Toqeer Aslam

Welcome House - Ruby Lodge

Inspection report

58 Pelham Road
Gravesend
Kent
DA11 0HZ

Tel: 01474355594
Website: www.welcomehouse.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 5 July 2018 and was unannounced

We carried out an unannounced comprehensive inspection of this service on 3 October 2017. After that inspection we received concerns in relation to how people were supported to manage their finances and that there was a controlling culture at the service. As a result, we undertook an unannounced focused inspection of Welcome House – Ruby Lodge. We inspected the service against two of the five questions we ask about services: is the service well led and is the service safe. At this inspection the service was rated as it requires improvement in safe and well-led, therefore the overall rating for the service is now requires improvement. This report only covers our findings in relation to these two domains. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Welcome House -Ruby Lodge on our website at www.cqc.org.uk.

Welcome House – Ruby Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ruby Lodge is registered to provide accommodation and personal care for up to 17 people with mental health needs who do not require nursing care. People who lived at the service needed support with managing their mental health needs. They needed support to understand their particular conditions; identify triggers for relapse; and learn coping strategies. At the time of our inspection, 13 people lived in the service. On the whole people could make their own decisions about how they lived their lives.

There was a registered manager working at the service. 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 and associated Regulations about how the service is run.

The registered manager had oversight about what was happening at the service on a day to day basis, however in certain areas they lacked knowledge and awareness. People were not fully protected from harm and abuse. The registered manager had not followed safeguarding protocols. Incidents had occurred when people had been abusive towards each other. The registered manager had not reported or discussed potential safeguarding incidences with the local safeguarding authority. Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like police or safeguarding incidences. The registered manager had not informed CQC of important events that occurred at the service, in line with current legislation. Clear staff disciplinary procedures had been adhered to when they identified unsafe practice.

The staff culture at the service did not fully take into account the rights of the people. People reported some staff being not being respectful.

Some potential risks to people were identified like eating safely and when people had behaviours that could be challenging. Full guidance on how to safely manage risks was not always available. Some people smoked, there was a generic risk assessment which outlined how to prevent the risk of fires related to smoking but there were no individual, personalised risk assessments in place. Some people presented an increased risk of harming themselves or others due the fact they carried lighters on their person. There had been incidences when staff and people had been placed at risk because of this. Action had not been taken to reduce the risk. Some environmental risks had not been identified there was a risk of people being scalded as the hot water was over the recommended safety temperature. Some windows were not restricted to prevent people opening them widely.

Accidents and incidents were recorded but were not analysed to identify if there were any patterns or if lessons could be learned to support people more effectively.

On the whole staff were recruited safely. The provider had policies and procedures in place for when new staff were recruited. Most of the relevant safety checks had been completed before staff started work. However, gaps in employment had not been fully explored when staff were interviewed. This is an area for improvement.

There were quality assurance systems in place. There were regular audits carried out by the registered manager and operations manager, this included reviewing and updating care plans, audits, health and safety checks, but these audits and checks had not identified the shortfalls found at the inspection.

Emergency plans were in place so if an emergency happened, like a fire, staff knew what to do. There were regular fire drills. People had personal evacuation emergency plans (PEEPS) that contained all the information to explain what individual support people needed to leave the building safely.

People were encouraged and supported to help keep the service clean. The service was clean and there were procedures in place to protect people from infection.

On the whole medicines were managed safely and people were supported to take their medicines as prescribed by their doctors. Some people needed creams applying to their skin to keep it healthy. There were no body maps to identify where the creams needed to be applied to make sure they were applied consistently to the right area. The staff said they would address this immediately.

The registered manager had formally sought feedback from people, their relatives and other stakeholders about the service. Their opinions had been captured, and analysed to promote and drive improvements within the service. There were regular meetings with the staff and people. Staff and people told us that the service was well led and that the registered manager was supportive and approachable and sometimes worked alongside the staff.

Services are required to prominently display their CQC performance rating. The rating was displayed in the entrance hall of the service and on the providers website.

This is the first time the service has been rated Requires Improvement. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not fully protected from harm and abuse. Incidents of abuse had not been reported to out-side agencies.

All personal risks to people were not fully identified and assessed. Environmental risks were not always identified and mitigated.

Accidents and incidents were not analysed to look at ways of reducing the chances of them occurring again.

People's medicines were managed safely. Guidance for when people needed creams applying to their skin needed improvement.

Recruitment procedures had not always been fully adhered to ensure
staff were safe to work with people. There were enough staff available to meet people's needs.

The service was clean and measures were in place to prevent the spread of any infection.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The registered persons were not meeting all of their regulatory responsibilities and had not ensured compliance with all of the fundamental standards and regulations.

There were systems in place to monitor the service's progress using audits and questionnaires. Regular audits and checks were undertaken at the service to make sure it was safe and running effectively, but some shortfalls had not been identified.

Staff were aware of their role and responsibilities and felt supported by the registered manager. There was an open culture within the service but improvements could be made in how staff approached people.

The registered manager led and supported the staff. People said that they felt listened to and that they had a say on how to improve things.

The service had worked in partnership with other organisations.

Welcome House - Ruby Lodge

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.

The inspection was prompted as we received information of concern about how people's finances were managed and there was a controlling culture at the service. This inspection took place on 5 July 2018 and was unannounced. The inspection was carried out by one inspector.

This was a focused inspection, carried out following concerns; as a result, a Provider Information Return (PIR) had not been requested. This is a form that asks the registered manager to give some key information about the service, what they do well and improvements they plan to make. We gathered this information during the inspection. We looked at other information we held about the service. This included previous inspection reports, concerns that had been raised and notifications. Notifications are changes, events or incidents that the service must inform us about.

We met most of the people living at the service and had conversations with five of them. We spoke with a support worker and the registered manager.

During our inspection we observed how the staff spoke with and engaged with people. We looked at how people were supported throughout the day with their daily routines and activities. We reviewed four care plans, and looked at a range of other records, including safety checks, records kept for people's medicines, staff files and records about how the quality of the service was managed.

We last inspected this service on 3 October 2017 when the service was 'Good'.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Ruby Lodge. They said there was always staff available to talk to if they were concerned or worried about anything. People said that if they were not happy with something they would report it to the registered manager, who would listen to them and take action to protect them.

People were not fully protected from harm and abuse. We read some incident forms and other records that showed people had suffered abuse from other people living at the service. The registered manager had not followed safeguarding protocols and procedures. They had not taken advice from or reported these incidences to the local safeguarding team. Staff had access to the updated multi-agency safeguarding adult policy, protocol and practitioner guidance dated April 2016. This policy was in place for all care providers within the Kent and Medway area, it provided guidance to staff and to registered managers about their responsibilities for reporting abuse, however this had not been adhered to. The registered manger told us they had received training in safeguarding people from abuse but there was a lack of knowledge and awareness when incidences of abuse needed to be reported. The staff had recorded that the incidences or accidents had happened but there was no information about what action they had taken to make sure people were protected. Suspected abuse or exposure to a risk of harm should be reported to the Care Quality Commission (CQC) and the registered manager had not done this

People were not fully protected from financial abuse. Most people could manage their own money. However, some people were supported by staff to withdraw money from their accounts. There were no recent records or receipts in place to show when and how people were supported to manage their monies safely. We saw that previously receipts and logs had been kept but this no-longer happened. We spoke with a person who told us that staff get the money from their account with them present. They said that staff withdrew their money for them they went on to tell the inspector personal details about their account. The staff we spoke with said they did not withdraw the money but went with the person to the bank. We asked the person if they kept their own bank card they said their bank card was lost. Staff said this had been reported and a new card had been ordered. Some peoples bank passwords and private information about their accounts was written on bits of paper which was kept in their care plans.
Some people were at high risk of financial abuse but no steps had been taken to protect them.
We reported our findings to the local safe guarding team.

The provider had not made sure people were protected from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Some risks had been identified but full guidance was not in place to make sure staff knew what to do if the risk occurred. For example, some people were at risk of choking. There was guidance and direction about what staff needed to do to prevent people from choking like cutting up their food and observe when eating. The guidance stated to call the emergency services. However, there was no guidance in place about what immediate action staff should take if people did start to choke.

Other risks had not been identified and mitigated. There were no individual risk assessments in place for

when people smoked and kept on their person their cigarettes and lighter. There had been two recent incidents when people had presented a fire risk to themselves and others. No action had been taken to try and prevent the risky behaviour reoccurring. We asked the provider to contact Kent Fire and Rescue Service about fire safety and reducing the risks posed by fire. The provider confirmed that they had done this.

Most people were independent and managed their money but others required support. There were no risk assessments in place to reduce the risk of people being financially abused.

Some risks to people had been identified and there was guidance in place so staff knew how to mitigate risks and keep people safe. When people were at risk of their mental health deteriorating there were assessments in place so early warning signs could be identified and action taken quickly. Staff had a good understanding of people's individual behaviour patterns. Staff had also identified other risks relating to people's care needs such as self-neglect or non- compliance with medicines.

The staff carried out regular health and safety checks of the environment and equipment to make sure people lived in a safe environment and that equipment was safe to use. However, some environmental risks had not been identified and mitigated. The water temperatures throughout the service had not been checked to make sure they were in safe limits so people would not be at risk of getting scalded. We checked the water in some sinks and baths. The water was very hot. Warning stickers had been placed on sinks and in bathrooms to tell people to be careful of the hot water, however not all the people would have been able see the stickers as they were partially sighted and other people had conditions which reduced their ability to feel when water would be too hot. There was a risk that people could scald themselves if they used the sinks in their bedrooms or the water in the bathrooms.

We found that one window in a person's bedroom on the third floor did not have restrictors to prevent it from opening too far. There was a sheer drop onto concrete from the window. Environmental checks undertaken had not identified this as a risk. Other windows did have restrictors. We asked the provider to take immediate action to mitigate these risks and they told us they had.

Risks to people had not been identified and mitigated. The provider had failed to ensure that care was provided in a safe way to people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Other environmental health and safety checks were completed These included ensuring that electrical and gas appliances were safe. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working correctly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has, to ensure that they can be safely evacuated from the service in the event of a fire. People and staff were able to say what they would do in the event of a fire. They said they had practised and were able to say exactly what they had to do if the fire alarm went off.

Staff were not employed as safely as they should be. When staff applied for position they gave a history of past employment, however when staff had gaps in their employment history this had not been discussed and recorded at interview. The registered manager was going address this shortfall. This is an area for improvement. Other safety checks had been completed including Disclosure and Barring System (DBS) checks. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). Interviews were carried out and a record of the interview was kept. Successful applicants were required to complete an induction programme and probationary period.

People told us there was enough staff on duty to meet their needs. They said staff were around when they needed them. We observed that staff were available round and no one was rushed and nobody had to wait to go out. Staff responded promptly to people's requests for support. There was a consistent number of staff on duty throughout the day and night.

People told us that they always received the medicines they were supposed to. Staff said that they had received training in medicines and that their competencies in giving medicines to people were checked to make sure they were safe to do so.

When people had skin conditions and needed support in applying creams to their body there were no body maps in place to inform staff where the creams needed applying. Staff and people knew where to apply the creams. This is an area for improvement.

People were supported and encouraged to keep the service clean and tidy. The house appeared clean and smelled fresh. There were procedures in place to prevent the spread of infection.

Requires Improvement

Is the service well-led?

Our findings

People told us they thought the service was managed well and that the registered manager was 'very fair'. They said that the care and support they received was good. People said that they could go to the registered manager at any time and if they had any issues they would help to 'sort it out'. People told us that they were happy living at Ruby Lodge. During the inspection people and staff approached the registered manager whenever they wanted.

Although we did not observe poor practise during the inspection. Some people told us that at times some of the staff were 'bossy' and 'shouty'. They said sometimes the staff were 'stressed'. and sometimes staff told them they could not go out until they had done certain chores like making their bed. This indicated that some staff were in control and at times there was a lack of understanding about equality and people's rights. We discussed with the registered manager. The registered manager told us that they realised there were staffing issues and these were being addressed by giving staff more support and direction. We will follow this up at the next inspection.

The registered manager had led the service for many years. They had not kept their knowledge and understanding regarding best practice, or the changes in fundamental standards and regulations up to date. The registered manger did not always understand the legal requirements and responsibilities required. Incidences had not been reported to out-side agencies like the local safeguarding authority and the CQC. The registered manager told us that they attended meetings with the registered managers of the providers other services, when they discussed how improvement could be made. The registered manager was developing ways of supporting people to develop more skills that promoted independence and a more fulfilling and active life.

The registered manager carried out regular monthly audits of all aspects of the service, such as medication, kitchen, infection control, care records, learning and development for staff. The provider operational manger also carried out series of audits either monthly, quarterly or as at when required to ensure that the service was running smoothly. They used these audits to review the service. When the audits identified areas they could improve upon the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. Although these audits had been completed they had not identified the shortfall found at the inspection, like the high temperature of the hot water and no window restrictors in one room we went into. The audits had not identified the lack of personal risk assessments regarding fire safety and finances. Records had not been kept or could not be found regarding vulnerable people's finances.

The registered persons had failed to establish and operate systems to assess, monitor and improve the quality of the services provided and reduce risks to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were encouraged to be involved in the service through regular meetings, and events. There were opportunities to share ideas and plan improvements. People and staff said that the registered manager was

available and accessible and gave practical support, assistance and advice. People were asked for their views during regular meetings. The focus of the meetings was mainly the menu and activities. Staff were clear about their roles and responsibilities. Regular staff meetings were held when staff could discuss any issues and give their ideas about how to improve the service for the people who lived there. There was an 'on-call' system at to ensure that staff had the support they needed outside of office hours.

People, relatives, staff and other stakeholders were asked for their views about the service through quality assurance surveys. The operations manager reviewed and analysed the results to establish if any action was needed to improve the quality of the service provided. The last survey had been sent in September 2017. The analyse and results of the survey indicated that people and those involved in their care were very satisfied with the service.

The registered manager worked to promote links with the community. The service had links with churches and local charities to enhance people's life's and give them more experiences. The staff also worked closely with people's doctors and other specialist local service like the local mental health team to make sure people had the support they needed to remain as well and as healthy as possible.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance in the hallway and on their website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not been identified and mitigated. The provider had failed to ensure that care was provided in a safe way to people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not made sure people were protected from abuse and improper treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had failed to establish and operate systems to assess, monitor and improve the quality of the services provided and reduce risks to people.