and the registered manager on both morning and afternoon shift, which is enough to meet people's needs safely. If needed, we can ask additional staff to come in". We looked at the staff roster for November 2014 and the minimum cover for the service was two members of staff on each shift. This confirmed what the registered manager told us. People told us that there were always two members of staff and the registered manager on shift at all times and they spoke positively about the staff.

The provider operated safe recruitment procedures. Staff files included completed application forms, which had staff members' educational and work histories. Staff told us that they had been interviewed as part of the recruitment process and interview records confirmed this. There was a system in place to make sure staff were not able to work for the service until the necessary checks had been received to confirm that they were safe to work with people. Each file contained evidence of satisfactory pre-employment checks such as disclosure and barring service (DBS) check, the right to work in the UK documentation and references. Staff files contained copies of their passports and information about their qualifications. This showed that the provider had effective recruitment and selection processes in place.

Medicines were stored safely. There was lockable storage available for stocks of internal and external medicines. The medicine room had adequate lighting, and work surfaces. The room temperature was recorded twice a day, and these records were up to date. This meant that the home could be sure that the room temperature and layout of the room was appropriate for the safe storage of medicines. Consent to administer medicines had been sought and people had signed to say they gave their consent. People had information and knowledge about their medicines and they told us the names and uses of their medicines this increased their understanding of their own care and treatment.

The medication administration record (MAR) sheets showed that people received their medication as prescribed. This system of MAR sheet records which was in use allowed us to check medicines, which showed that the

Good

Is the service safe?

medicine had been administered and signed for by the staff on shift. Medicines were booked in to the home by staff and this was done consistently with the homes safe procedures.

Requires Improvement

Is the service effective?

Our findings

People told us that the service met their needs well. People said, "Staff support me to make an appointment to see the doctor I usually go down with another person and we have tests together". Another person said, "No matter how many times you want to ask staff for something, they say just come and find me. They are never tired of you asking questions".

There were mixed views about food. People said, "The food is really nice. We can have one day a week at cooking our own meal … just for ourselves". "Sometimes, I go out for lunch because the portions are so big here and not nutritious. I buy a lot of the things I like to eat". When asked if they felt able to tell the staff what sort of food they preferred, they said, "They try to listen but then they get it all wrong… I ask for smaller portions but it never happens". We asked another person if they were happy with the meals, they said, "Not all the time".

We observed the lunchtime meal. People were able to make their own hot and cold drinks throughout the day in the kitchen. People chose where to sit in the home for lunch, for example some chose to eat in the television lounge while others ate in the dining room. People were not offered much choices of food for lunchtime. For example, one person had sandwiches made with white sliced bread and either a filling of cheese spread or meat paste. The registered manager told us that at lunch time people can choose from sandwiches and soup. Another person was supported with preparation of their own lunch. They had bought a mince and onion pie and oven chips, and were excited to make this. However, the person was kept waiting a long time before they could use the kitchen to cook their lunch. When the food was in the oven, it was kept in there too long by staff and clearly overcooked. At no point was this person actively involved in making their own lunch. A care manager assistant said, "I would like to see better cooking from scratch as often on the days when clients are doing their cooking, it is often heating a pie, oven chips and baked beans. We are encouraged to review clients at our Social Care Pathway Meeting each month and move residents on but they need good daily living skills for us to be able to do this". During our feedback to the registered manager, they told us how difficult it was to get the balance right between respecting people's food choices and providing nutritional food. We found information on 'Safer food guide and balancing nutrition and choice at evening meals' on the notice board for staff. However, our observation showed that this was not followed by staff.

We recommendation that the provider seeks and follows guidance on how to provide nutritious meals and on including people in choosing and preparing their own food as part of developing their daily living skills.

No one had copies of their own care plans. Not everyone understood what their plans were for. The care plans were kept in the registered manager's office. One person said, "Whatever they put in it, I don't know. They say I have to have mine with others. I do not have a copy, the manager has got it. We get our care plans done for us". However, we noted that people were able to access the office to see their care plan if they so wished.

Six out of eight people told us they felt they had been involved in planning how they wanted their care to be delivered. They said they had been consulted about their likes and dislikes, and personal history. People told us, "I told them and they put it down… it includes doing my washing, my own room, chores, then I potter about". "We get our care plans done for us. They speak to us about it, ask questions and we sign them to say that we agree with it" and "Sometimes I am involved". These comments showed that people were not directly involved in their care plan.

Two out of eight people felt they were not involved in managing their health care needs. One person said, "Staff does it all for me ….. Like medication". Another person said, "They arrange all things for hospital appointments for me". People told us they were able to see a doctor whenever they wanted to but they were not involved. Records were kept of doctors and other health care professional's visits. People felt comfortable to discuss their health needs with staff and ask their advice. Care plans contained information about people's health needs and medical conditions along with guidance for staff.

We recommend that the service seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.

Requires Improvement

Is the service effective?

Care staff told us that the registered manager arranged all the training that they needed. They said that there was enough support to enable them to do their jobs well. They felt safe and supported both by other staff and managers. Members of staff said, "I have my supervision every 2 months and I feel well supported" and "I feel I can express myself to my line manager at any time". All staff received regular one to one supervision throughout the year and an appraisal each year. For example, in one staff appraisal, it was identified that they needed to continue to improve their computer skills, written communication and time management. The registered manager developed a plan together with the member of staff, which was reviewed at each supervision session. We found that the identified areas of improvement were being acted on by the staff involved.

Information in staff files and discussion with staff evidenced that a staff induction programme was in place. This included shadowing an experienced worker until the care worker was deemed competent. Staff had completed National Vocational Qualification levels in health and social care. National Vocational Qualifications (NVQs) are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff demonstrated that they had the skills and knowledge required to meet people's individual needs. For example staff confidently described what people's needs were and the part they played in delivering the care that had been planned to meet people's needs. People with more complex mental health needs were known to staff so that their health and wellbeing was planned for and delivered effectively. For example they were aware of people with specific monitoring needs because of their mental health. Staff understood how to deliver care where people required additional assistance such as supporting an individual to attend their health care appointment. People were supported by familiar staff who understood their needs.

Staff had an awareness of the Mental Capacity Act (MCA) 2005 and had been trained to understand this and the Deprivation of Liberty Safeguards (DoLS). They understood their responsibility for assessing people on their capacity to make their own decisions and what to do if they needed support to do this. We found that if a person had capacity to make decisions, they had been involved in the planning and delivery of their care. If not, a family member had been involved in making decisions on their relative's behalf. For example when one person did not want their specific disability term written in their file and objected to this. There was a best interest meeting with their care manager and everyone involved in their care about this information and it was agreed that it should be written in because it was in the person's best interest.

Staff received Mental Capacity Act (2005) (MCA) and training to make sure they knew how to protect people's rights. MCA policies had been updated by the provider in July 2014 to make sure staff read and understood the requirements of MCA. Staff understood the importance of obtaining consent from people before care or treatment was provided and they asked people's permission before they carried out any care tasks. The provider had a consent to treatment policy that enabled staff to support people in making decisions within their own capacity and best interest. The policy included consent to medical treatment. Other policies included the Mental Capacity and Deprivation of Liberty Safeguard. The Registered Manager told us that staff had access to these policies in the office. Staff told us that they were aware of these policies and they understood their responsibilities.

People had regular appointments with health professionals such as psychiatrists, psychologists, dentists and opticians. Referrals were made quickly to relevant health services when people's needs changed. A care manager assistant who visited the home regularly told us that staff worked very hard to make sure people received the health care they needed. They said, "The registered manager has a good relationship with the local GP and all physical health checks are undertaken" and "Whenever the registered manager has a resident that is physically unwell they are very good at getting their care needs met by the appropriate agencies". The local GP told us that they had no concerns about the care people who lived in Welcome House – Leeza Court received and that they confirmed they were well supported.

Staff told us they ensured people were involved in making decisions about their care and how they encouraged people to be independent. They gave good examples of how they achieved this. We heard comments like, "I talk to people about their choices. We do what is best for them. If

Requires Improvement

Is the service effective?

the person does not have capacity, then we get an advocate for them". An advocate is an independent person who can support a person to express their views and choices about their lives, care or treatment.

Inadequate

Is the service caring?

Our findings

While some people told us that they received the care and support they needed, some other people told us that some staff do not allow them time to express their wishes and do not listen to them. One person said, "All the staff are very good – I feel looked after". Other comments from people included, "All the staff are good and my care co-ordinator is very good. She will sit down with you, talk to you and explain to you what you have to do" and "The staff are alright".

People were not always provided with a range of suitable individual and group activities that suited their preferences and needs. Some people told us there were activities on offer. People commented, "If you feel like doing something, you can go in there (the activity room) and take a puzzle or something and bring it back to the lounge" and "I like to go to the library. I go to local towns on the bus. I also cook and a member of staff helps me with it". People were not provided and supported with meaningful activities during our visit. There was an activity room which had books, board games, pool table, table football and a computer which was old. This activity room was not used throughout our visit. People sat down either watching TV, sat at a dining table or in the lounge chatting. Our findings were supported by a care manager assistant who commented after our visit, "My main concern with Leeza Court is the lack of good meaningful activities. I find that the clients at Leeza Court appear to spend their time just going to local cafe's and the library. They often look very lethargic sitting around sleeping or just watching TV". We found that records of activities such as Art were recorded in people's care plan. We spoke to staff about our findings and they said that people like going out for shopping, going for a walk, playing board games, pool and going to the library.

People told us that they were not able to choose when they wanted to get up and when they wanted to go to bed. One person said, "We have to wait until 9pm for our medicines. I would like to go to sleep before that sometimes. In the morning, they call us first to get up and then take turns for our medicines, which I don't like". Another person said, "I'm up at 8am anyway, but the staff get everyone else up. I go to bed about 9pm but I have to wait for my medicines first". The staff did show respect for people's dignity because they were discreet in their conversations with one another and with people who were in communal areas of the home.

The examples above show the provider failed to meet individual's need in relation to providing meaningful activities for people and treating people as individuals. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were supported by staff who were knowledgeable about their needs and preferences. The registered manager described how they considered people's preferences when providing support. For example, they showed us some of the bedrooms after people gave their consent and spoke about individual's needs as well as how they spent time supporting them to get appointments with other mental health services. They further explained how they had been trying, without success, to get an appointment with mental health services for one person who became unwell. They contacted the care manager who supported them to secure an urgent appointment. This was corroborated by the care manager assistant we contacted who told us that the registered manager cared very well for the people supported at Welcome House – Leeza Court. This demonstrated the registered manager's caring attitude towards people who lived in the service.

The staff recorded the care and support given to each person. Each person was involved in regular review of their care plan, which included updating assessments as needed. Care plans were reflective of the care observed during the inspection. For example, one person who said, "I don't like noise", we found that the care plan was updated with this information and risk assessment was put in place to manage this. During our visit staff spoke with people in a kind and caring way and people were comfortable to approach them and speak with them.

Staff were careful to protect people's privacy. For example, one person was visited by their friend and relative. They enjoyed private time and discussion with their relative. The visitor told us "I come when I want to visit my relative." The registered manager told us that visitors could come and go as they chose, and either used the communal lounges, the private room upstairs or the privacy of people's bedrooms. The registered manager showed us the visitors' room upstairs for those wishing to have more privacy.

Good

Is the service responsive?

Our findings

People told us they received support or treatment when they needed it. One person said, "The doctor said I've got to go out every day to keep myself active because of rheumatism." We observed the person responding to the doctors advise and going out for a walk during our visit. Another person said, "I chose the colour of my bedroom" and, "If there's a problem, I'd talk to [name of staff]. If she's not here, I suppose I'd go to another staff or the manager". Staff were chatting as they responded to their needs.

Medicines were regularly reviewed whenever people's needs changed. For example staff had changed a person's medicine details in their care plan in response to recommendations from the doctor because the person's health had deteriorated. People could be confident that when changes happened they received the care and support they needed.

The provider contacted other services that might be able to support them with meeting people's mental health needs. This included the local authority's mental health team, which showed that the service promoted people's health and well-being. Information from health and care professionals such as care managers and mental health professionals about each person was also included in the care plans. There were records of contacts such as phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional's input into their care regularly. The care manager assistant told us that if people's social care needs changed, they were informed by the registered manager.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed by the registered manager and staff and their care plans had been updated as people's needs changed. Staff used daily notes to record and monitor how people were from day to day and the care and treatment people received. The care/therapy plans were designed to meet each person's needs after their initial assessment. Where other agencies needed to be involved, this had been done and recorded.

Each person had a named member of staff as their key worker/care co-ordinator. A keyworker is someone who co-ordinates all aspects of a person's care at the service. People knew their key worker/care co-ordinator. One person said, "My care coordinator will sit down with you, talk to you and explain things to you". Staff told us that handovers between staff when they came on and off a shift were useful. Staff discussed how each person had been when they handed over to the next shift, highlighting any changes or concerns.

People told us that they had no complaints and if they did, they would speak with staff. Staff demonstrated to us that they understood the complaints procedure. They said, "I will sit person down, talk to them and record it. Find out what the problem is and report it to my line manager". Another staff said, "I will report it to my manager, if they are not around, I will inform the operations manager and ask for help. Our service users know how to make a complaint. We gave them complaint leaflets when they moved into the home".

There was a complaints policy and procedure. The complaints procedure was available on the notice board in the hallway and each person was given a copy when they moved to the home. This procedure told people how to make a complaint and the timescales in which they could expect a response. There was also information and contact details for other organisations that people could complain to if they are unhappy with the outcome. Complaints were recorded in a complaints log. There were no complaints recorded in the log since we last visited. The registered manager told us there had not been any complaints received.

Requires Improvement

Is the service well-led?

Our findings

People told us the manager and staff were approachable. They told us that they will speak with staff or the registered manager if they had any concerns. People were comfortable with the management team and staff in the home. Staff also commented and said, "I believe the home is managed well. The manager gets on well with people and staff. The registered manager is caring and understanding. People are not afraid to talk to her". A care manager assistant told us that the manager was very approachable and said 'she communicates well'.

The provider had a clear set of philosophy. These stated 'Our care philosophy is to support and encourage our service users to lead as normal a life as possible and to reach their full potential.

This is achieved by offering guidance and assistance with everyday living skills and by encouraging service users to participate in the planning of their own care'. The management team had not demonstrated their commitment to implementing these by putting people at the centre when planning, delivering, maintaining and improving the service they provided. Our observations and what people told us showed us that these values had not been successfully cascaded to the staff who worked at the home as people were not actively involved in their care as much as they wanted to be and were not provided with meaningful activities.

There were systems in place to review the quality of service that was provided for people. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning, accidents and incidents, and medicines. Any accidents and incidents were investigated to make sure that any causes were identified and action taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. For example, one person had fallen. A risk assessment was made and recorded following the fall and an action plan had been put in place to minimise the risk of them falling again.

The representative of the provider carried out monthly audits of the service. The registered manager confirmed this and said, "I meet with my line manager [operations manager] every week and she visits every month to do an audit". Improvement plans were developed where any shortfalls had been identified. The provider's action plan following the most recent quality audit in October 2014, had identified that people's files, risk assessments and daily notes needed action to ensure they met the standard expected. As a result, reviews had been planned to ensure this was done. Previous action plans showed dates when the actions had been completed which showed that improvements were continually being made to the service. However, the same recent internal home audit failed to identify people not being involved in their care plan, people not being able to go to bed at a time that suits them and the non-provision of nutritious food.

The registered manager was supported by the operations manager and the owner. There was also support available from the company's training and development and human resources departments. This level of business support allowed the manager to focus on the needs of the service, people who lived there and the staff who supported them.

We spoke with the registered manager about their roles, responsibilities, challenges, risks and achievements. They told us that they have been in post for about seven years, which had enabled them to know the people who used the service and staff well. The registered manager said the challenges they face centred on not having enough outside resources for the people. "For example, when we need mental health professional's input, we cannot find them. The Mental Health Team does not always respond to our needs". This was also confirmed by the care manager assistant we spoke with who said, "I know that the registered manager has a great deal of difficulty in getting mental health professional help when a resident is relapsing. They will often seek help from our team and we will have to try to help facilitate access to other services, which is not really part of our job". This showed us that the registered manager was committed to overcoming the challenges posed to obtaining the services they needed to support people with their health. The registered manager said, "My responsibility is to them [residents] and if I have to fight to get it, I will".

Communication within the service was facilitated through monthly team meetings. We looked at minutes of September 2014 meeting and saw that this provided a forum where areas such as medicines, staff handover, staff training, annual quality monitoring and people's needs updates amongst other areas were discussed. Staff told us

Requires Improvement

Is the service well-led?

there was good communication between staff and the management team. A member of staff said, "I feel I can express myself to my line manager at any time". Staff told us that the manager was very understanding. They said they were encouraged to raise issues or make suggestions and felt they were listened to. One member of staff described the 'no blame' culture in the home which meant they "Would feel comfortable to say if they had done something wrong". They went on to say, "We work as a team, very solid team because we have been here a long time".

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

There was a plan staff would use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The registered manager said, "If I am not here, one of my senior support workers will stand in and cover. On weekends, we have an on call system to cover homes". Staff spoken with confirmed this.

The provider sought people's and others views by using annual questionnaires to service users, staff, professionals and relatives to gain feedback on the quality of the service. There were also monthly 'resident' meetings where people were asked about their views and suggestions. The manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the service. For example, a healthcare professional commented that the private room upstairs was not suitable for seeing people. The registered manager responded to this by making available her office space for private meetings if people wish. Overall the responses were positive. For example, 100% of relatives felt their family members were well settled in the home and satisfied with the care provided.

NHS West Kent Clinical Commissioning Group (CCG) carried out 'Quality and Safety Site Visits' to the home. The last visit was on 12 November 2014. The quality visit was 'to assure CCG of the quality of the placement and safety of West Kent residents and to carry out a clinical review of West Kent residents to ensure care and treatment is relevant to their current needs'. The CCG shared the results with us and these were mainly positive. They did ask the registered manager to make information about the MCA and DoLS, advocacy services and safeguarding available to people. The registered manager assured us this would be done immediately following out inspection. We will check whether this information is available to people when we next inspect the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The provider failed to meet individual's need in relation to providing meaningful activities for people and treating people as individuals to be able to choose when they wanted to get up and when they wanted to go to bed. Regulation 9 (1) (b) (I)