Toqeer Aslam

Welcome House - The Cedars

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**

Summary of findings

Overall summary

About the service
Welcome House The Cedars is a residential care home providing personal 11 people with mental health needs. The service can support up to 26 people. Accommodation is provided in a detached house.

People's experience of using this service and what we found
People were not consistently protected from the risks of abuse because staff did not always recognise the signs or report incidents correctly. People did not always receive their medicines safely. Staff completed training, however their understanding of mental capacity, deprivation of liberty and safeguarding varied. People were not supported by enough staff. This resulted in people not being supported with independent living skills, such as cooking. There was a lack of meaningful activities offered to keep people occupied. Audits were not consistently effective, and the registered manager had not told the Care Quality Commission about several incidents in line with guidance.

Risks to people's health were assessed, monitored and reviewed and staff were knowledgeable about people's health conditions. People's communication needs and preferences were considered and staff used equipment, such as a white board, to support people. People were given the opportunity to discuss their end of life care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's physical and mental health needs were assessed before they moved to the service to make sure staff could provide the right support. Staff worked with people's health care professionals to help people stay as well as possible. People were encouraged to eat healthily, and menus were planned to take into account any cultural preferences.

People told us the staff were caring. Their privacy and dignity were maintained. People were encouraged to attend appointments, the local community and day centres independently. People were involved in the planning and reviewing of their support and told us they made decisions about their care.

People's care plans contained detail about their life history and a detailed background of their mental health. Staff had guidance about signs which may indicate a decline in a person's mental health, so they could provide the right support. People knew how to complain and told us they did not have any complaints about the service. Information, such as meeting minutes and the complaints process, were available in an easy to read format.

People spoke positively about the support they received from the registered manager. They felt confident they could speak with the registered manager or staff if they had any worries. People's views on the day to

day running of the service were valued. People told us they were happy and settled living at the service.

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 Good (report published 10 February 2017). At this inspection the rating has deteriorated to Requires Improvement and we found five breaches of Regulation.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to insufficient staff, protecting people from the risks of abuse, medicines management and good governance.

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

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Welcome House - The Cedars

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Welcome House The Cedars is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with six people who lived at Welcome House The Cedars about their experience of the care and support provided. We spoke with four staff and the registered manager. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We looked at quality assurance documents.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● People were not supported by enough staff. During the day people were supported by two staff and at night, one staff. There were three hours during each day when people were only supported by one staff. When a person needed to be supported to attend a medical appointment, this left one member of staff to support the remaining ten people. Some people went out and attended appointments on their own. Some people displayed behaviours which may challenge others and others lived with health conditions, such as epilepsy. There was a risk that people would not be safe with only one member of staff available. Two staff supported people with their medicines, therefore this left people with no staff support. The registered manager told us they were always available to provide support when they were working, during office hours Monday to Friday.

● People were unable to develop and improve their independent living skills as there were not enough staff to support them. For example, some people told us they would like to do more cooking but there were not enough staff to support this. Staff confirmed they did not have enough time to do this. People spent a lot of time in their rooms without interaction from staff because they were busy with tasks, such as cleaning and cooking. One staff commented, "I feel we are really short staffed. We don't have the time we need. We are tired doing a lot of hours". A record made following a medicines error noted a member of staff stating they were 'Very tired which is affecting their ability to function correctly'.

● People were not regularly supported and encouraged to stay as active as possible. They were not engaged in meaningful activities because staff did not have time to spend with them. For example, during the inspection some people were singing with a karaoke. Whilst they were enjoying themselves there was no interaction from staff.

● The registered manager did not use a dependency tool to inform staffing levels. A systematic approach to determine the number of staff would help ensure there were enough staff to meet people's needs and keep them safe. Emergency shortfalls, such as sickness, were covered by staff from one of the provider's other nearby services. The registered manager told us they did not use agency staff.

The provider and registered manager failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of Regulation 18 of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014.

● People continued to be supported by staff who had been recruited safely. References were obtained, including one from the person's most recent employer. Disclosure and Barring Service criminal record checks were complete to help the provider make safer recruitment decisions. People were involved in the interview process of prospective new staff. The registered manager had employed an additional member of

staff. They were undergoing an induction and had not yet completed training. A cleaner had been employed and background checks were in progress, so their start date had not yet been confirmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● People were not consistently protected from the risks of abuse, discrimination and avoidable harm. Whilst staff completed training about how to keep people safe they were not all able to tell us what types of abuse there were. Incidents had not been consistently recorded. The registered manager had not reported incidents to the local authority or the Care Quality Commission (CQC) in line with guidance.

● There had been incidents which indicated the registered manager and staff did not fully understand safeguarding. For example, there had been incidents when staff had borrowed money from people. They had not understood this was inappropriate and should be considered under safeguarding guidance as potential financial abuse. This had been reported to CQC but not to the local authority safeguarding team. When there had been incidents between people these had not been reported in line with safeguarding guidance.

The provider and registered manager failed to ensure people were protected from the risks of abuse or improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014.

Using medicines safely

● People were not consistently supported to have their medicines safely. There had been several medicines errors, including missed medicines and administering too much medicine. The registered manager had reviewed the medicines administration and auditing processes and amended these. This included that two staff were to work together to administer medicines. Staff had not consistently followed this instruction. For example, one member of staff had given a person their medicines early one evening. They did not hand this information over to the next shift. The person was given a further dose of medicine the same evening by one member of staff who had not checked the Dossett box, containing the medicines, or the medicines administration record. This resulted in the person being given more medicine than prescribed and 111 being contacted for medical advice. They did not suffer from any adverse effects.

● Some people required medicines on an 'as and when' basis (PRN). These were not recorded correctly. Guidance for staff did not include what signs or symptoms may indicate the need for PRN medicines. The outcome, such as whether or not the PRN had been effective, was not recorded. The registered manager was working with the local pharmacy and Clinical Commissioning Group to update the PRN protocols.

● At the time of the inspection the registered manager was sourcing additional medicines management training for staff.

The provider and registered manager failed to ensure medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

● Risks to people's health, safety and welfare were assessed, monitored and regularly reviewed with people to help them stay safe. People were encouraged to access the local community independently, however staff were aware of the risks to people if their mental health was deteriorating and there was guidance for staff to ensure people were supported at these times.

● When people were at risk of self-neglect, staff were knowledgeable about how best to provide additional support. Some people lived with anxiety. There was information for staff about what may make a person anxious and how reduce their anxiety levels. For example, relaxing in a bubble bath or listening to calming music.

● People told us they felt safe living at the service and that they could speak to staff if they were worried about anything. They were confident they would get the right support from staff.

Preventing and controlling infection

● People were protected from the risks of infection. The service had recently been industrially cleaned and there was redecoration in progress. Staff were responsible for keeping the service clean, although a cleaner was in the process of being employed.

Requires Improvement

Is the service effective?

Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The registered manager and staff did not fully understand and follow the principles of the MCA. Mental capacity assessments were not consistently completed. The registered manager had recently completed additional training about MCA and was in the process of reviewing and updating assessments with people. Some staff were unable to tell us about the different types of abuse or what deprivation of liberty meant. This was an area for improvement.
- There was no-one living at the service under an authorised DoLS at the time of the inspection.

Staff support: induction, training, skills and experience

- Staff completed training on topics, such as mental health awareness, mental capacity and deprivation of liberty, and safeguarding. Staff watched a DVD and completed a question and answer sheet with the registered manager. Staff were not all able to tell us what training they had completed or what they had learnt. Staff training was not always effective. For example, some staff were not able to tell us about mental capacity, deprivation of liberty or safeguarding. One staff commented, "We need more face to face training. There is only so much you can take in from a DVD". The registered manager was aware this was an area for improvement and had sought external face to face training which staff had recently started and told us was helpful. They told us they would check staff competency and understanding after the training had been completed.
- New staff completed an induction which included shadowing staff and completing training relevant to their roles which included completing the Care Certificate. This is a set of standards that social care and health workers should adhere to in their daily working life. Competency checks were completed by the registered manager with the staff to assess their knowledge around meeting people's individual needs, including their past history and wishes.

● Staff met with the registered manager for regular one to one supervision. Staff told us the manager was supportive and approachable. Staff said "We have regular supervisions every three months; the manager is really good. They understand you, helps you when you need it and listens" and, "I don't wait to have a supervision if I have concerns I will raise them, I think the manager is approachable she takes things on board". Annual appraisals were behind schedule; however, the registered manager was working to get these up to date.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's physical, mental health, emotional and social needs were assessed, monitored and reviewed. Their needs were assessed before they moved into the service to make sure staff were able to provide the right support.
● Assessments included identifying protected characteristics under the Equality Act 2010. This meant people's lifestyle choices and needs in respect of sexuality, disability and religion could be respected.
● People, their relatives and health care professionals were involved in assessments to make sure all the information was acquired. This enabled the registered manager to develop person-centred care and support plans.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to stay as well as possible. They were supported with their physical and mental health needs in partnership with staff and health care professionals.
● Some people managed their own medical appointments and others had support where staff attended appointments with them. One person said to the registered manager, "Thank you for yesterday. You were a really good support for me. You explained the hospital process to me. The more you explain the less worried I get. Thank you".
● Staff monitored people's health care and recorded medical appointments, the outcomes and any actions needed to support people effectively.
● People's oral care was assessed. People were encouraged to visit the dentist. People were supported to wear their dentures. For example, during the inspection a person was becoming anxious as they couldn't put their dentures in correctly. The registered manager immediately went to support them. The person was very pleased they had been helped with this.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat healthily and drink plenty. There was a four-week rolling menu on display which included alternative choices and took into consideration people's cultural preferences. This included a winter and summer menu. A snack station was set up. People helped themselves when they wanted to. This included fresh fruit, juice and tea and coffee. Staff told us people have a good nutritional intake. Staff said, "They have so much choice here. We have the food station set up all day and there is always an alternative if they want something. One resident likes to go shopping and cook for themself and others".
● People were encouraged to be independent and cook their own meals when they wanted to. One person told us "I like to cook my own food, I make herb soup and other things". However, there were not enough staff to support people with this regularly.
● People were involved in choosing what meals they would like to see on the menu, this was discussed regularly in resident meetings.

Adapting service, design, decoration to meet people's needs
● The service was in the process of being redecorated. It had recently been industrially cleaned following concerns being raised by the local authority. New flooring had been laid. People were involved in choosing

the colour schemes for their rooms.

● A cleaner was in the process of being employed. At the time of the inspection staff were cleaning the service as well as cooking and supporting people. There were insufficient staff for this to be an effective way of working.

● People used two communal lounges and a dining area. There was also a smoking area, with seating, at the rear of the service.

Good

Is the service caring?

Our findings

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

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

Respecting and promoting people's privacy, dignity and independence
- People's privacy and dignity were promoted. People had privacy and security by locking their bedroom doors when they chose to. They also had a key to the front door and were able to come and go as they wished.
- People were treated respectfully. One person told us, "We [people and staff] all treat each other with respect.
- People told us they enjoyed cooking their meals when they had the opportunity to do so. Staff told us they tried to encourage people to be involved with the day to day running of the service, such as with cooking and household tasks. The registered manager agreed that developing people's independent living skills was an area for improvement.
- People were encouraged to access the local community and attend appointments independently. Staff supported them when requested and the registered manager supported other people in the service.

Ensuring people are well treated and supported; respecting equality and diversity
- People continued to be supported in a kind, compassionate and respectful way. People told us they got on well with the registered manager and staff. One person commented, "[The registered manager] is very good to talk to. I am opening up a bit more". Interactions with people throughout the inspection were positive and caring.
- People were encouraged and supported to maintain relationships with family and friends.
- Staff knew people well. They were knowledgeable about people's backgrounds and health conditions. People's religious, cultural and spiritual needs were discussed, recorded and met.
- People's care plans reflected their individual needs and preferences.

Supporting people to express their views and be involved in making decisions about their care
- People told us they made decisions about the level of support they received. People's level of involvement varied, and this was recorded. For example, if people received support from relatives.
- People were encouraged to maintain their personal appearance. People chose what they wanted to wear each day. Staff knew that when a person chose not to wash or change their clothes may be a sign of deteriorating mental health and worked closely with people to make sure they remained clean and well presented.
- The registered manager and staff knew people well. People's care plans noted what support people needed and including potential signs of deteriorating mental health. Staff were observant and knowledgeable about this. Each person had a key worker. This is someone who takes the lead in co-

ordinating a person's support.

● People told us they had regular residents' meetings when they talked about their daily life in the service. At the most recent meeting people had chatted about attending a pantomime, arranging a Christmas party and making invitations to be sent to their loved ones, and the Christmas Day menu.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- People were not regularly supported and encouraged to stay as active as possible. They were not engaged in meaningful activities. Minutes from a staff meeting in September 2019 noted the need for more activities inside and outside the service. There was no evidence that any action had been taken to speak with people about what they would like to do. This was an area for improvement.
- People went out to shops and day centres independently when they wanted to. They were supported to keep in touch with friends and relatives.
- The registered manager's dog was a frequent visitor to the service which people told us they enjoyed. One person said, "Twinkle the dog comes in a lot. It is good therapy stroking Twinkle. She is adorable".

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

- People received care and support that was tailored to and responsive to their needs. People's physical, mental health, emotional and social care needs were assessed and regularly reviewed to make sure their needs continued to be met. Care plans were updated when people's needs or preferences changed.
- People's care plans included a detailed background of their mental health, past relapses and indicating signs of a deterioration in their mental health. This information helped staff get to know people.
- People told us they were involved in planning and reviewing their care and support to make sure they had as much choice and control as possible.

Meeting people's communication needs

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

- People's individual communication needs were assessed. People received information in a format that suited them best. For example, care plans, residents meeting minutes and complaints processes were produced in an easy to read version with pictures. Some people had white boards which were used to remind them of important events.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain. They felt confident they could talk openly with the registered manager or staff and they would take any necessary action.
- A copy of the complaints process was displayed on the notice board in an easy to read format.

● The provider had a clear complaints process which was followed. One complaint had been received since the last inspection. This had been investigated by the registered manager and satisfactorily resolved.

End of life care and support

● People were given the opportunity to discuss the end of their life. Their choices and preferences were recorded to make sure staff could follow their wishes.

● The service was not providing end of life care at the time of the inspection.

Requires Improvement

Is the service well-led?

Our findings

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

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

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

- The registered manager was not always clear about their regulatory responsibilities. They had not informed the Care Quality Commission of notifiable incidents in line with guidance. For example, when there had been allegations of financial abuse, when there had been incidents between people and when a deprivation of liberty application had been authorised.

The provider and registered manager failed to notify CQC without delay. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Staff from head office completed regular audits. These were not always effective, and action was not consistently taken to address shortfalls. For example, an April audit noted in-depth cleaning was required and had an action by date of 3rd May 2019. A further audit, at the end of May 2019, noted the same with an action by date in June 2019. No action appeared to have been taken. CQC had received concerns that the service was dirty and run down. There was now a plan in place to redecorate the service and it had been industrially cleaned.
- We identified a several shortfalls which had not been identified through either the registered manager's or head office audits. For example, the lack of staff, lack of understanding about safeguarding and MCA and the lack of meaningful activities.

The provider and registered manager failed to ensure systems to monitor the quality of service were effective. This was a breach of Regulation 17 of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014.

- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the service and on their website.

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

- People spoke positively about the registered manager and had built a strong and trusting relationship

with them.
● Staff told us they worked with the registered manager each day and if they had any concerns they felt confident they could speak with them.
● Throughout the inspection interactions with people were positive and reassuring. The atmosphere was relaxed, and people told us they were happy living there.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were involved in the day to running of the service. Their views on things such as outings and menus were sought. Action was taken to accommodate people's choices and preferences. People told us they attended regular resident's meetings.
● Annual quality surveys were sent to people's family and friends, health professionals and staff. These had been sent and the responses were due to be collated by staff at head office. They would then be reviewed by the registered manager to see if any action was needed.
● Regular staff meetings were held and gave staff the opportunity to provide feedback about the running of the service.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager and staff worked closely with people's health care professionals, such as the local mental health team and psychiatrists, to make sure people received effective joined-up care and support.
● Staff referred people to health care professionals in a timely manner.
● The registered manager understood duty of candour. They had been open and honest with people and staff following a visit from the local authority who identified some areas for improvement. The registered manager had provided reassurance to people and told them what action was being taken to improve the service. The registered manager was working with the local authority commissioners to improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider and registered manager failed to notify CQC without delay. Regulation 18(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager failed to ensure medicines were managed safely. Regulation 12(1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider and registered manager failed to ensure people were protected from the risks of abuse or improper treatment. Regulation 13(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager failed to ensure systems to monitor the quality of service

were effective.

Regulation 17(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider and registered manager failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff. Regulation 18(1)