

Toqeer Aslam

Welcome House - Nickleby Lodge

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

The inspection was carried out on 18 April 2017, and was an unannounced inspection.

Nickleby Lodge is registered to provide accommodation and personal care for up to 10 people with mental health needs who do not require nursing care. Accommodation is provided in a semi-detached house in Rochester. The service is situated in a residential area close to the town centre. There is a mainline rail station and bus routes close by. At this inspection, there were six people living in the service.

At the last Care Quality Commission (CQC) inspection in 05 May 2015, the service was rated Good in all domains and overall with Requires Improvement in Responsive domain because we had made a recommendation to the provider about providing diverse meaningful activities.

At this inspection we found the service remained Good.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

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

Staff followed appropriate guidance to minimise identified risks to people's health, safety and welfare. There were enough staff to keep people safe. The provider had appropriate arrangements in place to check the suitability and fitness of new staff.

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

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services.

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

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The registered manager ensured the complaints procedure was made available to people to enable them to

make a complaint if they needed to. Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

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

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service was responsive.

People were involved in a wide range of everyday activities.

People were encouraged and supported to develop the skills needed to live independently.

People's needs continued to be assessed and care plans were produced identifying how support needed to be provided. These plans were tailored to meet each individual requirement and reviewed on a regular basis.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Is the service well-led?

Good ●

The service remains Good.

Welcome House - Nickleby Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. This inspection took place on 18 April 2017 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. The expert by experience had personal experience of using similar services, working with people who have a mental health and caring for older family members.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

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

We looked at the provider's records. These included two people's care records, which included mental health care plans, health records, risk assessments and daily care records. We looked at two staff files, a

sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

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

Is the service safe?

Our findings

People said, "Yes, feel safe with staff" and "Yes, they are trustworthy to a certain extent." We observed that people felt safe in the service and were at ease with staff.

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

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

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

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

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

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

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. These were stored safely. Since our last inspection, all staff had received training in medication administration. The registered manager had plans in place for refresher training in 2017. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. People were protected from the risks associated with the management of medicines. People were given their medicines in private to ensure confidentiality and ensure appropriate administration. The medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines. Appropriate assessments had been undertaken for one person who administered their own medicines. We saw that a Community Psychiatric Nurse (CPN) conducted an assessment to ensure the person was safe to take these medicines themselves and this was reviewed on a six monthly basis. The person had their own lockable cupboard in their room with their own key. The staff told us that they wanted the person to continue being independent with this as it was something they did before they moved into the service.

The service continued to have plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk, for example, in the event of a fire. We also observed that each person had a personal emergency evacuation plan (PEEP) in place. The service also had an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. Risks associated with the premises continued to be assessed and relevant equipment and checks on gas and electrical installations were documented and up to date.

Is the service effective?

Our findings

We asked people if staff always sought their consent before supporting them and people said, "Staff always ask my permission before they do anything" and "Yes. Unless it is in an emergency, yes they ask my permission, depends on the circumstances."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were.

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

People continued to be supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and there were helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. One person said, "Staff supports me with eating and drinking and I am happy with this."

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

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

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. One person said, "If I go to the doctors, one of them comes with me and it reassures me." People's individual health action plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. A healthcare professional stated, 'I have no concerns with the services of Nickleby Lodge to the people'.

Is the service caring?

Our findings

People said, "Yes. They are very kind." and "Staff are very good to me, they are very kind to me. On occasions, I have had a cuddle or a hug when feeling low."

Since our last inspection, on 05 May 2015, the registered manager continued to ensure people's individual records provided up to date information for staff on how to meet people's mental health needs. This helped staff understand what people wanted or needed in terms of their care and support.

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

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. People said, "Yeah they ensure my privacy and dignity when caring, they look after me" and "Yeah they are alright. One always knocks on my door." Staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care and medication administration as we observed to maintain their privacy and dignity. When talking about their roles and duties, staff spoke about people respectfully.

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

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

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

Is the service responsive?

Our findings

People said, "Staff review my care notes with me, which is good" and "Staff supports me making art things, support me with external activities, most things I want to do within reason."

At our previous inspection of 05 May 2015, we recommended that to the provider that they should seek advice and guidance from a reputable source, about providing diverse meaningful activities for the people in the home in accordance with their individual needs and choices. During this visit, we found that people were active and participated in a variety of activities and events that met their social and physical needs. People were supported to go on holidays, eat out and outings to the places of their choice. People were also supported to pursue personal interests such as attending art and craft classes, colleges, walks, club or to go swimming. During our inspection, people went to the local engagement group which provides opportunities for people who have mental health needs to share their views and experiences of mental health issues and services and participate in local service planning and development as stated in people's weekly plan. The registered manager told us that three people living in the home now worked as voluntary workers in various establishments in Medway area. This had further promoted their independence. This also echoed one of the values of the home which is 'Everyone at Welcome House is given encouragement and support to develop both personal and social relationship'. Staff continued to help people to stay in touch with their family and friends. They maintained an open and welcoming environment and family and friends were encouraged to visit the service.

Since our last inspection on 05 May 2015, people continued to receive personalised support which met their specific needs. Each person had an up to date care plan which set out for staff how their needs should be met. Care plans contained information about people's likes, dislikes, allergies and their preferences for how care and support was provided. For example, people's allergies were clearly documented in their care plans for staff and healthcare professionals to note.

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

The provider continued to have systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to gain feedback on the quality of the service from the people who used the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. The completed questionnaires demonstrated that all people who used the service, families and those who worked with people were satisfied with the care and support provided. A healthcare professional commented in the completed questionnaire, '[person] appears happy and well looked after every time the community nurse visit. The staff is always very helpful and accommodating'.

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

Is the service well-led?

Our findings

People said, "Yes, the home is very well run", "It is alright, the manager does very well, and the staff too" and "Oh Yeah, definitely. The manager is very good at her job."

People who used the service and staff we spoke with spoke positively about the management of the service. All people told us that they felt comfortable raising queries with the management team and found all staff to be approachable. Healthcare professionals we contacted told us that they had no concerns about the service and commented, 'Good approach to service users, always given time to talk in a private area'.

Our observation showed that people knew who the registered manager was. For example, people freely walked into the registered manager's office to discuss things with them. This demonstrated that people felt confident and comfortable to approach the registered manager in their office. We observed people engaging with the registered manager in a relaxed and comfortable manner.

There continued to be a management team at Welcome House - Nickleby Lodge. This included the registered manager and operations manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Support was provided to the registered manager by the operations manager in order to support the service and the staff. The operations manager visited the service monthly or as and when necessary to support the registered manager. For example, the operations manager supported the registered manager with the inspection.

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that they could approach the registered manager and operations manager at any time. Members of staff said, "Management is good. There is cooperation, very accommodating. I can approach and take my views to her. She listens and act on it." and "I have been receiving support from the manager through my supervision. I can approach her at any time." We observed this practice during our inspection.

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

The service had a quality audit visit from the local authority in October 2016 and the areas identified as recommended actions on such things like replacing light bulb and a carpet in a room were completed a day after the visit. Healthwatch Medway also visited the service in October 2015 after our last inspection visit on 05 May 2015 and were complimentary about the service. They wrote in their report, 'It was a pleasure to visit

this 'homely' establishment and interview the knowledgeable manager and the appreciative residents'. These comments showed that the service was well run.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

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

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

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