

Toqeer Aslam

# Welcome House - Nickleby Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Nickleby Lodge is a residential care home providing accommodation and personal care for up to 10 people with a mental health condition. People receive care in one adapted building that had a communal lounge and kitchen facility. At the time of our inspection five people were living at the service.

### People's experience of using this service and what we found

People were at risk because of a lack of staff, particularly at night, available to care for them. People told us there were times they could not go out when they wished due to staff shortages. Although people received the medicines they required, improvements were needed to medicine practices to ensure they were safe. People lived in an environment that was not well maintained or clean and as such could present a potential risk to them. People were cared for by staff who did not always feel supported or have the opportunity to discuss their role with their line manager. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, despite staff following the principles of the Mental Capacity Act 2005, they did not have a good knowledge of the code of conduct with regard to this.

Despite quality monitoring audits taking place, these were not robust and had not led to an improved service for people. The service did not give people the opportunity to achieve goals and aspirations.

People were assisted to remain healthy and access health professional involvement when needed. They told us they were cared for by kind and caring staff and this was evident to us during our inspection. People said they could attend activities outside of the service and they liked living at Nickleby Lodge. People said they felt safe and they knew who to speak to should they have any concerns. People were supported to choose their meals and had input suggestions into the general running of their home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (report published 6 May 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. We found three breaches of regulation. Please see the Safe, Effective and Well-Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Welcome House - Nickleby Lodge

## **Detailed findings**

### **Background to this inspection**

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Nickleby 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with

four members of staff including the registered manager.

We reviewed a range of records. This included two people's care records and medication administration records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us training information and evidence of recruitment references for one staff member.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection; using medicines safely

- People lived in an environment that was not well maintained and as such may not be safe for them.
- Good infection control practices were not always followed. A staff member told us (about the cleaning), "There is too much for us to do." A recent provider's audit had noted, 'Service users' rooms should be cleaned regularly. Urgent'. They had also noted, 'The home needs in-depth cleaning'.
- The pullcord in one toilet had no end to it and the cord was dirty. In addition, we noted the toilet was dirty and had not been flushed. It remained like this was throughout our inspection, despite the registered manager telling us staff should check this periodically. The radiator in the downstairs toilet was filthy with dust and dirt.
- A recent provider's audit had noted, 'Manager advised on the need for the garden to be kept clean always'. Although the garden was tidy, there were outside stairs leading down to the conservatory area of the service which were dirty and slippery and may be unsafe for people. There was also an old mattress in the back garden.
- The conservatory was damp and cold. A staff member commented, "It's not the nicest place to sit."
- Power leads to the fish tank and television in the lounge area were not stored safely meaning there was a potential trip hazard. The lounge was also used for the storage of hoovers and a set of step ladders. The carpet between the downstairs bathroom and lounge area was frayed and a potential hazard. Although we read in a provider's audit this would be replaced by 9 October 2019, this had not happened. Following our inspection, the registered manager sent us evidence that the carpet had been replaced.
- There were curtains not hanging properly in some people's rooms as well as in one hallway and two lobby areas leading to people's rooms did not have working lights.
- People said they received the medicines they needed. One person said, "I know most of my medicines."
- Despite this, medicines practices required improvement. We noted handwritten entries on people's Medicines Administration Records (MARs) had not been double-signed. This is important to ensure that the person transcribing the prescription information has done so correctly. We also noted that liquid medicines had no opening date written on the bottle and there was a gap on one person's MAR for their evening medicines.
- One person was self-medicating and although the staff member observed the person taking their medicines and signing their MAR, they did not check the MAR to ensure the person had signed in the correct place.

- During a provider's visit in September 2019 they had noted in their audit report, 'Manager advised of the need to carry out medication audit and retrain staff'. However, we reviewed the training matrix and found staff had last had medication training in April 2019. There was also no recent audit of medicines practices. Following our inspection, the registered manager sent us evidence to show staff attended medication training on 22 November.

The lack of ensuring good infection control and medicines practices and the premises are safe to use for their intended purpose was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Individual risks for people had been identified and assessments were in place. These were robust with clear information and guidance for staff. This included where people may have behaviours that could challenge, or were at risk of self-harming. We noted for one person it was recorded. One person's care plan confirmed this could be an indication of the person's mental health need relapsing which in turn would lead to self-neglect, a lack of energy and sleeping more.

#### Staffing and recruitment

- There were insufficient members of staff to meet people's needs, particularly during the night. We were told one waking staff member was on duty at night. Should an emergency happen staff would need to phone a manager and wait for them to arrive.

- A staff member told us, "At night there is one member of staff. We don't like being on our own. It's not safe anything could happen." We read of one occasion when a person was required to go to hospital during the night and they had to go on their own due to the staffing level. A second staff member told us, "There are not enough staff."

- The provider had assessed staffing levels to be safe with one care staff and the registered manager during the day. On occasions this would increase to two if people had appointments to attend. However, there were not always sufficient staff to enable people to go out when they wished, particularly at the weekend. One person said, "Sometimes I can't go out because there are no staff. [Registered manager] can't leave if staff are out. They have been short staffed recently." A staff member told us, "At the weekends there is one and sometimes two for part of the day, but not the whole shift."

- We received mixed responses in relation to staffing at other times of the week. One person said, "I think there are enough staff." A staff member told us, "Yes, I think we have enough at the moment."

- Staff were expected to work long hours which they told us they found hard. The registered manager told us, "The maximum in 24 hours would be 13 hours (work). I wouldn't want them to work more than that - they need to be proactive and they would be tired." However, a staff member explained the registered manager attended a weekly meeting at the provider's head office meaning whoever was on night duty was expected to stay on until they returned. This resulted in staff working from 19:30 the previous night until after 11:00 the following day.

The lack of a sufficient number of suitably qualified deployed staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. They were asked to provide a full employment history, references, their right to work in the UK and their fitness for the job. Staff also underwent a Disclosure and Barring Service check which meant they were checked for their suitability to work in this type of setting.

#### Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded. Information gathered included what had occurred



and evidence of measures taken to prevent reoccurrence.

- Staff responded to incidents by contacting the necessary agencies, such as the police, when necessary.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and we found they were cared for by staff who understood their responsibility to report any concerns. One person told us, "I don't know why I do (feel safe). I just do."
- Staff told us they would have no hesitation in reporting and had done so previously. One staff member told us, "I would report safeguarding straightaway and I would say something to the staff."
- Incidents that may have constituted a safeguarding concern had been reported to the local authority and CQC.
- People had discussed safeguarding at their recent house meeting. They were reminded of the need to break confidentiality if they suspected someone was being abused and to speak to staff or the manager.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were being protected from restrictive practices as the service followed the requirements of the MCA. There were decision-specific capacity assessments for people's finance and for one person who was able to self-medicate had a capacity assessment in place for this. We also saw evidence of best interests discussions being held to ensure any restrictions were done in the least restrictive way.
- However, despite this individual staff did not have a good understanding of the principles of the MCA. A staff member told us (about DoLS), "I've not heard of that" and a second said, "I can't remember what it is (the MCA)."

We recommend the registered provider ensures that staff are familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005.

Staff support: induction, training, skills and experience

- Although staff had the opportunity to meet with their line manager on a one to one basis to discuss their job, any concerns and any training requirement supervisions were not held in line with the provider's policy. The policy stated, 'the minimum requirement is that these should be held on a 6-8-week basis'. However, one staff member had not had a supervision since April 2019, another since May 2019 and a further since June 2019.
- Staff also told us they did not always feel supervisions were constructive. A staff member said, "We have

supervisions, sometimes they're good and sometimes not. Nothing changes."

We recommend the registered provider enables staff to receive regular appraisal of their performance for learning, training and development needs to be identified, planned for and supported.

- Staff underwent an induction when commencing at the service. This included completing mandatory training and shadowing more experienced staff before being able to work alone. A staff member told us, "I'm not allowed to be on my own as I've just started." New staff were also expected to complete the Care Certificate – a nationally recognised set of standards for people working in care.
- Staff said they received the training they required to be effective in their roles. One staff member told us, "I am still having training and have more training to come." Training included mental health, managing challenging behaviour, emergency first aid and moving and handling.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food prepared for them by staff. One person said, "The food is lovely. No complaints. I can help myself to anything." A second person told us, "There is plenty of food in the kitchen. We can have something else if we don't like the meal."
- Where people were required to be mindful of their diet staff supported them to do this. For example, one person was aware of the types of fruit they could eat and also to eat low fat options of some foods.
- People were weighed monthly to ensure they were not losing or gaining excessive weight which may indicate an underlying health issue.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had comprehensive information in their care plans about their needs and any specific requirements of care that staff should be aware of.
- Staff used nationally recognised guidance to assess people and to monitor their health and well-being.
- People were supported to access health services, such as the doctor, diabetic nurse, dentist and community mental health nurse.
- Staff worked with local professional to support people and to obtain treatment for people, such as for one person who required some dental extractions.

Adapting service, design, decoration to meet people's needs

- People could personalise their rooms to meet their preferences, and we saw that people had done this.
- There was a communal area where people could sit and watch television on comfortable sofas, or sit at tables to undertake art and craft.
- The kitchen and laundry areas were easily accessible to people, as well as a downstairs bathroom for those with reduced mobility.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff demonstrated a caring approach towards people and there was evidence of friendly relationships between staff and people.
- People told us they liked the staff and enjoyed living at Nickleby Lodge. One person said, "Staff are caring." A second person told us, "I like living here. I like the people." Another person said, "Staff are very kind. There is a good atmosphere. We can have friends back, there are no restrictions."
- Staff were heard chatting to and sharing humour with people. A staff member sat with one person whilst they were doing some art and craft and praised them throughout.

Supporting people to express their views and be involved in making decisions about their care

- People were able to make their own decisions. One person liked to lock their door and we heard they were responsible for their own key. A second person preferred to eat some of their meals in their room and staff respected this.
- Some people could go out independently and there were no restrictions on this provided they told staff they were going out and when they had returned.
- One person told us they knew exactly what care they wanted and it was reflected in their care plan.

Respecting and promoting people's privacy, dignity and independence

- People were shown respect by staff. This was evident in the way they spoke with them.
- Where people required their clothes changed or personal care, this was done behind closed doors. We also heard staff knock on people's doors before entering.
- One person told us they were looking forward to going into town the next day telling us, "I can spend my money on what I want. I prefer being independent. It's important to me."
- People could get involved in the day to day running of the service as they were encouraged to clean and tidy their own rooms and supported to assist with the cooking.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained a Good rating. This meant people's needs were usually met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care plans contained good personal backgrounds about people. This included what had brought them to Nickleby Lodge. This helped build up a picture of what might affect the person or why they may respond to a situation in a certain way.
- Care plans were personalised. One person's recorded they liked to spend their money on beauty products and perfume. We saw in their room this was the case as they had numerous bottles of perfume. They told us this was important to them.
- There was evidence discussions had taken place with people around any end of life wishes.
- However, although people had good information in their care plans, there was lack of evidence of staff always responding to people's wishes. The provider's business plan for the service for 2018/19 was to, 'Focus on the understanding of individual service users' needs in an effort to prepare them for rehabilitation back into the community. Set objectives and monitor through staff appraisal'. One person's objectives for 2019 was, 'To learn to control her budget'. However, there was no evidence that staff were promoting this. The person told us, "[Registered manager] won't even discuss it."

We recommend the registered provider meets the needs and preferences of people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to engage in activities such as local art and social groups. A staff member told us, "They have choices, we try to get them out."
- One person said, "I generally keep myself busy." This person went out a lot of their own to various clubs, etc.
- We saw evidence of people going out for a pub lunch, and outings to the coast. People were also given the opportunity to register their right to vote. One person in particular was supported to make cakes which they enjoyed.
- People were encouraged to maintain relationships with people important to them as in the case of one person who had been supported to re-engaged with a family member.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a format they would understand. For example, information about the service was in pictorial format as well as the notes from house meetings.

#### Improving care quality in response to complaints or concerns

- People were given information on how to make a complaint. The complaints policy was clearly displayed in a way that people could access it.
- No formal complaints had been received by the service since the last inspection.
- At a recent meeting, people were reminded they could go the manager or staff if they had a complaint or a concern. One person told us they had some little concerns which they had raised, telling us, "I feel listened to."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Although staff told us they enjoyed caring for the people who lived at the service they had mixed feedback on how supported they felt. One said, "The manager is lovely. I do feel supported by her." However, a second told us, "The manager is alright. I don't feel valued." We had already identified long working hours for staff and a lack of opportunity to regularly meet on a formal basis with their line manager.
- Regular audits were carried out around the service by the registered manager. Despite this, these had not always identified the areas that required improvement, such as the environment, cleanliness, medicines practices and supervisions. Audits noted windows and carpets were clean, however we found carpets were stained in several communal areas as well as people's rooms. This meant people were living at a service which may not provide a positive experience for them.
- Some of the recommendations and required actions from the registered provider's audits had not been acted upon by the registered manager.
- Other audits included fire safety weekly checks emergency lighting and fire equipment checks. A recent fire risk assessment had noted, 'External steps from garden to front overgrown and slippery' and, 'Gas does not shut off automatically – add to emergency procedures'. Recommendations on action had been made which had not been responded to as we had also found the steps slippery and there was no evidence the emergency procedures had been updated to reflect the gas issue.

The failure to monitor and improve the quality of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to take accountability for incidents within the service. There had been a recent safeguarding concern and the registered manager had investigated and taken appropriate action in response to this.
- The registered manager had submitted notifications of incidents, either accidents or safeguarding concerns, to CQC in line with their requirements of registration.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- Both people and staff had the opportunity to meet together to discuss ideas, suggestions and all aspects of the service.
- People who used the service had their last meeting in September 2019, where they discussed activities, the menu, health and safety and complaints.
- Staff also met together to discuss the service. Notes of their last meeting confirmed they discussed documentation, health and safety, confidentiality, concerns and complaints.

#### Working in partnership with others

- The service was a member of the Kent Integrated Care Alliance which supports local providers in Kent and the registered manager used MIND (mental health charity) and Diabetes UK for training to learn new practices.
- People were able to attend 'MEGAN, a local group giving people with a similar diagnosis to meet and share experiences with their peers. The organisers offered support and coping strategies for people.



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  The registered provider had failed to ensure premises were safe to use for their intended purpose, management of medicines was proper and safe and the spread of infections was controlled.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider had failed to monitor and improve the quality of the service.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider had failed to provide a sufficient number of suitably qualified deployed staff to care for people.