Toqeer Aslam

Welcome House - Leeza Court

Inspection report

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Ratings

Overall rating for this service	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service well-led?	Good

Overall summary

We undertook this focused inspection on 11 August 2015 and it was unannounced.

At our previous inspection on 25 November 2014, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to the regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.. The breach was in relation to care and welfare of the people. The provider failed to meet individual's need in relation to providing meaningful activities and treating people as individuals to be able to choose when they wanted to get up and when they wanted to go to bed.

The provider wrote to us and said they would be compliant by 31 July 2015. We inspected the home against three of the five questions we ask about services: is the service effective, caring and well led. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Welcome House - Leeza Court on our website at www.cqc.org.uk.

Welcome House - Leeza Court is registered to provide accommodation and personal care for up to 16 people

Summary of findings

with mental health needs who do not require nursing care. Accommodation is provided in a detached property in Rainham, close to the town centre. At this inspection we found that there were 14 people living in the home.

There was a registered manager at the home. 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.

At this inspection, we found that the provider had taken action to address the breach and recommendations from the previous inspection and improved the quality of service they were providing to people.

Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, and spoke with them politely and respectfully.

We observed that staff had developed very positive relationships with the people who used the service. Staff respected people's privacy and dignity. People told us that they made their own choices and decisions, which were respected by staff and they found staff provided really helpful advice.

People told us they were involved in their food preparation, which promoted their life skills. Staff assisted them to select healthy food and drinks which helped to ensure that their nutritional needs were met. People were generally complimentary about the food and drinks were readily available throughout the day.

People were supported to maintain good health and accessed a range of healthcare professionals and services. We found that staff worked well with people's healthcare professionals such as consultants, community nurses and district nurses.

People were provided with personalised care. They were able to choose what time they went to bed and got up. They were provided with sufficient, meaningful activities to promote their wellbeing.

Staff were cheerful and patient in their approach and had a good rapport with people. The atmosphere in the home was generally calm and relaxed.

People were supported to maintain their relationships with people who mattered to them. Visitors were welcomed at the service at any reasonable time and were complimentary about the care their relatives received.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with the commission.

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 effective?
The service was effective.

People had a choice of food and were complimentary about the food. They told us they were actively involved in menu and food preparation.

People were supported effectively with their health care needs.

Good

Is the service caring?
The service was caring.

People were able to express their wishes and staff listened to them.

People were provided with a range of suitable individual and group activities they could choose from.

Staff demonstrated genuine respect for people's dignity.

Good

Is the service well-led?
The service was well led.

The provider had a clear set of vision and values, which were put into practice by staff.

Quality assurance and monitoring systems were in place and these identified any shortfalls, which were rectified.

The provider, registered manager and staff were aware of their roles and responsibilities.

Good

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 August 2015. It was unannounced. The inspection team consisted of one inspector.

This inspection was carried out to check if the provider had made improvements to the service since our inspection in November 2014. Before the inspection, we looked at previous inspection reports and notifications of important events that had taken place at the home that the provider had a legal duty to tell us about.

We spoke with three people. We also spoke with two care workers, the registered manager and a visiting healthcare professional.

Whilst at the home, we spent time in the main lounge observing daily life. We spent time looking at records, policies and procedures, complaint, incident and accident monitoring systems. We looked at two people's care files, two staff records, staff training programme, daily notes, the menu, the activities folder and quality monitoring documentation.

Good

Is the service effective?

Our findings

At our previous inspection on 25 November 2014, we made some recommendations. We recommended 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. Also, supporting people to express their views and involving them in decisions about their care, treatment and support. The provider submitted an action plan and said they would be compliant by 31 July 2015.

At this inspection, we found the provider had made improvements.

During this inspection, people told us that the service met their needs well. People said, "I like it here. We do our own lunch now which is good." Another person said, "I would like to do pruning and potting flowers. I once did in Maidstone. I now have rheumatism so cannot go again. However, I have a small garden at the back of the house, which I tend to and I like it."

People who lived at the home were provided with food and drinks of their choice. Staff supported people to make their own drinks when they wished to. Cold drinks were readily available to people in the dining room.

People told us that they worked together with the staff to plan their meals. They explained that they always took part in the preparation of main meals such as dinner and roast. They also told us they made snacks and meals in order to develop cooking skills. We observed the lunch period and found that people made their own sandwiches and drinks. People ate at their own pace. One person said, "I make my lunch as I like it." We heard how staff supported them to think about healthy meal options.

We found the kitchen area clean and tidy, with sufficient fresh fruit and vegetables available for the people to have a healthy diet. The staff member who supported people in the kitchen told us that they had completed 'Food and Hygiene' training which was regularly updated.

We spoke with the registered manager and the staff member on duty about their process for care planning when people were admitted to the home. They told us care plans were developed with the person and family members if appropriate as part of the assessment process. This was confirmed by examination of care records we looked at.

There was documentation to reflect the person's personal history, backgrounds and preferences to ensure staff understood how to provide appropriate support to each person.

People we spoke with confirmed staff consulted with them about their support needs. One person said, "I am involved in my care plans, the registered manager told me about it and I now have a copy in my room."

Two of the people we spoke with said they were involved in decisions about their care, health and support. They understood what support they may require and confirmed that staff were caring and encouraged them to be as independent as possible. One person said, "I had to have an operation and staff supported me through it." This showed that people's needs were being met by the registered manager and staff.

The registered manager and staff had regular contact with visiting health professionals to ensure people were able to access specialist support and advice when needed. Records identified when health professionals had visited people and what action had been taken. The district nurse we spoke with during our inspection had no concerns in relation to the care people received at the home. They said, "Staff are friendly, good rapport with residents and I will describe here as home from home." This showed that people received support to meet their health care needs.

Records confirmed that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. We saw that people were regularly seen by health professionals who were treating them, such as community psychiatric nurses, district nurses and consultants. When concerns arose staff made contact with relevant healthcare professionals. For instance staff were in regular contact with people's community psychiatric nurses and when needed had asked these professionals to organise mental health assessments.

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 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

Good

Is the service effective?

choices about their lives, care or treatment. The registered manager told us that an independent advocate now visits the home each month to speak with people. This meant that the registered manager had provided different avenues for people's voices to be heard when they needed support to make decisions about their care needs.

Good

Is the service caring?

Our findings

At our previous inspection on 25November 2014, we identified one breach of regulations. 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. The provider submitted an action plan and said they would be compliant by 31 July 2015.

At this inspection, we found the provider had made improvements.

People told us they were encouraged to pursue their interests and participate in activities that were important to them. One person said, "I am going to the Strand today. I go there to play golf". There was a weekly activities timetable displayed in people's care files and people confirmed that activities were promoted regularly, based on individual's wishes. On the day we visited, people went out to various activities, such as shopping, a café and parks.

Care records contained documented evidence of people's choices with regard to activities. There was evidence that attention was given to people's activity needs, with associated plans to meet these. We noted that general needs, and steps to meet these, were in place. There was also evidence that the people had regular opportunities to access their local community. This showed that people were involved in care planning and staff were aware of people's individual choices and preferences.

After our last inspection, the registered manager had looked into available community based activities for people. They set up an activities folder which showed regular activities people in the home embarked on such as weekly 'Medway Health Walks'. Medway Health Walks are social walks led by trained Volunteer Walk Leaders. The walks are organised to support people to get the most enjoyment out of walking and are a gentle low impact form of exercise. People told us they enjoyed the walks and looked forward to them. A member of staff said, "The walk promotes a healthy lifestyle for the people we support". Other activities people were regularly engaged in were visits to Farm Country Park, leisure attractions, Riverside Country Park, visits to the library and in house activities such as Bingo, Quizzes and Pool. People were also enabled to maintain relationships with their friends and family members. One person said, "My son visits me every weekend". This showed that people who lived in the home took part in activities which were of particular interest to them and participated in community activities to promote community involvement.

People told us that they were able to choose when they wanted to get up and when they wanted to go to bed. At our last inspection, 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". At this inspection, we found that the provider had introduced a wake night shift, which would enable people's needs to be met at the time they wished. This meant that there was always a member of staff throughout a 24 hour period to meet people's needs according to their preferences.

The environment was well-designed and supported people's privacy and dignity. All bedroom doors were lockable and people had a key. People were able to personalise their bedrooms.

Staff demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people.

Good

Is the service well-led?

Our findings

At our previous inspection on 25November 2014, we identified that the provider's 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. The internal home audit failed to identify people not being involved in their care plan and lack of meaningful activities. People were not able to go to bed at a time that suits them and the non-provision of nutritious food. The provider submitted an action plan and said they would be compliant by 31 July 2015.

At this inspection, we found the provider had made improvements.

People told us the registered manager and staff were approachable. They told us that they spoke with staff or the registered manager if they had any concerns. One person said, "If I am not happy, I will speak with the manager".

People were comfortable with the management team and staff in the home. Staff also commented and said, "I have my regular supervision with my manager. If I have any concerns I can go to the manager and she listens". A visiting healthcare professional told us that the registered manager was very approachable and said, "it's lovely here. I feel welcomed in home every time".

The provider had a clear vision for the service. This 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 planning their own care'. The management team demonstrated their commitment to implementing these values 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 been successfully cascaded to the staff who worked in the home. People were actively involved in their care as much as they wanted to be and were 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 July 2015, had identified that people's care 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.

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.

Staff told us the morale was excellent and that they were kept informed about matters that affected the home. They told us that team meetings took place regularly and that they were encouraged to share their views. They found that suggestions were warmly welcomed and used, to assist them to constantly review and improve the home.

Monthly meetings were held with the people. These meetings gave people the opportunity to discuss any concerns they had or what they wished to receive whilst at the service. These meetings were often used to discuss the service's menu and the activities on offer, including any day trips they wished to take part in. We viewed the minutes from the meeting held in June 2015. We saw that this was used to discuss changes in menu, the importance of hydration, and reiterate guidance around the complaints procedure.

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

Good

Is the service well-led?

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 confirmed this.

The registered manager and staff worked well with other agencies and services to make sure people received their care in a joined up way. We found that the provider was a member of Medway Engagement Group and Network (MEGAN CIC). This group provides networking opportunities with other service providers to raise awareness and share best practice in mental health support in the local area. They are also a member of (MIND) a charitable support group for people with mental ill health. This organisation provides advice and support to empower anyone experiencing a mental health problem. We found that being a member of both MEGAN CIC and MIND had enabled people to be more active in terms of activities such as card and jewellery making in the home. This had also promoted the support provided by staff and improved people's quality of life through raising standards of care and support in the home.

The registered manager was aware of when notifications had to be sent to CQC. These notifications told us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.