

Neil Tucker

Welcome Home

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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

Welcome Home combines a care home and a Domiciliary Care Agency (DCA). The care home provides accommodation, care and support for up to five adults, either male or female. People had complex needs, including mental health and physical health needs. At the time of this inspection five people were living at the home. The DCA provides home care services to people within the local area. Some are living with some degree of memory loss and need a range of support including care, prompting and monitoring. Visits range in number and time to suit individual need. At the time of the inspection

25 people were receiving personal care from Welcome Home. This service is run from a separate office within the grounds of the care home with a separate staffing group, although on occasion staff working at the care home carried out visits to people in the community.

We carried out this inspection on the 12, 13 and 18 August 2015, and it was unannounced. We inspected this service due to concerns we had received about the care home service and the DCA service. It was alleged that a robust recruitment procedure was not being followed, staff were

Summary of findings

not provided with sufficient training and appropriate records were not in place at the care home. It was also alleged that a robust recruitment procedure was not being followed, staff were not provided with sufficient training, domiciliary care calls were being missed, and appropriate records were not in place at the DCA service.

The care home and the DCA services had a combined registered 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.'

We have reported on the services provided by the care home and the DCA separately under the evidence sections of the report.

The provider did not follow safe recruitment practices. Essential documentation was not available for all staff employed in both services. Gaps in recruitment had not been explored to check staff suitability for their role.

Staff were not supported through individual one to one supervision meetings and appraisals in both the care home and DCA.

The provider did not follow appropriate guidance on the safe storage and recording of medicines administered in the care home.

People's needs were not always adequately assessed and reviewed by management at the DCA.

Risks to people's safety and wellbeing were not always managed effectively to make sure they were protected from harm. The DCA service did not have all associated risk assessments in place to identify and reduce risks that may be involved when meeting people's needs living in the community.

Effective systems were not in place to enable the registered manager to assess, monitor and improve the quality and safety of the service or identify and manage all the risks to people's safety. Shortfalls had not been identified by the registered manager and actions had not been taken in a timely manner to improve the quality of both services.

People's views were obtained through a variety of sources and systems were in place to encourage feedback from people about the care home and DCA. This information was not always recorded, fully reviewed and reflected on. This did not allow for people's views to be fully used when shaping the service or reflecting on its quality.

Feedback received from people and their representatives through the inspection process was positive about the care, the approach of the staff and atmosphere in the care home.

Feedback from people receiving a DCA service and their relatives was very positive. They told us that staff were experienced, kind and caring.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Where people lacked the mental capacity to make decisions the care home was guided by the principles of the Mental Capacity Act (MCA) 2005 to ensure any decisions were made in the person's best interests. Staff were trained in the Mental Capacity Act 2005 (MCA) and showed they understood and promoted people's rights through asking for people's consent before they carried out care tasks.

Staff had been trained in how to protect people from abuse, and discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy and how to use it. They were confident they could raise any concerns with the registered manager or outside agencies if this was needed.

Staff were knowledgeable about the needs and requirements of people using the services. Staff involved people in planning their own care in formats that they were able to understand, for example pictorial formats. Staff supported them in making arrangements to meet their health needs.

People living in the care home were provided with food and fluids that met their needs and preferences. Menus offered variety and choice.

Summary of findings

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

The registered manager investigated and responded to people's complaints and people said they felt able to raise any concerns with staff.

During this inspection, we found some breaches of regulations relating to fundamental standards of care. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Care Home

Some aspects of the service were not safe.

The provider had not operated safe recruitment procedures.

People received their medicines when they needed them and as prescribed. However, the provider did not follow appropriate guidance on the safe storage and recording of medicines administered.

There were sufficient staff to meet people's needs.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Incidents and accidents were investigated thoroughly and responded to appropriately.

DCA

Some aspects of the service were not safe.

The provider had not operated safe recruitment procedures.

The provider did not complete appropriate risk assessments to protect people from harm.

People said they felt safe with the care and support provided by the home care services.

People were prompted and supported with medicines.

Staff knew how to recognise and respond to any suspicion of abuse correctly. Risks were managed and people's independence was supported.

Requires Improvement



Is the service effective?

Care Home

The service was not always effective.

Staff received appropriate training to meet people's needs, but had not received supervision and appraisal from their manager to ensure they have the support to meet people's needs.

People and their relatives spoke positively about the care they received. The food provided offered variety and choice and provided people with a balanced diet.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Requires Improvement



Summary of findings

Staff were guided by the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to ensure any decisions were made the person's best interests.

DCA

The service was not always effective.

Staff received appropriate training to meet people's needs, but had not received supervision and appraisal from their manager to ensure they have the support to meet people's needs.

Staff ensured people had access to external healthcare professionals, such as the doctor when they needed it.

The manager was aware of the Mental Capacity Act 2005 and was supported by the registered manager to ensure people's rights were protected.

Staff monitored people's nutritional needs and supported them to eat and drink.

Is the service caring?

Care Home

The service was caring.

Staff treated people with dignity and respect. Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

DCA

The service was caring.

People were supported by kind and caring staff who knew them well.

Everyone was very positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Good



Is the service responsive?

Care Home

The service was not always responsive.

People and their relatives were involved in their care planning.

A broad range of group activities was provided and staff supported people to maintain their own interests and hobbies.

Requires Improvement



Summary of findings

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

DCA

The service was not always responsive.

People's needs had not been regularly reviewed and risk assessments were not always in place to support people and keep them safe.

People and their relatives were involved in their care planning.

People living at home had their social arrangements assessed and responded to.

People were made aware of how to make a complaint and there were systems in place to respond to them.

Is the service well-led?

Care Home

Some aspects of the service were not well-led.

A system was not in place to regularly assess and monitor the quality of service people received, through a series of audits.

Records relating to people's care had not been completed effectively. There were gaps in records.

Visitors were welcomed and the registered manager communicated with people in an open way.

DCA

Some aspects of the service were not well-led.

A system was not in place to regularly assess and monitor the quality of service people received, through a series of audits.

Records relating to people's care had not been completed effectively. There were gaps in records.

The registered manager was available and approachable. They were readily available to people and staff, and responded to what people told them.

Requires Improvement



Welcome Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on the 12,13, and 18 August 2015 and was unannounced. The inspection team consisted of one inspector.

This inspection took place in response to concerns that had been raised about the service.

We examined previous inspection reports and notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

People were not always able to verbally express their experiences of living in the care home. We used the Short

Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with one person who lived at Welcome Home, and two relatives. We observed staff interactions with people whilst carrying out their duties. We spoke with the registered manager, and two staff at the care home. We looked at personal care records for two people; medicine records for five people; activity records for two people; and three staff recruitment records along with records of staff training and supervision.

We spoke with one person and four relatives of people receiving support and care in their own home. We spoke with the registered manager, the newly appointed care co-ordinator and two members of staff who provided support for people in their own home. We looked at personal records for four people; medicine records for two people; and five recruitment records along with records of staff training and supervision. We looked at policies and procedures and evidence of some written feedback from people.

We last inspected the service Welcome Home on the 31 March 2014, when no concerns were identified.

Is the service safe?

Our findings

Care Home

People communicated to us in their preferred styles that they felt safe living in the care home. For example, one person smiled when we asked them if they were safe. One relative told us, "I feel my daughter is safe here, they have lived at the service for many years. I can always speak to the manager if I have any worries". Another relative told us, "My relative is settled and thinks of it as their home". We observed that people were relaxed around the staff in the care home.

People were not always supported to receive their medicines safely. All medicines were stored securely and arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Staff had been trained to administer medicines safely, and they knew how people liked to take their medicines. However, the medication administration records (MAR) did not always confirm that people received the medicines as prescribed. For one person there were gaps in the recording of medicines administered. For another person the four weekly check list did not accurately record the reducing number of tablets for a number of medicines on the check list.

The medicine cabinet temperature and medicine fridge temperature had not been recorded every day. The monitoring of temperatures on a daily basis was to ensure that medicines were stored within the recommended temperature ranges, so that medicines were safe to give to people.

The failure to carry out safe administrations of medicines was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

There were suitable numbers of staff to care for people's safely and meet their needs. The registered manager showed us the staff duty rotas for the care home and explained how staff were allocated to each shift in the care home. The rotas showed there were sufficient staff on shift at all times. The registered manager said if a member of staff telephones in sick, the person in charge would ring around the other staff to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. The registered manager told us that she worked 'hands on' if and when needed.

Staff were deployed to meet people's individual requirement when necessary, for example for one-to-one support, activities in the community and medical appointments. We saw that there were sufficient staff on duty at the care home to enable people to go to planned activities, for example going to the cinema or going swimming. The registered manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

There was a safeguarding policy in place. However, some of the information about who to contact was not up date. For example, information about who to contact together with names, addresses and telephone numbers. Staff were aware of how to protect people and the action to take if they suspected abuse. Staff were able to describe the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people. The registered managers was familiar with the processes to follow if any abuse was suspected in the service, and said if any concerns were raised, they would telephone and discuss them with the local authority safeguarding adult's team. The registered manager had access to the local authority safeguarding protocols and this included how to contact the safeguarding team. Following the inspection the registered manager confirmed that all staff had access to a copy of the local authority safeguarding protocols. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately.

The care home had processes in place to protect people from financial abuse. Records for the care home showed that all monies handled, were appropriately recorded and up to date. This included recording the amount of money given, providing a receipt for any purchases and recording the amount of change given. Where possible, any transaction was signed by the staff member and the person receiving support. Staff were not permitted to receive gifts or be named in legacies, as a precaution against financial abuse.

Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained detailed instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, moving and handling, skin integrity risk and falls risk assessment were in place for staff to refer to and act on.

Is the service safe?

Accidents and incidents were recorded and monitored by the registered manager to see if improvements could be made to prevent future incidents. The registered manager said risk assessments had been changed for one person following a change in their health. The changes had been made to the risk assessments for the person to ensure that staff knew what action to take to keep the person safe. The registered manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

The care home premises had been maintained and suited people's individual needs. Equipment checks and servicing were regularly carried out to ensure the equipment was safe and fit for purpose.

Emergency procedures in the event of a fire were in place and understood by staff. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Evacuation information was available in each person's care plan. These included details of the support they would need if they had to be evacuated. These were kept in an accessible place and readily available in the event of an emergency.

Care Home and DCA

It was found in both services that the provider did not always operate safe recruitment procedures. There was a recruitment policy which had not been followed. We looked at three staff recruitment records for staff working in the care home and five staff recruitment records for staff working at the DCA. Staff recruitment records were not always complete. A full employment history had not always been obtained for five staff. There were no interview records, and no evidence that any gaps in employment on the application form had been followed up. There was no proof of identity in one of the care home staff recruitment records. There was no copy of the contract of employment in five of the staff recruitment records.

The failure to carry out safe recruitment practices was a breach of Regulation 19 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were checked against the Disclosure and Barring Service (DBS) before they started work. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable. Staff confirmed that DBS checks had been undertaken.

Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

DCA

People said they felt safe receiving care from the staff at the agency. Everyone spoken with said that they felt safe with their care staff and had no cause for concern regarding their safety or the manner in which they were treated by care staff. Relatives said, "I feel my relative is in safe hands with the carers", and "We have the same carers most of the time, the service is good".

Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained detailed instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, instructions to staff if a person required two staff to assist with moving and handling transfers. However, we found that not all appropriate risk assessments had been completed. For example, in relation to catheter care and the use of oxygen in the home. In one person's care file, there were no risk assessments in place, and no instruction to staff about how to protect the person from harm.

The provider failed to do all that is reasonably practicable to mitigate any such risks, is a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before any care package commenced in the community, the registered manager carried out risk assessments of the environment, and for the care and health needs of the person concerned. Environmental risk assessments were thorough, and included risks inside and outside the person's home. For example, outside if there were any steps to negotiate to enter the property, and whether there was any outside lighting. Risk assessments for inside the property highlighted, if there were any obstacles in corridors and if there were pets in the property.

There were suitable numbers of staff to care for people safely and meet their needs. There was a computer system in operation that the care co-ordinator used to allocate staff calls to people in the community. She explained how the system worked and how staff were informed about the calls they were to attend each week. The registered manager said if a member of staff telephones in sick, the

Is the service safe?

person in charge of the DCA would ring around the other staff to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. We observed that the registered manager worked 'hands on' when needed to ensure that all calls in the community were covered. As the manager of the DCA was unavailable during the inspection visits, the registered manager was unable to find a record of any missed calls to people in the community. The registered manager said that there had been an occasional missed call. However, the care co-ordinator had this week set up a system that would alert office staff if a staff person did not arrive at an allocated call. This was to ensure that people received their calls as per their plan of care.

There was a safeguarding policy in place. However, some of the information about who to contact was out of date. For example, information about who to contact together with names, addresses and telephone numbers. Staff were aware of how to protect people and the action to take if they suspected abuse. Staff were able to describe the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people. The registered manager was familiar with the processes to follow if any abuse was suspected in the service. The registered manager said if any concerns were raised, they would telephone and discuss them with the local authority safeguarding adult's team, and she gave examples of how this had worked in practice. The registered manager had access to the local authority safeguarding protocols and this included how to contact the safeguarding team. Following the inspection the registered manager confirmed that all staff had access to a copy of the local authority safeguarding protocols. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately.

The service had processes in place to protect people from financial abuse. This included recording the amount of money given to care staff for shopping; providing a receipt; and recording the amount of change given. Where possible, any transaction was signed by the staff member and the person receiving support, or their representative. The provider gave people information about the care they provided and the price for different services. A contract was completed and agreed at this meeting and signed by both parties. This ensured that people who were paying with direct payments were fully informed and in agreement with the costs of their care. Agency staff were not permitted to receive gifts or be named in legacies, as a precaution against financial abuse.

Staff were trained to assist people living in the community with their medicines where this was needed. Checks were carried out to ensure that medicines were stored appropriately, and staff signed medicines administration records for any item when they assisted people. Care staff were informed about action to take if people refused to take their medicines, or if there were any errors

Accidents and incidents were recorded and monitored by the registered manager to see if improvements could be made to prevent future incidents. Staff knew how to inform the domiciliary care agency office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The registered manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Is the service effective?

Our findings

Care Home

Relatives told us that staff looked after people well. One relative told us, “The staff are good and kind”.

New staff received induction training, which provided them with essential information about their duties and job roles. This included shadowing an experienced worker until the member of staff was assessed as competent to work unsupervised. Staff had completed, or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard.

Staff had received training in areas considered essential for meeting the needs of people in a care environment safely and effectively. Staff told us they had training specific to the needs of people who lived in the home such as diabetes. Staff received refresher training in a variety of topics such as moving and handling and food hygiene. The registered manager was currently undertaking training in relation to working with people who have learning disabilities, and one member of staff was awaiting a certificate, as they had completed the training.

Staff training was co-ordinated through the in house training co-ordinator. A copy of the staff training record was provided. This showed that some staff in the care home needed to refresh training in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Some staff needed to undertake training in relation to health and safety and behaviours that challenge. The registered manager said that all staff had started, and were working through completing the standards of the Care Certificate. Staff said the training they undertook, enabled them to give people the support they needed.

Staff had received some basic awareness training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), however this training needed to be refreshed. There were relevant guidelines in the care home for staff to follow. This act protects people who lack capacity to make certain decisions because of illness or disability. The safeguards ensure any restrictions to their freedom and liberty have been authorised by the local

authority as being required to protect the person from harm. The registered manager said that there had been a best interest meeting for one person whose health needs had changed.

People’s consent to all aspects of their care and treatment was discussed with them or with their legal representative as appropriate. We observed that staff asked people’s consent before assisting with any personal care. Mental capacity assessments were in the process of being completed. These documented the ability of the person to make less complex decisions, as well as information about how and when decisions should be made in the person’s best interest. The registered manager was aware of how to assess a person’s ability to make less complex decisions. The registered manager told us, and records showed that DoLS applications, in consultation with other professions had been previously made for people currently living at the care home. Between inspection visits, the registered manager contacted the local authority for advice, and was in the process of updating all records.

Staff sought and obtained people’s consent before they helped them. One person told us “The staff are respectful; they always talk to me before they do anything”. People’s refusals were recorded and respected. Staff checked with people whether they had changed their mind and respected their wishes.

People were supported to have a balanced diet. There was a variety of food people could choose from. The staff knew people well and asked each week if people had any requests. Staff offered people hot and cold drinks throughout the day. People were offered choices of what they wanted to eat and records showed that there was a variety and choice of food provided. People were weighed regularly to make sure they maintained a healthy weight. People were involved in decisions about what to eat and drink as staff offered options. The relatives we spoke with confirmed that staff ensured their relative had sufficient amount to eat and drink.

The registered manager had procedures in place to monitor people’s health. Health action plans had been discussed with appropriate people and completed for people living at the care home. Referrals were made to health professionals including doctors and dentists as needed. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and

Is the service effective?

there was evidence of regular health checks. People's health and well-being had been regularly and professionally assessed and action taken to maintain or improve people's welfare.

Care Home and DCA

It was found in both services that staff had not been supported through individual one to one meetings and appraisals. Staff told us that they had not had regular individual one to one meetings for some time. There were no written records to show that regular supervision had been undertaken. Individual supervision provided opportunities for staff to discuss their performance, development and training needs.

The example above showed the registered manager had not provided appropriate support, supervision and appraisal as is necessary to enable staff to carry out the duties they are employed to perform. This was a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

DCA

Feedback from relatives of people receiving care in their own home was positive. They said, "Do not know what we would do without them", and "My relative has a nice bond with a few of the staff". People's needs were assessed, and communicated to staff. The staff followed instructions to meet individual needs. Relatives said that they thought the staff were attentive to people's needs.

New staff received induction training, which provided them with essential information about their duties and job roles. This included shadowing an experienced worker until the member of staff was assessed as competent to work unsupervised. Staff had completed, or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard.

Staff training was co-ordinated through the in house training co-ordinator and training programme established for the care home. Staff told us they had training specific to the needs of people who lived in the community such as moving and handling and support with administration medicines.

Further shadowing and support was then provided within the community to ensure competency when working alone. A copy of the staff training record was provided. This showed that some staff needed to undertake training for example, food hygiene and health and safety. The registered manager said that all staff had started, and were working through completing the standards of the Care Certificate. Staff said the training they undertook, enabled them to give people the support they needed.

Staff had received some basic awareness training in the Mental Capacity Act 2005 (MCA), however this training needed to be undertaken by some members of staff. There were relevant guidelines in the DCA office for staff to follow. This act protects people who lack capacity to make certain decisions because of illness or disability. The safeguards ensure any restrictions to their freedom and liberty have been authorised by the local authority as being required to protect the person from harm. The registered manager told us that a best interest meeting was being arranged by the local authority to re-assess a person currently receiving a service from the DCA.

People's health care needs were monitored and responded to when needed. Staff reported back any changes in health to the manager who followed up any concerns. For example, the GP was contacted when staff identified health changes. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that the staff worked closely with health professionals such as district nurses in regards to people's health needs. This included applying skin creams, recognising breathing difficulties, and pain relief. Occupational therapists and physiotherapists were contacted if there were concerns about the type of equipment in use, or if people needed a change of equipment due to changes in their mobility.

People had their nutritional needs assessed and when risks were identified these were reflected within peoples care documentation. For people, who were identified at risk they had their weight monitored with consent and food and fluid charts were used when required. Staff monitored what people were eating by checking the food in the home. If problems were identified these were raised with the registered manager to address with relevant family or health and social care professionals. The relatives we spoke with confirmed that staff ensured their relative had sufficient amount to eat and drink.

Is the service effective?

Staff were matched to the people living in the community as far as possible, so that they could relate well to each other. One relative told us that they had requested a change in support worker. They said that the registered manager made sure that this member of staff did not carry out any further calls to them. The registered manager

introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

Is the service caring?

Our findings

Care Home

Relatives told us the staff are all very good. Due to some people's varied and complex needs they had a limited ability to understand and verbally communicate with us. However, the staff recognised and understood people's non-verbal gestures and body language. This enabled staff to be able to understand people's wishes and offer choices. One relative commented, "I am pleased with the way they look after my daughter, the staff are all very helpful". Another relative said "Staff are caring".

People were well presented, and they looked happy and well cared for. Staff interacted with people in a polite, caring, pleasant and respectful manner. There was a calm, happy atmosphere within the home, and people appeared very comfortable in the presence of staff. Staff engaged with people when delivering care and support, and they were not rushed when assisting them. We observed staff speaking to people and supporting them. This happened in a caring and thoughtful way.

Staff we spoke with understood their responsibilities for preserving people's independence, privacy and dignity and could describe the steps they would take to do this. We observed staff knocking on people's doors asking for permission to enter their rooms and staff could explain to us in detail how they maintained people's privacy and dignity. Our observations confirmed that people's privacy, dignity and independence was promoted by staff. For example, they encouraged people to assist with their own personal care tasks wherever possible, in order for them to remain as independent as possible.

Relatives told us and we saw that people's privacy and dignity was respected. Information and instruction to staff in one care plan for the care home stated, "I do like to have some privacy, therefore I would appreciate staff knocking on my bedroom door". Staff gave people time to answer questions and respected their decisions. Any support with personal care was carried out in the privacy of people's own rooms or bathrooms. Staff supported people in a patient manner and treated people with respect. Interactions were observed to be respectful and patient. Requests for help or attention were responded to promptly by staff". Support was individual for each person.

Staff demonstrated an understanding of people's diverse needs and were able to tell us about non-verbal actions and signs that people used to communicate their needs. All members of staff, and the registered manager, regularly interacted with each person who lived at the home, throughout our inspection. This demonstrated that staff involved people and this in turn helped to promote their well-being.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. The registered manager had known the people who lived in the care home for many years. People were individually asked by the registered manager, if they had any concerns or suggestions to make about how to improve the service. Relatives told us that they could talk freely to the registered manager. The registered manager followed these up and took appropriate action to bring about improvements in the service.

Relatives felt welcomed when they visited and had been involved in planning how they wanted their family member's care to be delivered. Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. People indicated through facial expressions and gestures that staff knew them well and that they exercised a degree of choice throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. We observed that people could ask any staff for help if they needed it. People were given the support they needed, but allowed to be as independent as possible too.

DCA

Relatives of people living in the community told us, "We have regular carers who know what is needed", "Staff very good, very friendly, punctual, well satisfied with the service", and "The carers are helpful and friendly".

Positive caring relationships were developed with people living in the community. One relative said "My relative gets on well with all the carers". Staff told us they valued the people they visited and spent time talking with them while they provided care and support. Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. Relatives

Is the service caring?

told us they were involved in making decisions about their care and staff took account of their individual needs and preferences. For example, the order in which the person liked their morning routine to be carried out.

The DCA had reliable procedures in place to keep people informed of any changes. The registered manager told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. People were informed if care staff were delayed and would be late for a call, or if their regular carer was off sick, and which care staff would replace them. The registered manager would cover a call, if there was no other staff member available at the time.

People were informed of agency processes during their first visit. The registered manager provided people with information about the services of the agency. They told people they could contact the agency at any time; there was always a senior person on call out of hours to deal with any issues of concern. People said that they did not have any concerns and one relative told us that the manager had sent them a letter of apology following a concern they had raised.

Is the service responsive?

Our findings

Care Home

Staff told us that people received care or treatment when they needed it. One relative told us that the registered manager kept in contact and provided updates in relation to any changes. Another relative told us that they were informed of any reviews that were to take place.

People and their relatives or representatives had been involved when assessments were carried out. People's needs were assessed and care and treatment was planned and recorded in people's individual care plan. The care plans in the care home were in the process of being re-written with a view to promoting a person centred plan of care for each person. The staff knew each person well and were able to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service. The level of support people needed was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People had their individual needs regularly assessed, recorded and reviewed. They and their relatives as appropriate were involved in any care management reviews about their care. People's changing needs were observed and recorded on a daily basis. This information was monitored and reviewed by staff.

People at the care home were supported to take part in activities they enjoyed. Records showed that people had the opportunity to access the local community such as, going to the cinema, going swimming, pub meals and visiting relatives. Records showed that people were able to celebrate events that were important to them, such as birthdays. We saw that people were supported to go out to their planned activities. At the time of our visits, we saw that most people went out for some part of the day, or for all of the day to undertake their planned activities. Activities were individual to each person. People's family and friends were able to visit at any time. People took part in home life and activities in the local community.

The care home service was adapted to meet people's individual needs. For one person assistance had been sought from the Royal National Institute for the Blind (RNIB), and changes had been made to the room of the person. For example, beads on light switches, and colour coding, to aid the person to be as independent as possible. Other adaptations in place to help people with mobility difficulties included, hand rails and grab rails in toilets. Bedrooms were decorated with posters and ornaments of their choice. This demonstrated an understanding of person centred care.

Complaints received by the service were dealt with in a timely manner and in line with the provider's complaints policy. People were given information on how to make a complaint in a format that met their communication needs. For example, in large print and pictorial format. Staff told us that people showed their concerns in different ways either verbally, or by facial expressions and different behaviours. Most concerns were dealt with at the time they were raised by people. Relatives told us that if they had any concerns they would speak with the registered manager. They said they had no concerns. The registered manager said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. Relatives told us they knew how to raise any concerns and were confident that the registered manager dealt with them appropriately and resolved these. Information was seen that showed the registered kept all correspondence in relation to any concerns raised.

DCA

Relatives of people receiving support in the community described their care staff as being 'adaptable' and 'trying to fulfil their needs'. One relative said "They do what is needed, and listen to what I have to say". Another relative said they had spoken to the registered manager about staff arriving at the wrong times. They said that action had been taken by the registered manager and the carers now arrived at the time the person wanted. One person told us that they had telephoned the out of hour's number on several occasions, and had always received a response.

The registered manager and manager of the DCA carried out care reviews with people living in the community. The registered manager said that reviews were carried out by the manager of the DCA every six weeks. The records showed that reviews had not been carried out every six

Is the service responsive?

weeks, and five people's records showed that they had not had a review since May 2015. Any changes were agreed at the time of the review, and the care plans were updated to reflect the changes. Staff who provided care for the person were informed immediately of any changes. Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs. The concerns were forwarded to the appropriate health professionals for re-assessment, so that care plans always reflected the care that people required.

We recommend that the provider ensures that regular reviews of care are carried out and records updated as appropriate following these reviews.

People and their relatives or representatives had been involved when assessments were carried out. People's needs were assessed and care and treatment was planned and recorded in people's individual care plan. The DCA care plans contained instructions for the staff to follow so that they understood how to meet individual care needs. For example for a person receiving care in the community, "I would like you to knock on my door before entering", and "I am able to wash my face, but will require support with other areas". The staff knew each person well and were able to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service. The level of support people needed was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices.

Changes in care and treatment were discussed with people before they were put in place. People had their individual needs regularly assessed, recorded and reviewed. They and their relatives as appropriate were involved in any care management reviews about their care.

People living in the community were given a copy of the domiciliary care agency's complaints procedure, which was included in the service users' guide. People told us they would have no hesitation in contacting the registered manager if they had any concerns, or would speak to their care staff. The registered manager dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The registered manager visited people in their homes to discuss any issues that they could not easily deal with by telephone. The registered manager said face to face contact with people was really important to obtain the full details of their concerns. One relative told us "She (the registered manager) is very good; any problems have always been sorted out". The complaints procedure stated that people would receive an acknowledgement of their complaint, and the agency would seek to investigate and resolve the complaint. The registered manager said they would have no difficulty in apologising to people if the agency had been at fault with any of their care provision. A relative told us that they had received a letter of apology from the registered manager following a recent complaint. People told us they knew how to raise any concerns and were confident that the registered manager dealt with them appropriately and resolved these. There had been four concerns raised in the last year, and all but one of these had been satisfactorily resolved. The one that remained open was currently being dealt with.

Is the service well-led?

Our findings

Care Home

Relatives and staff told us that they thought the service was well-led. Relatives said that they had no concerns and that the registered manager was approachable and very helpful. Staff commented on the 'family feel' of the care home, and felt that the care homes relatively small size meant that people were known well.

Relatives said that staff and management worked well together as a team in the care home. They promoted an open culture by making themselves accessible to people and visitors and listening to their views. The registered manager said there was regular contact with families of people that used the service.

The management team at Welcome Home care home included the provider and the registered manager. There were no written records to support that the provider provided support to the register manager, however the registered manager said they had regular discussions. The registered manager provided support to all of the staff, but had not kept written records of any supervisions or appraisals. We spoke with staff about their roles and responsibilities. They were able to describe these and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to. Staff said that the management team were approachable and supportive, and they felt able to discuss any issues with them.

The management team demonstrated their commitment, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what people told us, it was clear that staff were committed to caring for people and responded to their individual needs. For example in the care home, individual activity plans and bedrooms that had been decorated to the individuals taste.

Staff knew they were accountable to the registered manager and they said they would report any concerns to them. Staff meetings were held and minutes of staff meetings showed that staff were able to voice opinions. We asked staff if they felt comfortable in doing so and they

replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. The registered manager had taken account of people's and staff's views in order to take actions to improve the care people received.

People were asked about their views through questionnaires. The registered manager said that the last questionnaires were undertaken in October 2014. Relatives confirmed that they had completed questionnaires and that they had raised no concerns. This meant that people and family member's views were taken into account in the way the services were provided.

The registered manager was aware of when notifications had to be sent to the Commission as required by law. These notifications would tell us about any important events that had happened in the home. 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.

Care Home and DCA

The provider did not have a clear vision and set of values for the service, as the Statement of Purpose for the services, had not been kept under review since April 2012. Information contained in the Statement of Purpose was not up to date. For example, it stated that the care home employed a cook, and there was no cook employed at the care home. The registered manager said that she would update the Statement of Purpose, and send a revised copy to the Commission.

We found that the registered manager did not understand the principles of good quality assurance and was not using these principles to critically review the services she managed. Systems to regularly assess and monitor the quality of the service were not in place. There were no effective system for identifying shortfalls and identifying and managing risks to make sure people were safe and their wellbeing was promoted. We found that people were at risk of harm because some risk assessments were not monitored effectively. Staff supervision and appraisals had not taken place. These checks needed to be carried out to make sure that people were safe. The registered manager carried out risk assessments for the building and for each separate room to check for any hazards, although these checks were not always recorded.

Is the service well-led?

We found that quality assurance and governance systems were not in place and had not been used to drive continuous improvement at the service. In addition, improvements were needed to the record keeping to ensure that all information was available and up to date.

The majority of policies and procedures had been purchased from an external organisation some years ago. These policies had not been tailored to reflect the services provided by Welcome Home. No changes had been made to the policies and procedure since they were purchased, so staff did not have up to date guidance and support to follow while delivering care. The registered manager took immediate action and purchased an up to date set of policies and procedures and was working through these to tailor them to the services that were being provided.

The failure to have systems in place to regularly assess and monitor the quality of the service is a breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

DCA

Relatives and staff told us that they thought the service was well-led. Relatives said that they had no concerns and that the registered manager was approachable and very helpful. One person sent in a letter to the domiciliary care agency stating, "Since engaging Welcome Home six months ago, we have been impressed by the caring instinct and professionalism which is evident in all the team". Staff commented on the 'family feel' of the home, and felt that the care home service relatively small size meant that people were known well.

Relatives said that staff and management worked well together as a team in the care home service. They promoted an open culture by making themselves accessible to people and visitors and listening to their views. The registered manager said there was regular contact with families of people that used all the services.

The management team at the DCA, included the provider, the registered manager and a manager for the DCA service.

There were no written records to support that the provider provided support to the register manager, however the registered manager said they had regular discussions. The registered manager provided support to all of the staff, but

had not kept written records of any supervisions or appraisals. We spoke with staff about their roles and responsibilities. They were able to describe these and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to. Staff said that the management team were approachable and supportive, and they felt able to discuss any issues with them.

The management team demonstrated their commitment, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what people told us, it was clear that staff were committed to caring for people and responded to their individual needs. For example in the DCA service, the people receiving a service saw and knew the registered manager of the service.

We spoke with staff about their roles and responsibilities. They were able to describe these and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to. Staff said that the management team were approachable and supportive, and they felt able to discuss any issues with them.

Staff knew they were accountable to the registered manager and they said they would report any concerns to them. Staff meetings were held and minutes of staff meetings showed that staff were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. The registered manager had taken account of people's and staff's views in order to take actions to improve the care people received.

The manager of the DCA was aware of when notifications had to be sent to the Commission as required by law. These notifications would tell us about any important events that had happened in the home. 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.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The provider failed to do all that is reasonably practicable to mitigate risks.

Regulation 12 (2) (b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

People who use services were not protected against the risks associated with unsafe administration of medicines.

Regulation 12 (2) (g)

Regulated activity

Accommodation for persons who require nursing or personal care

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

Quality assurance and governance systems were not in place and had not been used to drive continuous improvement at the service.

Regulation 17 (1) (2)

Regulated activity

Accommodation for persons who require nursing or personal care

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

This section is primarily information for the provider

Action we have told the provider to take

The registered manager had provided appropriate support, supervision and appraisal as is necessary to enable staff to carry out the duties they are employed to perform.

Regulation 18 (2) (a)

Regulated activity

Accommodation for persons who require nursing or personal care

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

How the regulation was not being met:

Failure to carry out safe recruitment practices.

Regulation 19 (1) (2)