

Toqeer Aslam

Welcome House - Ruby Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Welcome House – Ruby Lodge is a residential care home providing support and personal care to up to 17 people. The service provides support to people living with mental health conditions, such as, paranoid schizophrenia and bipolar affective disorder. At the time of our inspection there were 13 people using the service.

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

People told us they felt safe and would speak with the registered manager or staff if they had any concerns. We observed people were relaxed and spoke openly with staff and the registered manager. One person told us, "I am good yeah. I can talk to [registered manager] if I wasn't." Staff understood their responsibilities to safeguard people from the risk of abuse and knew how to report concerns.

People's needs were assessed; risks relating to their mental and physical health were frequently reviewed and care records updated following changes or professional advice. Accidents and incidents were analysed, patterns were identified and investigated to lessen the risk of reoccurrence. Risks were mitigated as staff knew people well, detailed documentation guided staff to support people to recognise when they may experience a relapse in their mental health. People told us they felt settled and supported by staff.

People were supported by enough staff who were suitably trained and skilled to meet their needs. Staff administered medicines to people safely and encouraged people to follow professional advice. One person told us, "I have lost some weight, I have stopped eating cakes, sugar, sweets and chocolates. I am really trying. My psychiatrist said to lose weight, my medication makes me put on weight."

People were protected from the risks of COVID-19 and other infections. Staff wore appropriate personal protective equipment (PPE) and followed the provider's infection prevention and control policy. People told us they were able to go out and see friends and family or they were welcomed to go into the service for visits.

People knew the registered manager and staff well; most had worked at the service for many years. The registered manager told us about a positive outcome following a person's mental health relapse. They said, "The way you communicate with your clients is important, they listen, and they open up. Our good relationship helped [person] recover."

People were empowered to make decisions and were asked for their opinions on the service. House meetings, keyworker meetings and informal discussions were held for people to express their views. People and staff told us they felt able to approach the registered manager with ideas. One person told us, "We all get our say about things here, like what we eat and how we want things done." A staff member said, "The service users are treated well, they are given respect and choices. Anything they want, staff do what they can to make sure they have independence."

People were appropriately referred where professional advice was needed. The registered manager and staff worked closely with professionals to improve people's care, safety and well-being. One health care professional told us, "I have never had any issues with the service, all of the staff have been approachable and happy to help. They provide the support we ask them to provide. It seems calm and clean, never had any issues."

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 February 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations 12 and 17.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Welcome House – Ruby Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Welcome House - Ruby 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Welcome House – Ruby Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Welcome House – Ruby Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 12 September 2022 and ended on 15 September 2022. We visited the service on 12 September 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection including the action plan submitted. We sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people about their experience of the support provided. We spoke with six staff members including, the registered manager, the operations and quality assurance manager, the deputy manager, a senior support worker and support workers. We spoke with two health care professionals who regularly visit the service. We reviewed a range of records including five people's care records and multiple medication records. We looked at three 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong; Assessing risk, safety monitoring and management

At our last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at potential risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection, actions to safeguard people were not always followed. There had been a delay in seeking medical attention for a person following an incident. At this inspection we found improvements had been made and lessons had been learned from the incident. Accidents and incidents were responded to in a timely way. Where needed, emergency medical professionals were contacted promptly in response to falls or injuries.
- The registered manager investigated accidents and incidents. Where trends and patterns were identified, actions plans were developed to mitigate reoccurrence. Actions taken were in response to the individual and the circumstances, for example, one person fell due to ill-fitting foot ware. Staff encouraged the person to get their feet measured as they would often purchase shoes which were the wrong size.
- Following our last inspection, staff received additional safeguarding training and additional training to support their understanding on how to respond to accidents and incidents. The registered manager supported staff knowledge in this area through staff meetings and supervisions. Staff understood the types of abuse and how to recognise signs of potential abuse. Staff demonstrated knowledge of who they would report to internally and if needed, to external bodies. One staff member told us, "If I was worried about someone, I would speak to my line manager. If I needed to, I can go to CQC, police or social services."
- People were protected from the risk of abuse and told us they felt safe. Comments included, "I feel a lot safer being here, I am protected." And, "I feel safe, because we have good people looking after us."
- At the last inspection, people's risk assessments and care plans did not always provide enough guidance for staff to safely support them. At this inspection, improvement had been made. Risks to people's health had been identified and safely managed. Where a person had a change of continence needs, risk assessments and care plans guided staff on how to support them. Further associated risks had been considered, such as, a breakdown of skin integrity. Plans detailed how to protect skin integrity and guided staff of what signs to look out for should the person experience skin breakdown.
- Mental health needs assessments were developed and reviewed with people, people and staff were aware of signs of potential relapses. Care plans gave information about what may cause a potential relapse in people's mental health and how to avoid this. One person told us, "Staff are very supportive, they do care. They understand the difficulties of living with mental illness. I can be all over the place. They tell me it is ok if

I have nothing in my head."

- Risks were assessed in relation to health needs, care plans were developed and updated to guide staff on how to support people. Where needed, people had care plans and risk assessments in place for diabetes. Care plans contained information including, supporting people with their diets, medicines, and detailed signs to watch out for which could indicate a concern. Care plans considered associated risks to people living with diabetes, people attended diabetic health appointments, such as, eye screening and podiatry to monitor their health.
- Risks to the environment had been assessed and mitigated. The fire risk assessment had been completed and reviewed. People had personal emergency evacuation plans (PEEPs) in the event of an emergency. People were assessed to safely smoke, two people living at the service took the responsibility of maintaining cleanliness in the smoking shelter.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. The registered manager had considered whether people required a capacity assessment to go out alone and completed a check list. DoLS authorisations were not required, the registered manager undertook risk assessments for people to safely go out independently.

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager adjusted the rota according to the needs of people and the occupancy of the service. People's feedback and a dependency tool was used to determine safe staffing levels. One person told us, "There are enough staff to help everyone." A staff member told us they had worked day and night shifts and said, "There are enough staff here, I have worked all the shifts."
- Staff were recruited safely. Recruitment files were indexed and audited; applications forms were completed and employment histories and gaps in employment were explored. References and Disclosure and Barring Service (DBS) checks were obtained prior to employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. People received their medicines by staff who were trained and assessed as competent to administer medicines. To avoid medicine errors, two staff administered medicines to people. This involved one staff member checking the medicine administration records (MARs) whilst the other staff member administered the medicine. Staff made sure people were comfortable to receive their medicines and they had a drink of their choice ready. A staff member told us, "Two people when you are checking, is effective. We are dealing with lives we have to give the right medication."
- People told us they were happy with the way their medicines were managed. Comments included, "We discuss my medication, staff help me with this." And, "I don't mind taking them (medicines), they give them

to me. It's at the right time every day."

- Where needed, risk assessments were in place for people who occasionally declined to take their medicines which could contribute to a relapse in their mental health. Risk assessments and care plans guided staff on how to support and encourage people to take their medicines as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Staff took visitors temperatures upon arrival to the service and screened visitors for symptoms of COVID-19.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. Where people displayed symptoms of COVID-19, they were supported to test and isolate if required.
- We were assured that the provider was admitting people safely to the service. People new to the service were requested to test prior to their admission.
- We were assured that the provider was using personal protective equipment (PPE) effectively. Staff wore PPE appropriately and knew how to safely put on and take off their PPE.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean, a cleaning schedule was developed to ensure high touch points were frequently sanitised.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. One staff member told us, "We have been kept well updated with changes with the pandemic. At one point we have too much PPE we had nowhere to store it. Head office supplied it when we needed it."
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to welcome visitors into the service and were assessed to safely go out to meet with friend and family.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

At our last inspection, the provider had failed to ensure systems were in place or robust enough to assess, monitor and improve the safety and quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection, accidents and incidents had not been robustly analysed and people's care records had not been updated following incidents. Quality assurance processes had failed to identify inconsistencies and contradictions in people's care records. At this inspection, the senior management team completed monthly service audits; action plans were developed with the registered manager with lines of responsibilities and target dates to achieve improvements. The registered manager further completed various audits which included medicines, accidents and incidents, care records and infection prevention and control. Action plans were shared with staff to address shortfalls.
- The registered manager and management team completed quality assurance processes to ensure the safe running of the service. Where trends and patterns were highlighted, they were addressed. For example, oversight of health and safety checks, highlighted the toilet seat was often being dislodged. Staff told the registered manager some people sat down too hard when using the toilet. A toilet frame was purchased which allowed people more independence and safety when using the toilet.
- Management and staff were clear on their roles and responsibilities. Most having worked at the service for many years. The registered manager was supported by the provider's senior management team, a deputy manager and a senior support worker. People told us the service was led well and any complaints would be taken seriously. Comments included, "If I was not happy and wanted to complain, I would talk to [registered manager], the buck stops with them." And, "I think my complaints would be listen to, I haven't really complained before, nothing to say, nothing to complain about."
- Staff were kept informed through meetings and supervisions. One staff member told us they valued the communication by the management team. They said, "The staff meetings gives a moment for us to unite together, what to do, to move forward as a home and discuss goals. We have the home audits shared with us; we sign the home audit after reading it. We try to work on any areas we are below, [The senior management team] comes back and says we have done well."

- The registered manager understood and applied the duty of candour when things went wrong. They were transparent with people and their relatives and provided an apology where needed.
- Staff and the management team were keen to continually learn and improve care. The registered manager supported staff to achieve qualifications, they gave examples of where some staff had different learning styles so were enabled to work towards other qualifications.
- The management team had worked towards an action plan following our last inspection. Improvements had been made, and areas had been identified to sustain improvements and continually progress. The registered manager told us, "I am pleased we were inspected; it opened my eyes. I make sure everything is inline and spot on. I need to get them (staff) onboard to make sure I get feedback and have good staff morale."

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

- The registered manager promoted an inclusive culture for people. People were given choices and asked for their opinions. The registered manager told us about the values of the service and said, "To be caring is the main priority, we can go home, but this is their (people's) home, we need them to be comfortable at all times. Let them do what they want."
- People were encouraged to voice their opinions about the service provided. This was through house meetings, keyworker meetings and informal conversations. Where people had made suggestion, they had been listened to. One person told us, "I attend all the house meetings, they stress the importance of areas of living here, they insist on us speaking up if we have any problems."
- People owned their space and were supported to design their bedrooms to their taste. All bedrooms were personalised and decorated to suit the occupant. One person liked to surround themselves with posters and technology, another person's room was decorated with floral designs. A person told us, "I am great, I love it here, I am so settled, I couldn't be anymore settled." One person had their picture and name on their bedroom door, the registered manager told us this was to help alleviate their anxieties as they often worried, they would need to move out of the service.
- The registered manager engaged with people, their relatives and staff. People took part in the interview process for new staff. The registered manager told us, "When potential new employees come for interviews, I watch them, introduce them to the service users and see how they interact. Service users also sit in on the interviews and ask questions. At the end of the day it's them being supported. They need to be comfortable with staff. They let me know their thoughts after the interview."

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

- People were engaged and involved with the running of the service and with the support they received, their equality characteristics were fully considered. For example, some staff spoke with one person in their native language, their culture was respected by all staff and people. The person enjoyed cultural food which staff prepared for them and others. People were supported to attend groups and practice their faith. One person told us, "I go to the Methodist church. I am encouraged to go when I want to."
- People's opinions were sought for everyday decisions, such as, what takeaway they wanted; some people would go out to collect the takeaway for everyone. People went out as they pleased, to the town, to the pub or to work. The registered manager told us where some people had lost their confidence since the COVID-19 global pandemic, staff supported them to go out. People were observed to leave and come back to the service throughout our inspection, there was a group outing to the shopping mall and another for a picnic in the park.
- People knew staff well and told us they were encouraged to speak up if they wanted to make changes to their care or the service. One person said, "I have given my opinion when somethings have needed changing,

we talked about the shower being refitted. I think that's being done." Another person told us, "We have meetings with staff to go through our support plans, I don't need much help, but we make sure my appointments are made and I attend. Any changes they write down."

- Staff were engaged and told us they could speak to the registered manager freely and spoke highly of their leadership. Comments included, "They are a fantastic manager, so good. They bring us together and give us the opportunity to talk about anything." And, "I think [registered manager] is really fair, they are a good listener and will listen to our ideas and issues. They always try to resolve problems and are approachable."

Working in partnership with others

- The registered manager and staff worked with other agencies to achieve positive outcomes for people. This included variety of professionals, such as, the mental health team, psychiatrists and district nurses. Advice was sought, discussed with the person, updated in their care records and followed by staff.

- Health care professionals provided feedback regarding the service. Comments included, "We have patients in Ruby Lodge and do have contact with the staff, who are very hardworking and follow health professional instructions and advice." And, "Staff seem to know the patients well, when they come for reviews they know the ins and outs of what's happened, and they come with the relevant records. I have been going in for the past couple of years, I have been seeing the same staff, my patients know the staff and are happy in their company."

- The registered manager met with managers of the provider's other services frequently. This provided an opportunity to share ideas and learn from each other. The registered manager told us, if something had gone wrong in one service, the whole group would learn from this and actions would be put in place to mitigate occurrences in the other services.