

Welcome Care Homes Limited

Welcome Care Home

Inspection report

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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

Welcome Care Home Limited provides accommodation and personal care for people. The service accommodates a maximum of 14 people. At the time of the inspection there were 14 people using the service.

There was a registered manager in post. 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.

When we inspected this service in May 2015, there were a number of breaches of regulation. This included person centred care, need for consent, safe care and treatment, safeguarding service users from abuse and improper treatment, meeting nutritional and hydration needs, premises and equipment, good governance, staffing and fit and proper persons employed. The overall rating at that inspection was inadequate the service placed in 'special measures'.

We then completed a focussed inspection on November 2015. We followed up on the breaches of regulation found at the previous inspection to see if the registered provider had made improvements to the service. We found that the service had made some improvements, however further action was required to meet the fundamental standards of the regulation. We found continued breaches related to person-centred care, need for consent and safe care and treatment. The service was rated overall requires improvement at that inspection. The provider wrote to us to say what they would do to meet legal requirements of the regulation.

We could not improve the rating for effective, caring and responsive from requires improvement because to do so requires consistent good practice over time. You can read the report from our last inspection, by selecting the 'all reports' link for Welcome Care Home Limited on our website at www.cqc.org.uk.

During this inspection on 30 March 2017, we found the service had made improvements. We followed up on the breaches of regulation we found at the inspection of November 2015. The registered manager had made the required improvements in relation to person-centred care, need for consent and safe care and treatment. The registered provider now met the fundamental standards of the regulations.

People received their medicine as planned. Records used in the management of medicines were accurate. These showed that people had their medicines as prescribed. We found that the service did not always record the stock of medicines that came into the service when people returned home from hospital. We have made a recommendation relating to the service in the management of medicines. Risks associated to people's health and well being were identified. Staff had in place a plan to manage and reduce the risks identified to keep people safe and well.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff supported people in line with the Mental Capacity Act 2005, their mental capacity assessments and DoLS authorisations as appropriate.

Staff engaged well with people. Staff and people knew each other and were courteous as they chatted and laughed together. Staff spoke with people in a way that was respectful. Staff delivered care in such a way that protected people's privacy, dignity and individual choices were respected.

Safeguarding processes and guidance was in place to protect people from abuse. Staff understood what signs to look for if someone was at risk of abuse. Staff told us what actions they would take to report an allegation of abuse that occurred at the service.

Staff referred people to health care services for specialist health care advice. Health care professionals we spoke with were confident that people's changing care needs were reported promptly and staff had acted on professional guidance help improve help people's health.

People's had an assessment of their care needs and had their support needs met by staff. Following an assessment, care plans were developed. These provided staff with guidance on the support people needed. People had regular review of their care needs to ensure changing needs were met.

People had food and drink available to them, which met their preferences. The registered manager had employed three chefs who organised the menu with the support of people and staff. The chefs and staff understood people's nutritional needs. Meals were prepared in consideration of people's individual cultural needs and people enjoyed them.

The registered manager followed safe recruitment processes. This allowed the employment of suitable people to work at the service. Appropriate checks were completed and satisfactory before they worked with people. The registered manager ensured staff had access to regular support, training, supervision, and appraisals. The duty rota ensured there were sufficient numbers of staff to meet people's needs safely.

Care decisions were made with the involvement of people and their relatives. Care options were provided to people so they were able to make informed decisions. The registered provider sought feedback from people, relatives, and staff. The registered manager used information from these to improve the service. The registered manager monitored and regularly reviewed the service to ensure people received quality care. People could make a complaint about the service. The service had a complaint policy in place to give staff guidance and they supported people in this process.

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.

Staff managed and stored people's medicines safely.

Risk assessments were in place, Staff used people's management plan to manage those risks.

Safeguarding process was in place. Staff used these to guide them to protect people from harm .

There were sufficient numbers of safely recruited staff.

Is the service effective?

Good ●

The service was effective.

The provider, staff and the registered manager were aware of their responsibilities in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. People had enough information to consent to care and support.

Staff had support through training, supervision, and appraisal.

Specialist health care advice was sought for people, so their health needs were met.

Meals provided met people's needs and preferences.

Is the service caring?

Good ●

The service was caring. Staff promoted people's privacy and treated them with dignity and respect.

Staff engaged with people and spoke with them that demonstrated kindness and compassion.

People or their relative made decisions on how they received their care.

Is the service responsive?

Good ●

The service was responsive. Assessments were completed with the contribution from people and their relatives.

People, relatives, and staff gave feedback to the provider. The manager acted on those responses to improve the service.

Systems were in place for people to make a complaint about the care they received.

Is the service well-led?

The service was well led.

The registered manager completed regular quality and safety monitoring of the service.

The registered manager kept the CQC informed of relevant events that occurred at the service.

Good ●

Welcome Care Home

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 30 March 2017 and was unannounced. It was carried out by an inspector and an inspection manager.

Before the inspection we looked at information we held about the service, including notifications sent. During the inspection, we spoke with three people using the service. We spoke with three care staff, a chef and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed people in the communal areas and the general environment of the service.

We reviewed five care records, three staff records and 14 medicine administration records. We looked at other records for the management and maintenance of the service.

After the inspection, we received feedback from three health and social care professionals.

Is the service safe?

Our findings

At our previous inspection on November 2015, we found that the service was not safe. Medicines were not managed and stored safely. There were no protocols in place for the use of 'when required' (PRN) medicines such as pain-reliefs. The fridge used for the storage of medicines was not appropriate to store medicines safely. We also found risk management plans were not clear and detailed to give guidance for staff on how to manage risks. These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made to meet the regulation.

At this inspection, people's medicines were managed safely. The registered manager took action so people's medicines were stored appropriately and safely. Medicines were stored according to the manufacturer's recommendations in the fridge when required. Staff regularly recorded the fridge temperature to ensure medicines were stored safely. There was guidance in place for action staff should take if the temperature recordings were outside the normal ranges.

There was medicine protocol in place for 'when required' PRN medicine. A healthcare professional told us "The manager has also supported relevant staff to attend a training session organised by NHS Lewisham CCG around medication administration, which aims to improve and ensure safe use of medicines for residents." We saw medicine protocols had clear guidance and instructions for staff on how to support people with this medicine. For example, a PRN protocol advised staff of the non-verbal signs to look for if a person was in pain. Another person's PRN protocol advised staff to ask the person on a regular basis throughout the day whether they were in pain. They could then administer prn medicine to the person as required. We looked at the medicine administration recording sheets (MAR). Staff recorded and signed each person's MAR when people had the 'when required' medicine. We checked the medicine stock for each person. We found these records matched the stock medicine.

People had their medicines as prescribed. The registered manager told us that the GP prescribed medicines for people and arranged repeat prescriptions for people. A local dispensing pharmacy supported the service with the delivery of medicines. A healthcare professional told us "The members of staff are passionate about the care of their residents. [No concerns about] medication for residents [no] concerns on the safety of the residents." We checked the medicine stocks for people newly admitted to the service and found that sometimes they did not match what was recorded on the MAR. The registered manager explained that people received additional supplies of medicines on discharge home from hospital or on admission to the home. These were not always routinely recorded at the service.

We recommend that the service consider current guidance on medicine management for people returning home from hospital.

Staff completed regular audits of medicine records ensure these were accurate. Staff reviewed medicine administration records. They checked their quality, for errors, and any gaps in them. We found that the majority of MARs reviewed were accurate. Gaps in the MAR records were identified with the reasons for them

documented. We observed staff administering medicine to people safely and as prescribed.

At our previous inspection on November 2015, we found staff did not have sufficient guidance to manage risks. At this inspection, we found that the registered provider had made improvements in relation to risk management plans for people. Risk assessments identified risks to people. Those assessments were used to develop a plan of action for staff to manage those risks. A health care professional told us "Generally I have found working with them very positive as they are always open to suggestions which would improve the safety of their residents." Risk assessment detailed specific actions staff should take to reduce the risk of occurring. For example, a person's risk assessment detailed an allergy. It recorded what action staff needed to take to reduce the risk of an allergic reaction. It also detailed the actions staff should take if the risk was to occur. This meant that newly employed staff unfamiliar to the service would have clear guidance to manage risks for people living in the service. Care records showed staff had completed assessments and considered the risks to their health and well being. For example, care records had information that described when a person needed specialist support to manage a medical condition. Staff also documented follow up actions to ensure care records were accurate.

People were kept safe in the event of an emergency. People had personal evacuation plans in place. These plans gave staff guidance in how to support people in an emergency or fire at the service. When people required specific input from staff this was recorded. For example, a person required support to leave the building because they needed help with walking. There was an emergency on-call system in place. Staff were able to contact a senior manager for advice outside of normal office hours.

Staff protected people from harm and abuse. People we spoke with and relatives told us that they were safe. One person told us "Yes, I do feel safe." A second person said, "I like it here, I am really safe and feel safe with the staff." Staff we spoke with understood their responsibilities in keeping people safe. Staff knew the signs of abuse and the actions to take to safeguard people from it. There was a safeguarding policy in place. This guided staff in the correct procedure to follow to raise an allegation of abuse with their manager or the local authority. There were processes in place to manage people's money that protected them from the risk of financial abuse.

Recruitment of staff was carried out in a safe way. This was to ensure suitable staff cared for people. Pre-interview checks on staff's suitability to work at the service took place before employment. Newly employed staff completed the registered provider's job application process. Staff personnel records had copies of documents, an application form, previous employer references and notes taken at interview. Documents for identification, returned criminal record checks were present for each person as was their right to work in the UK.

There was enough staff to care for people safely. When people required personal care, this occurred in a timely way. When people needed support to attend, outdoor activities there were enough staff to provide this support. We looked at the staff rota. We saw that there was a varied staff skill mix. There was a senior member of staff on duty who lead the shift. The registered manager was available to support to staff.

Is the service effective?

Our findings

At our previous inspection on November 2015, we found that the service was not effective. The registered and staff had not applied the principles of DoLS and MCA to people they supported. Staff had not always made prompt referrals to the authority to consider an application for Deprivation of Liberty Safeguards (DoLS). Staff had not always carried out an assessment, best interests' meetings, or a DoLS application for people. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the registered manager took action to make improvements to the service to meet the regulation. People were cared for in an appropriate way that considered the Mental Capacity Act 2005 (MCA). The 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. We checked whether the service was working within the principles of the MCA, and whether the service met any conditions on the authorisations to deprive a person of their liberty. Staff had completed training of the requirements of the Mental Capacity Act in general, and (where relevant) the specific requirements of the DoLS. Staff we spoke with understood what the MCA was and their responsibilities to working within the guidance of a DoLS authorisation so they could provide appropriate care for people.

The service had made appropriate referrals to the supervisory body' a DoLS authorisation. A 'supervisory body' is the local authority who is authorised to complete DoLS assessments. The 'supervisory body' also grants a DoLS authorisation based on that assessment. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager explained the staff team understood how to care for people that protected from the unlawful deprivation of their liberty. We saw staff care for people in a way that did not restrict people's liberty whilst supporting them in line with the authorisation under DoLS.

People gave their consent to receive care and support. We observed staff talking with people and giving them explanations before supporting them. People told us that staff asked their permission before carrying out their care needs. One person said "Yes, the staff always ask for my permission before they do something. Or when they ask me to do something." People were provided with sufficient information for them to make choices on their care. When required people's mental capacity was assessed to ensure they were able to provide informed consent. We saw records of mental capacity assessments in place for people with best interests' decisions recorded on people care records.

People's health care needs were met by care services to maintain their health. For example, staff had contacted a person's GP when their health needs changed and deteriorated. The GP visited the person at home and they recommended additional specialist health care advice. Staff followed the recommendations to ensure people's needs were managed.

People had sufficient food and drink that met their needs. Care records contained information related to people's meal preferences. People's favourite meals were recorded in their care records and staff made these foods available for them. The registered manager employed three chefs at the service. We spoke with a chef at the service. They told us that they were aware of people's nutritional needs and specialist dietary requirements. They told us "We know [person] enjoys a particular meal. We prepare these meals for them when they request them." The registered manager completed an order and arranged delivery of food. Food stocks were checked on a regular basis to ensure there were sufficient food supplies to enable the chefs to prepare meals. There was a menu in place. People chose from the menu what they wanted to eat for their meal. People were also able to choose to have a meal that was not on the menu for that day. The chef showed us records that confirmed people's meal choices. The menu was developed with the input of people using the service. People we spoke with told us that they enjoyed the meals provided. One person told us "yes, the meals are really nice. The chef prepares tasty meals." Another person said "The meals are much better now."

Staff completed training relevant to their roles that equipped them to work with people. This included safeguarding adults from abuse, moving and handling, dementia care and medicine management. Staff updated their training on regular basis when due. Staff supervision took place on a regular basis with staff and their manager. During the supervision meetings staff were able to discuss their role, their training needs and any concerns they had at work. Staff records of contained a written record of these meetings with an outcome.

The registered manager supported staff that worked at the service. Staff had an appraisal meeting once a year. Staff discussed their professional development needs. Staff identified areas for self development and improvement. Staff and their manager discussed their personal goals they wanted to achieve and the actions taken to achieve them.

Is the service caring?

Our findings

At our previous inspection on November 2015, we found that the service was not caring. We observed that staff had not always treated people with dignity and respect. We saw a member of staff speak with a person in such a way that did not show respect for their dignity or valued their privacy. This issue was a breach of regulation 9 person-centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the registered manager took action to make improvements to the service to meet the regulation. All people spoken with said staff were kind, caring, and respectful towards them. One person told us, "The staff are really good, they always are really friendly." Another person said "The staff are all very nice. They are happy and make us feel happy too."

We observed staff and people engage in conversations and laughed together. People were comfortable talking with staff. From the conversations we heard we observed staff speak with people that showed compassion and kindness to people. We observed staff reassured a person who was distracted and not eating their meal. Staff gently encouraged the person in such a way that resulted in them eating their meal. One member of staff we spoke with told us "We have people living here who need our care and that is our job." Another member of staff said "I enjoy caring for people, its why I work here." The feedback from the healthcare professionals commented on how caring staff were at the service. One health professional said "They [Welcome Care Home] are a very good care home providing, high-quality service to its residents and [I] would recommend a close relative to them if need be." Another health professional told us "When I visit the home in my role, it is apparent that staff are compassionate with the residents that they care for."

Staff understood people's cultural needs and respected them. People were encouraged to maintain links with local community groups that were culturally appropriate for them. When people expressed to staff they wanted to attend a religious service, this was accommodated by staff. Staff arranged transport for people so they could attend religious events as they chose.

People maintained relationships with friends and family. People and their relatives were encouraged to visit each other when they wished. A healthcare professional told us "The staff are caring. They engage with users of service and family." People were supported to visit people that mattered to them, and as they wanted. People had developed new friendships while living at the service and this was positively encouraged by staff. Staff provided an environment which made people who visited the service feel welcomed.

Staff knew people well and understood their preferences. Assessments were completed with the involvement of people and their relative. People contributed to their assessment by providing information that helped staff to care for people in a way they chose. A health professional said "Users of service are always looking well cared for and presentable while staff appears happy at each of my frequent visits." Care records contained details of the person's like, dislikes, hobbies and interests. This helped staff support people in taking part in activities that interested them. Assessments and other records associated with people's care needs were stored securely. Care record were accessible to staff and to relevant health and

social care professionals who required this access. Staff understood and maintained confidentiality of people's private information.

Is the service responsive?

Our findings

At our previous inspection on November 2015 we found that the service was not responsive. People did not always have an opportunity to discuss their wishes and opinions or how they wished to have, their care needs met. These issues were in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the registered manager had taken action to meet the regulation we inspected. People had an assessment of their needs which was person centred. People and their relative contributed to the assessment. This was used to gather people's views and opinions of how they wanted their support delivered. Based on the information gathered during the assessment the service determined whether a person's assessed needs could be met at the service. People came to live at the service once it was established the home and staff could meet their needs.. Care plans were developed following the assessment. This gave staff guidance on how the assessed needs would be managed and what the support people required. Staff completed regular review of people's care needs. Staff updated their care records to reflect any changes identified. This ensured members of the care team had the most up to date information of people they provided care.

The service encouraged people to take part in activities that interested them. During the inspection we noted that the home was busy. There were a number of visitors to the service. We observed an activity session taking place in the communal area. People who lived at two other local care homes had attended the activity provided at Welcome Care Home. This activity was led by an external provider. People were participated in various arts and crafts activities. We saw that they were well engaged in it and contributed in discussions and jokes about the activity. This showed they enjoyed it. Staff assisted people with the activity if they required this. One person said, " Oh yes we have fun here." Another person said, "I do like drawing. I enjoy it", We also observed that some people did not join in the activity. This was their choice and this was respected by staff.

The home had a lively atmosphere. Staff played music while people were relaxed in conservatory. At other times, people and staff enjoyed singing together. There were books, magazines and games available to people if they chose. We saw that staff played board games with people.

The registered provider had a system in place to manage complaints and compliments. There was a complaint system in place. People had access to the procedure if they chose to make a complaint about an aspect of the service. One person told us, "yeah, I am alright, nothing to moan or complain about." We saw that that service had received a complaint in the last year. The complainant was a relative of a person living at the service. They raised a concern about the quality of care their relative received. Records of the complaint was maintained. The registered manager investigated the complaint. They identified actions taken to investigate the complaint, findings, conclusion and lessons learnt from this. The outcome of the complaint was discussed with the complainant. Records demonstrated that the complainant was satisfied with the response to their complaint.

People and their relatives were supported make a compliment of the service. We saw records of compliments made by people and their relative. Feedback from people we saw complimented the service and the care they received. People said they were happy living at there.

Is the service well-led?

Our findings

People received a service that was well-led. A registered manager was managing the service at the time of our inspection. They were responsible for the overall management of the service. The registered manager understood their role and informed the CQC of incidents that occurred at the service which were notifiable.

One person we spoke with said "The manager is good, she always ask me if I am alright." Another person said "Yes the service is run well. [The registered provider] is very good too, she is very kind.

Since the last inspection, the management and organisational structure of the service had changed. The structure consisted of the registered provider, registered manager, compliance manager, team leader, senior carers, day and night time carers.

The registered manager told us that they had implemented systems and processes in place to improve the quality of care and service delivery for people. For example, we saw there were changes in the quality of care records. These were organised in such a way that the inspector was able to review them in a timely way. The registered manager made other changes to the service. There was an administrator employed in place at the service. This relieved the registered manager from administrative duties so they could focus on operational issues. The registered manager also employed three chefs. They prepared lunch and evening meals each day for people. This allowed members of the care team to spend their day providing care and support for people as required.

Staff understood what was required of them in their role. The majority of staff told us that they liked and respected the registered manager. One member of staff said "The manager listens to us, she does try to help where she can if I have a problem." Another member of staff said, "The manager is hands on, she doesn't sit in the office, she will help when needed." Staff understood who they needed to speak with if they had a concern whilst on duty. One member of staff said "I would go to the manager or who was leading the shift for the day."

Staff were encouraged to participate in team discussions. Staff told us that they were valued and listened to and were able to contribute to the running of the service. For example, staff were involved in developing in house activities for people.

The quality assurance systems in place were used to monitor and review the service. Internal audits were carried out at the service. There were regular reviews of the quality of care and support, meals, activities and the home environment. A health professional told us " [Welcome care home] have robust systems and processes around other aspects of good governance." There were routine quality checks on care records. This was to ensure these were accurate and updated with people's changing care and support needs. Care records were up to date and accurate. This meant staff had recorded the most relevant information about people.

The registered manager welcomed feedback from people and their relatives about the quality of care they

received. People were satisfied with the service and with the care received.

Staff worked in partnership health and social care organisations. Staff knew who to contact in local authority health and social care teams. Staff told us that the working relationships with health and social care professionals helped to coordinate people's care. For example, when a person's care needs increased, contact was made with the local health and social care teams. Staff told us this allowed the relocation of a person to a more suitable home that could now accommodate their needs. The person had access to relevant support in the transition into their new home.

Records showed that people had benefitted from the advice from health professionals when they had developed relationships with them. A health care professional told us "The service is effective, and responsive while the home manager is knowledgeable, competent and keeping up to date with current practice and new development."