

Toqeer Aslam

Welcome House - The Chestnuts

Inspection report

10 Watts Avenue
Rochester
Kent
ME1 1RX

Tel: 01634842084
Website: www.welcomehouse.co.uk

Date of inspection visit:
28 November 2019
29 November 2019

Date of publication:
09 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Welcome house – The Chestnuts is a care home which provides accommodation and personal care for up to 15 people with mental health needs. At the time of our inspection, eight people lived in the home. They were fairly independent therefore required minimal support with their personal care needs.

People's experience of using this service:

The provider failed to always assess and mitigate risks to the health and safety of people. The provider had not always completed incidents and accidents records. The systems and processes to assess, monitor and improve the quality and safety of the service were not wholly effective.

We have made two recommendations about accessible communication and relevant activities for people.

People gave us positive feedback about their safety and told us that staff treated them well. Staff administered prescribed medicines to people safely and protected people from the risk of infection. The provider carried out comprehensive background checks of staff before they started work. The provider had a system to manage accidents and incidents.

Staff received support through training, supervision and appraisal to ensure they could meet people's needs. Staff told us they felt supported and could approach the registered manager at any time for support. The registered manager worked within the principles of Mental Capacity Act (MCA). Staff asked for people's consent, where they had the capacity to consent to their care. 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.

The assessment of people's needs had been completed to ensure these could be met by staff. The registered manager worked with other external professionals to ensure people were supported to maintain good health. People were involved in making decisions about their care and support. People were treated with dignity, their privacy was respected, and supported to be as independent in their care as possible.

Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. People knew how to make a complaint. The registered manager knew if someone required end of life care.

There was a management structure at the service. Staff were aware of the roles of the management team. They told us the registered manager was approachable. People and their relatives commented positively about staff and the registered manager. The registered manager had worked in partnership with a range of professionals.

Rating at last inspection and update

The last rating for this service was good (published 23 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to risk assessment and their management and effective quality assurance systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Welcome House - The Chestnuts

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

On the first day the inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day a single inspector returned to complete the inspection.

Service and service type

Welcome House - The Chestnuts is a care home registered to provide accommodation and personal care for up to 15 people with mental health needs who do not require nursing 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the service. This information included important events or incidents that the service had notified the Care Quality Commission. A notification is information about

important events that the service is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also contacted the commissioners and the local authority safeguarding team for their feedback about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, two staff members, and three people who used the service to seek their views about the service. We looked at three people's care records, three staff records, and records related to the management of the service, such as accidents and incidents, medicines management, safeguarding, audits, and policies and procedures.

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

- People were placed at risk of harm as the registered manager did not always take reasonable steps to assess and manage risks safely.
- One person at the service had a fall in their bedroom and their diagnostic report confirmed several minor fractures to their spine. The registered manager had not carried out the risk assessment following the fall, nor given guidance for staff on how to mitigate the risk. We also found choking risk was identified by the registered manager for this person, but there was no risk assessment or a risk management plan to mitigate the risk.
- Another person was identified with the risk of behaviours that requires a response, but their risk assessment was left incomplete and advice from healthcare professional was not sought in this matter.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the registered manager, who told us they would complete the risk assessments and management plans for these two people immediately. We shall look at these improvements at our next inspection.
- Notwithstanding the above, records confirmed the registered manager completed risk assessments for people which had guidance for staff on how to reduce risks. These included risk management plans around self harm and continence management.
- The provider had arrangements to deal with emergencies. Records confirmed that the service carried out regular fire drills. People had personal emergency evacuation plans (PEEPs) in place which gave guidance for staff and the emergency services on the support they would require evacuating from the service safely.
- Staff received first aid and fire awareness training so that they could support people safely in an emergency.
- External agencies, where necessary, carried out safety checks on the environment and safety appliances.

Learning lessons when things go wrong

- The service had a system to manage accidents and incidents and to reduce the likelihood of them happening again. However, when a person had a fall in their bedroom, an accident record was not completed and there was no evidence to suggest how to improve safety and prevent reoccurrences.
- We asked the registered manager, why this incident was not recorded and what lessons they learned when things went wrong. The registered manager told us, "I will ensure to discuss the learning from

incidents with staff in their supervision and staff meetings. I am going to review care notes every single day and will follow up actions where needed. I did not do this, in the case of [name of person] so have missed it and will not happen in future."

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014

- Notwithstanding the above, records confirmed accident and incident records were reviewed by the registered manager to improve safety. For example, when two people were missing from the home relevant professionals were contacted and preventive measures were put in place.

Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe as policies and procedures were in place. The service had a policy and procedure for safeguarding adults from abuse.
- People gave us positive feedback about their safety and told us that staff treated them well. One person told us, "Yes, I feel safe; staff keep an eye on me. If I didn't feel safe I would speak to the manager." Another person said, "Staff come quickly when I need to speak to them."
- The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary.
- Staff told us they completed safeguarding training and were aware of the provider's whistle-blowing procedure and they said they would use it if they needed to ensure that people were kept safe.
- The service-maintained records of safeguarding alerts and monitored their progress to promote learning from the outcomes when known.
- The service worked in cooperation with the local authority, in relation to safeguarding investigations and they had notified the CQC of these as they were required to do.

Staffing and recruitment

- There were enough staff on duty to support people safely and in a timely manner. The registered manager carried out regular reviews of people's needs in order to determine staffing levels. The registered manager further told us, they had made arrangements to add an additional member of staff from next week, during day time, to enable them to do more activities for people.
- Records showed that staffing levels were consistently maintained to meet the assessed needs of people.
- The provider carried out comprehensive background checks on staff before they started work. These included checks on their qualifications and experience, reviews of their employment history, references, criminal records, proof of identification and the right to work in the United Kingdom.

Using medicines safely

- The provider had a medicines policy and procedures which gave staff guidance on how to support people manage their medicines safely.
- Staff supported people to take medicines. We observed staff providing people with appropriate support whilst administering medicines.
- Staff completed Medicines Administration Records (MAR) which were up to date and accurate. The numbers on the MARs when reviewed matched with the numbers of medicines in stock.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely. PRN protocols gave staff guidance on when they could give the medicines, the required dosage and how often the dose should be repeated to ensure these were given as required.

- Medicines were securely stored and were only accessible to trained staff whose competency to administer medicines had been assessed. Staff monitored fridge and room temperatures to ensure that medicines were stored within the safe temperature range.

Preventing and controlling infection

- Staff kept the premises clean and safe. They were aware of the provider's infection control procedures and followed these to ensure that people were protected from the spread of infection. Bedrooms and communal areas were kept clean and tidy.
- We observed staff using personal protective equipment such as gloves, and aprons to prevent the spread of infection. Staff told us they washed their hands before and after any procedure. They used protective equipment like gloves and aprons when necessary and appropriately changed these to prevent transferring infection.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff carried out a pre-admission assessment of each person's needs to see if the service was suitable and to determine the level of support they required. This assessment included people's medical, physical and mental health needs; mobility, nutrition and social activities.
- Where appropriate, staff involved relatives in these assessments. Staff used this information as a basis for developing personalised care plans to meet each person's needs.

Staff support: induction, training, skills and experience

- The provider supported staff through training to ensure they had the appropriate knowledge and skills to meet people's needs. Staff told us they completed a comprehensive induction training when they first started work.
- People told us that staff provided care and support that met their needs. One person told us, "I feel staff have been appropriately trained, I have never had any problem with staff." Another person said, "Staff know what they are doing."
- Training records showed staff had completed mandatory training in areas including basic life support, food safety, health and safety, infection control, moving and handling, administration of medicines and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us they found the training programmes useful.
- Records showed the provider supported staff through regular supervision and appraisals. Supervision included discussions about staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. One member of staff told us, "They [supervisions] are helpful as the manager give guidance how to improve standards."
- Staff told us they felt supported and could approach the registered manager at any time for support.

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

- Staff assessed people's nutritional needs and supported them to have a balanced diet. One person told us, "The food is very good, it's a good standard."
- Staff recorded people's dietary needs in their care plan to ensure people received the right kind of diet in line with their preferences and needs. Staff prepared meals for most of them and some received support from staff. We saw a person preparing their choice of meal in the kitchen and they appeared happy doing it.
- The service protected people from the risk of malnutrition and dehydration. Staff ensured people were kept hydrated and juices and snacks were available and offered to people.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with local social and healthcare professionals including a GP surgery, optician, chiropodist, dentist, district nurses, independent mental capacity advocate and social worker.

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

- The service met people's needs by suitable adaptation and design of the premises. The home had adapted bathroom to support people with limited mobility where required.
- People's bedrooms were personalised and were individual to each person.
- Access to the building was controlled to help ensure people's safety.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services as and when required.
- GP regularly reviewed people's health needs. We saw the contact details for external healthcare professionals, specialist departments in the hospital and their GP in every person's care record.
- Staff completed health action plans for people and monitored their health needs and supported them to attend appointments.

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

The Mental Capacity Act 2005 (MCA) provides 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

- The registered manager was aware of MCA and DoLS and worked with the local authority to ensure the appropriate assessments were undertaken. Where applications under DoLS had been authorised, we found that the provider was complying with the conditions applied on the authorisations.
- Staff understood the importance of gaining people's consent before they supported them. For example, one person told us, "Staff usually ask my permission before they provide any care to me." One member of staff said, "I knock on their door wait for reply and then go into their room and I ask them would you like to have a shower/bath, I support them after they say yes."
- Records showed that people's mental capacity had been assessed relating to specific decisions about the support they received where staff suspected they may not have capacity to make the decision for themselves. For example, some people did not leave the premises without staff supervision.

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 outstanding. At this inspection this key question has deteriorated to good. 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

- People's care plans included details about their ethnicity, preferred faith and culture to ensure that staff could provide personalised care.
- Staff showed an understanding of equality and diversity. For example, one staff member told us, "I treat everybody the same, people are from different cultures. One person reads Bible in their room and another person goes to Church on a Sunday."
- Staff received training on equality and diversity and they worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

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

- Staff involved people in the assessment, planning and review of their care. One person told us, "I am involved in discussion about my care. They [staff] speak to me and involve me in my care plan." Another person said, "I have seen my care plan and was involved in putting it together."
- Staff respected people's choices and preferences. For example, staff ensured people's choices were respected, such as the clothes they wanted to wear, food and drink preferences, and if they wanted to go into the community.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity, and their privacy was respected. One person told us, "If you need any help, staff will help you and they are very understanding. They treat me with respect and dignity."
- People were supported to maintain their independence. We saw some people going out into the community on their own and some others preparing their own meals in the kitchen. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to.
- We saw staff knocked on people's bedroom doors before entering and they kept people's information confidential.
- People's appearances were well presented to maintain their dignity. Staff received training in maintaining people's privacy and dignity.

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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 not afforded a programme of meaningful activities according to their needs and preferences to keep them stimulated and to access the community to visit places of their choice and interest. For example, there was an activity planner which focussed on washing dishes, watching TV, and some go into the community for a walk or shopping.
- We reviewed people's daily care logs and found there were several days where people did not leave the service or engage in activities, other than to watch television.
- We shared our concerns with the registered manager who told us, "A couple of months ago we decided to add an additional member of staff to the day shift, to help improve activities for people and to encourage people to go out with staff escort. The new member of staff has been recruited and is going start in a week's time."
- The registered manager further told us, they would review each person's activities and develop an activity plan to reflect their choices and preferences of activities and record what activity they had done on each day in the care log. We shall look at the improvements at our next inspection.

We recommend the provider to seek advice from a reputable source on how best to support people to follow their interest and participate in relevant activities and update their practice accordingly.

- People were supported to maintain and develop relationships with those close to them. One person commented, "Staff encourage me to call my friends and family and give me access to the telephone."
- Staff told us there were no restrictions on relatives visiting and that all were made welcome.

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's communication needs were assessed and identified in their care plans. Staff communicated with people in the way they understood. However, the support some people required with their communication was not always available in formats such as large prints or pictorial.
- We shared our concerns with the registered manager, who told us, "I will review all care files for people and would update with larger font by end February 2020."

We recommend the provider to seek advice from a reputable source on best practice to provide accessible communication to people and update their practice accordingly.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care tailored to meet their individual needs in an effective way. People told us, staff were responsive to their needs. One person said, "Staff are responsive to my needs, when I need help they support me."
- Staff completed care plans for every person, which described the person's likes, dislikes, life stories, career history, their interests and hobbies, family, and friends. Staff told us this background knowledge of the person was useful to them when interacting with people who used the service.
- Care plans were reviewed on a regular basis to ensure people's changing needs were met.
- Staff completed daily care records to show what support and care they provided to each person in line with the care and support planned for. Staff continued to monitor people's needs to ensure they were being met.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for managing complaints effectively. People told us they knew how to make a complaint and would do so if necessary.
- We saw complaints information was displayed in the communal areas to ensure people were aware of what they could expect if they made a complaint.
- The registered manager told us there had been no complaints and the complaints log we saw further confirmed.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. The registered manager was aware of what to do if someone required end-of life care.
- There was nobody receiving end of life care at the time of the inspection, but we saw the service had prepared end life care plans to ensure people's preferences and wishes as well as their full range of care needs were met.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The systems and processes for assessing, monitoring and improving the quality and safety of the services had not been operated effectively.
- Although audits had been carried out, these audits had not always identified issues we found at this inspection and acted upon in a timely manner. For example, about completing incident and accident records, providing information in accessible formats to people, and risk management plans in relation to falls, behaviour and choking, to ensure people's assessed needs were being met safely.
- We brought the above issues to the attention of the registered manager, who developed an action plan to show how they planned to make improvements. We shall look at these improvements at our next inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a registered manager in post. They had knowledge about people living at the home and made sure they kept staff updated about any changes to people's needs.
- We saw the registered manager interact with staff in a positive and supportive manner.
- Staff described the leadership at the service positively. One member of staff told us, "The manager is nice, I think she expresses as it is what she sees, and support me to improve. First time, when I was cooking, she asked me about wearing apron, since then, I remembered to wear an apron and I always wear it."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- People told us the service was well managed, and the care and support was meeting their needs. One person told us, "The home is well managed, it is clean and tidy. I know who the manager is, and she listens to me." Another person said, "I feel that the home is very good, there is a very nice atmosphere and the residents all get along with each other."
- The service had a positive culture, where people and staff told us they felt the provider cared about their

opinions and included them in decisions.

- There was a duty of candour policy and the registered manager understood their responsibility under this regulation.

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

- The provider sought people's views through the use of satisfaction surveys. We found the responses were good.
- The registered manager held meetings with staff where staff shared learning and good practice, so they understood what was expected of them at all levels. This included details of any changes in people's needs, guidance to staff about the day to day management of the service and discussions about co-ordinating with health and social care professionals.
- Staff also discussed the changes to people's needs during the daily shift handover meeting to ensure continuity of care.

Continuous learning and improving care

- The registered manager encouraged and empowered people to be involved in service improvements through periodic meetings. One person told us, "I enjoy the residents meeting; I get to have my say." Another person said, "I feel able to express my views and wishes." A third person commented, "The residents' meetings are ok, the food gets discussed and the menu gets changed."
- We observed that people and staff were comfortable approaching the registered manager and their conversations were friendly and open.

Working in partnership with others

- The provider had worked effectively in partnership with a range of professionals. For example, they worked with dietitians, GPs, police, hospital staff, and commissioners. Records we saw confirmed this.

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 provider had not always ensured care was provided in a safe way, by assessing and mitigating risks to the health and safety of people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not always completed incidents and accidents records, and operated effective systems and processes to assess, monitor and improve the quality and safety of the service.