

Toqeer Aslam

Welcome House - Leeza Court

Inspection report

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Date of inspection visit:
11 April 2017

Date of publication:
02 May 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was carried out on 11 April 2017, and was an unannounced inspection.

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, Kent, close to the town centre. At this inspection, there were 14 people living in the home.

At the last Care Quality Commission (CQC) inspection in 11 August 2015, the service was rated Good in all domains and overall.

At this inspection we found the service remained Good.

People continued to be safe at Welcome House - Leeza Court. People were protected against the risk of abuse. People felt safe in the service. Staff recognised the signs of abuse or neglect and what to look out for. Medicines were managed safely and people received them as prescribed.

Staff knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people's health, safety and welfare. There were enough staff to keep people safe. The provider had appropriate arrangements in place to check the suitability and fitness of new staff.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. Staff received regular training and supervision to help them to meet people's needs effectively.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services. Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. 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.

The registered manager ensured the complaints procedure was made available to people to enable them to make a complaint if they needed to. Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

The registered manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 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.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. This inspection took place on 11 April 2017 and was unannounced. The inspection was carried out by one inspector.

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 looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with four people who used the service. We spoke with one senior support worker, two support workers, the registered manager and the visiting operations manager. We also requested information by email from healthcare professionals involved in the service. These included professionals from the community mental health team, care managers, continuing healthcare professionals, NHS and the GP.

We looked at the provider's records. These included three people's care records, which included mental health care plans, health records, risk assessments and daily care records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records, annual quality report, statement of purpose and some audits. The information we requested was

sent to us in a timely manner.

Is the service safe?

Our findings

People said, "Definitely, I feel safe living here." and "I like it here. Yes, I feel safe living here." We observed that people felt safe in the service and were at ease with staff.

People continued to be protected from abuse or harm. Since our last inspection all staff had received refresher training in safeguarding adult in 2016. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the updated multi-agency safeguarding adult policy, protocol and practitioner guidance dated April 2016. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns. The provider also had information about whistleblowing on a notice board for people who used the service, and staff. There were appropriate arrangements in place for managing people's finances which were monitored by the registered manager. We saw people had the appropriate support in place where it was needed.

People continued to be protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and had a good understanding of people's different behaviours. Staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans. We observed support being delivered as planned in people's support plans. Risk assessments were specific to each person and had been reviewed in the last two months.

The risk assessments continued to promote and protect people's safety in a positive way. Records demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as self-neglect, social isolation and non-compliance with medicine administration. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for staff on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. All staff we spoke with told us that they monitored people and checked their care plans regularly, to ensure that the support provided was relevant to the person's needs. The staff members were able to describe the needs of people at the service in detail, and we found evidence in the people's support plans to confirm this. This meant that people could be confident of receiving care and support from staff who knew their needs.

There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of staff needed to support them safely. We observed when people were in the home, staff were visibly present and providing appropriate support and assistance when this was needed. We noted an air of calm in the home and staff were not rushed.

The registered manager and provider continued to maintain recruitment procedures that enabled them to check the suitability and fitness of staff to support people. Records showed the provider carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. These were stored safely. Since our last inspection all staff had received training in medication administration with plan in place for a refresher in 2016. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

The home continued to have plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. We also observed that each person had a personal emergency evacuation plan (PEEP) in place. The home also had 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. Risks associated with the premises continued to be assessed and relevant equipment and checks on gas and electrical installations were documented and up to date.

Is the service effective?

Our findings

People said, "I get my choice of food" and "Food is not too bad. We help ourselves with breakfast and lunch."

People continued to be supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and there were helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to.

The kitchen was clean and we noted that there were sufficient quantities of food available. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

Since our last inspection, records showed staff had undertaken mandatory training and refresher trainings in topics and subjects relevant to their roles. The provider had also implemented the Care Certificate. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. This also helped staff keep their knowledge and skills up to date. All staff had been set objectives which were focussed on people experiencing good quality care and support which met their needs. The registered manager checked how these were being met through an established programme of regular supervision (one to one meeting) and an annual appraisal of each staff members work performance. Staff told us they felt well supported by the registered manager.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. The registered manager informed us that none of the people who used the service were subject to any orders depriving them of their liberty. We noted that people could freely go out when they wanted to.

People continued to be supported to maintain good health. Staff ensured people attended scheduled

appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health action plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. A healthcare professional stated, 'I have no concerns with the services of Leeza Court to the people'.

Is the service caring?

Our findings

People said, "I am alright here. Everything is going fine." and "Staff are good. If it has not been for the staff, I do not know where I would be. They are good and got only praise for them."

Since our last inspection on 11 August 2015, the registered manager continued to ensure people's individual records provided up to date information for staff on how to meet people's mental health needs. This helped staff understand what people wanted or needed in terms of their care and support.

We observed positive interactions between people and staff. People looked at ease and comfortable in each staff member's presence, responding positively to their questions and readily asking for help and assistance. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. One member of staff told us, "I always talk to people politely and respect their wishes. They come first. Every decision should come from them."

Records were kept securely so that personal information about people was protected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care and medication administration as we observed to maintain their privacy and dignity. When talking about their roles and duties, staff spoke about people respectfully.

People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounge, their bedroom and some people were out.

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, we saw staff encouraging people to prepare their own breakfast and supported them to make lunch. People were also supported to learn how to cook weekly, thereby promoting their independence. Staff only stepped in when people could not manage tasks safely and without their support. People had time built into their weekly activities for laundry, cleaning, personal shopping tasks and travel in the community, aimed at promoting their independence.

Advocacy information was on the notice board and available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

Since our last inspection on 11 August 2015, people continued to receive personalised support which met their specific needs. Each person had an up to date care plan which set out for staff how their needs should be met. Care plans contained information about people's likes, dislikes, allergies and their preferences for how care and support was provided. For example, the registered manager told us that staff supported people to go to the shops because it is their wish. We observed this during our inspection and one person confirmed this and said, "I went out today to the pound shop. I also went to an engagement group and did arts and craft and painting". The local engagement group provides opportunities for people who have mental health needs to share their views and experiences of mental health issues and services and participate in local service planning and development.

Care plans were reviewed annually or whenever needed with people. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes.

People remained active and participated in a variety of activities and events that met their social and physical needs. People were supported to go on holidays, eat out and outings to the places of their choice. People were also supported to pursue personal interests such as attending art and craft classes, colleges, walks, club or to go swimming. During our inspection, people went shopping as stated in their activities plan. Staff continued to help people to stay in touch with their family and friends. They maintained an open and welcoming environment and family and friends were encouraged to visit the service.

The provider continued to have systems in place to receive people's feedback about the service. The provider sought people's and others' views by using annual questionnaires to gain feedback on the quality of the service from the people who used the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. The completed questionnaires demonstrated that all people who used the service, families and those who worked with people were satisfied with the care and support provided.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in the service and used pictures and simple language to help people state who and/or what had made them unhappy and why. The registered manager confirmed there had been no formal complaints received by the service since our last inspection.

Is the service well-led?

Our findings

People who used the service and staff we spoke with spoke positively the management of the home. All people told us that they felt comfortable raising queries with them and found all staff to be approachable.

Our observation showed that people knew who the registered manager was. For example, one person came to the office and asked to speak to the registered manager privately, which the registered manager obliged. This demonstrated that people felt confident and comfortable to approach the registered manager in their office. We observed people engaging with the registered manager in a relaxed and comfortable manner.

There continued to be a management team at Welcome House - Leeza Court. This included the registered manager and operations manager. 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. Support was provided to the registered manager by the operations manager in order to support the service and the staff. The operations manager visited the service monthly or as and when necessary to support the registered manager. For example, the operations manager supported the registered manager with the inspection. The registered manager also said, "My job would have been difficult if it was not for the support from my line manager."

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. Members of staff said, "The manager is very good, caring. I am able to approach the manager at anytime. My suggestions are always taken on board." and "Management is good. If you tell them anything, they will make the change." We observed this practice during our inspection.

We found that the registered manager continued to understand the principles of good quality assurance and used these principles to critically review the service. They completed monthly audits of all aspects of the service, such as medication, kitchen, infection control, care records, learning and development for staff. The provider also carried out series of audits either monthly, quarterly or as at when required to ensure that the service runs smoothly. They used these audits to review the service. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell 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.

The service worked well with other agencies and services to make sure people received their care in a

cohesive way. Health and social care professionals reported that staff within the service were responsive to people's needs and ensured they made appropriate referrals to outside agencies. The registered manager told us that they worked in a joined up way with external agencies in order to ensure that people's needs were met. For example, the provider attained 'Investors in People', 'Social Care Commitment with Skills for Care' and is a member of Kent Integrated Care Alliance.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke with were confident about being able to access these policies and procedures.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.