Toqeer Aslam

Welcome House - Ruby Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Welcome House- Ruby Lodge is a residential care home providing personal care to 13 people with mental health needs at the time of the inspection. Some people had additional needs including dementia, sensory impairment, and a learning or physical disability. The service can support up to 17 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People could not be assured there were enough staff available at the times they needed them. This was because staff rotas did not reflect people's assessed needs.

Although people had been supported appropriately when incidents had taken place, CQC had not been notified off all important events, in line with legislation. This is necessary so CQC can be assured that when significant things happen, people's health, safety and welfare is maintained.

Quality assurance systems had improved since the last inspection in identifying any shortfalls in the service. However, daily checks had not identified that there was no lock on a shower room door. Also, there was a continuous beeping noise in the dining room which people said was irritating, whilst they were eating their lunch. This was because action had not been taken in a timely manner to change the battery to the fireguard on the dining room door.

People's safety had improved since the last inspection because risks were now identified and managed. People felt safe and staff knew how to identify, report and respond to safeguarding concerns.

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

Staff understood people's health, social and personal care needs. Partnerships had been developed with a range of health care professionals. People received their medicines when they were needed.

People were supported by a small team of staff who knew them well. Staff understood the importance to people's well-being of developing trusting relationships and treating people with dignity and kindness.

People said they could choose how to spend their time. Staff encouraged people to attend local support groups and activities and to take responsibility for household tasks. People had performed plays to which they had invited their friends, family members and supporting professionals.

The views of people, relatives and professionals were regularly sought. Feedback was positive. People said they could make choices, felt listened to, come and go as they pleased.

Staff felt well supported, that they had the knowledge and skills to perform their roles and worked well as a team.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 7 August 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found although these regulations had been met, the provider was in breach of two different regulations.

This is the second time the service has been rated Requires Improvement.

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

Follow up
We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was 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 - Ruby Lodge

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by one inspector.

Service and service type

Welcome Home- Ruby Lodge 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 regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the 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 the last inspection. This included details about incidents the provider must notify us about, such as abuse or when a person dies. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection
We spoke with four people who used the service about their experience of the care provided; and joined five people for lunch. We spoke with three members of staff including the registered manager, deputy manager and a care worker.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at one staff recruitment file, and staff training and supervision records. We also viewed a variety of records relating to the management of the service, including audits, quality assurance questionnaires and health and safety documents.

After the inspection
We sought feedback from professionals who work with the service. 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.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and staffing levels.

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 Requires improvement. At this inspection this key question has remained the same. 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 said that staff were usually available. However, changes to systems in staff scheduling meant that people could not be assured that staffing levels met their assessed needs. A staff told member told us this had caused unintentional stress to everyone involved.
- The registered manager said there was always a minimum of two staff on duty from 8am to 8pm to meet people's needs. However, staff rotas for July evidenced there were times when only one member of staff was available. We were informed the wrong rotas were sent and received updated rotas on 18th and 19th July. Both these sets of rotas failed to evidence there were enough staff available in July to meet people's assessed needs.
- Due to a change in one person's needs, the registered manager said that their funding authority had agreed for them to receive one to one care from 8am to 9am. However, staffing rotas showed there were only two members of staff on duty during this time. The registered manager responded that they chose to come in early during the week in their own time, so staff could give the person the care they needed. The original and updated rotas all showed that they started work at 9am.

We could not be assured that there were sufficient numbers of staff on duty at all times to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by staff who had been recruited safely. Checks on new staff included obtaining a person's work references, identity, employment history, any gaps in their employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- The registered manager had refreshed their safeguarding training and knew to report any potential abuse,

including abuse between people, to the local authority safeguarding team.
● Staff had received training in safeguarding and knew how to identify and act on any potential abuse. Staff also knew how to whistle-blow and to report any concerns, if they were not acted on, to external agencies.
● Where people were supported to manage their money, a record was kept of all transactions and these were audited to ensure their accuracy.
● Feedback from survey questionnaires in December 2018 was that people felt safe living at the service.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that care was provided in a safe way to people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

● Assessments of potential risks included people's health and medical conditions such as epilepsy, diabetes, swallowing difficulties and behaviours when people became anxious.
● Staff were guided what to do to minimise risks to people and any immediate action to keep people safe where appropriate. For example, some people were at risk of choking and needed their food to be cut small and to have staff nearby at mealtimes. There was written information about what staff should do if the person started to choke.
● Regular checks of water temperatures ensured that it was a safe temperature and to reduce the risk of scalding.
● A representative from the fire and rescue service visited on 30 August 2018 and identified areas of fire safety that needed to be improved. The provider had addressed these shortfalls in the required time period, which included installing new fire doors, updating the fire risk assessment and displaying a fire zone plan for the building.
● On the day of the inspection the conservatory door was being wedged open as the fireguard was not working. A new fireguard had been ordered and evidence was provided that it was installed shortly after the inspection, so the door would close automatically in the event of a fire.
● Regular checks were made on the environment to make sure it was safe and fit for purpose. Electrical and gas appliances were maintained, and fire equipment serviced.

Using medicines safely
● The provider followed safe protocols for the receipt, storage and administration of medicines. Medicines systems were organised, checked and audited.
● People's ability to manage their own medicines was assessed. Some people were responsible for taking their own medicines and other people needed staff support.
● People's medicines were located securely in their rooms, so they were available to take when people needed them.
● Staff completed training in medicines administration and their competency was checked to make sure they practiced safe medicines administration and to be clear about their roles and responsibilities.

Learning lessons when things go wrong
● Staff knew how to report and respond to incidents and accidents. A staff member described an incident and the actions they had taken to ensure one person's well-being. A written report detailed the circumstances leading up to the event, when medical advice had been sought and recommendations made

by health care professionals for the person's treatment and recovery. Staff followed this advice to ensure the person's well-being.

● The registered manager monitored and analysed all events so that action could be taken to reduce the chance of the same things from happening again. A number of similar incidents had occurred for one person and guidance had been put in place for staff to help minimise the impact on the person and staff.

Preventing and controlling infection

● Checks and audits had identified that there had been a deterioration in the cleanliness of the home. Also, that some people were not getting enough support to clean their own rooms.

● There was a schedule of cleaning and areas seen were clean.

● Personal protective equipment was available to staff and they followed laundry procedures to help prevent the spread of infection.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved to the service their physical, social, emotional, cultural and religious needs were assessed, so the provider could be confident they could be met by the staff team. This included obtaining information from referring professionals such as a person's care plan, history and risk assessments.
- People were invited to visit the service for a day and overnight stay to test out whether the service met their expectations.

Staff support: induction, training, skills and experience

- People said staff had the right skills to support them. When one person was asked if staff gave them the supported they needed, they gave a thumbs up sign.
- New staff completed an induction which included shadowing staff, reading policies and procedures and training the provider had identified as relevant to their roles. Staff said this was effective in making sure they had the necessary skills and knowledge to support people.
- Staff completed the Care Certificate and then took a level two Diploma in health and social care. These two qualifications set out the learning outcomes, competences and standards of care workers.
- Specialist training in supporting people with dementia, mental health and behaviours that may challenge, was provided to staff, to meet people's needs.
- Staff were given opportunities to review their individual work and development needs through supervision sessions, team meetings and staff appraisals. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development.

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

- People said they had access to the kitchen throughout the day, so they could make meals, snacks and drinks whenever they wanted.
- There was a rolling menu on display which included alternative choices and took into consideration people's cultural preferences. People said they had a takeaway every two weeks.
- Staff knew people's likes, dislikes and any dietary needs so they could support people appropriately. A record was made of what people ate when they took their meals at the service, to monitor if people were receiving a balanced diet.
- At lunchtime some people made their own meal and staff served other people. People chose to sit in the dining room or lounge to eat their lunch.

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 with their physical and mental health in partnership with staff and a range of health care professionals. This included GP's, consultants and community psychiatric nurses.
● Some people told us they managed their own healthcare and other people said they asked staff to book medical appointments and to attend with them.
● Staff monitored people's health care and reminded people about their appointments. A record of medical appointments, outcomes and any actions needed to support people effectively.
● The registered manager had attended a training course on oral health. They had ensured everyone had a dental appointment and had shared the importance of encouraging people to clean their teeth daily with the staff team.
● Feedback from health care professionals was that the service kept them informed of any issues with regards to people's health.

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). No one was subject to a DoLS authorisation. We checked whether the service was working within the principles of the MCA.

● Training in MCA 2005 had been given to staff who understood its main principles.
● Staff gave examples of when people who had capacity, had made decisions that others might regard as unwise. Staff described how they had respected people's decisions, whilst supporting them to understand the impact of their actions on themselves and others.
● When people had complex decisions to make, they were supported to make the decision for themselves. This was achieved through meetings with the person, healthcare professionals and their relatives or representatives.

Adapting service, design, decoration to meet people's needs
● People told us they had the things that they needed in their own rooms, so they could make them their own.
● There were some shared rooms. The registered manager said people were asked if they wanted to move to a single room when one became available.
● Some people were living with dementia and limited vision. They were able to find their way around their home. It had been identified that they may need additional aids and signage in the future, so they could continue to do so.
● People had communal areas including a lounge, designated smoking area and garden with seating. It was intended to change the use of a room on the ground floor to a visitor's room, so people could receive friends and relatives in private.

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 the same.

Respecting and promoting people's privacy, dignity and independence

- Locks had been fitted on toilet and bathroom doors to ensure people's privacy. The exception to this was the ground floor shower. This shower was used by people who required staff to assist them, which ensured people's privacy was always maintained when receiving personal care. The provider fitted a lock to the shower door five days after the inspection.
- People's independence was promoted. People were responsible for cleaning their own rooms and a rota showed which person was responsible for washing up, setting tables and hoovering.
- When staff made and received phone calls concerning people's wellbeing, they made sure they took them out of another people's hearing. Staff were reminded about the importance of confidentiality at team meetings.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff understood that developing positive caring relationships with people was an important part of people's well-being.
- People were supported to maintain relationships with family members and those who were important to them.
- Staff took an interest in people. They asked about how people's day had been when they returned to the service after being out. When a staff member complimented a person on their appearance, the person responded with a big smile.
- A relative had complimented staff in the services annual survey. "The staff are all wonderful and caring".

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

- People made decisions each day such as where and when to go out and how to spend their money.
- People were involved in planning their care. During the inspection one person had a meeting with the registered manager to check that their views and needs were reflected in their care plan.
- The views of people were sought at formal service user meetings, where people were asked if they had any concerns, about things they wanted to do and food choices. Feedback was that people felt their views were listened to and acted on.

Good

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

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

- Care plans contained information about people's routines, personal history, cultural and religious needs. An internal audit had had identified that some care plans required further review to make sure they were up to date, and this was in progress during the inspection.
- Relapse indicators had been identified, which guided staff when a person was not managing their mental health symptoms as well as usual. Staff understood the signs to look out for, so they could inform the registered manager and professionals involved in the person's care and support.
- People said they were encouraged to go out and join in with activities. One person told us, "The staff don't like you just sitting around. I go to club on Monday and Tuesday and on Friday X's husband comes in to do games and colouring". Another person told us about the weekly film nights held at the service, where they chose films and ate popcorn.
- Activities were promoted which helped to develop people's confidence and well-being. Some people had successfully gained voluntary employment. People were involved in performing plays. They had taken part in Cinderella and the Jungle Book, and invited friends, family and supporting professionals to watch. A Christmas play was planned for later in the year.
- People could follow their religious beliefs and some people attended a local church on Sundays.

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.

- The minutes of service user meetings were written in larger font and with pictures to help people understand their content.
- Care plans were read to people who needed help to understand the written word, such as people with visual impairment.

Improving care quality in response to complaints or concerns

- People were given a leaflet about how to raise a concern and complaint and the details were also posted on the noticeboard in the hallway. The complaints procedure was available in pictures and simple words to help people understand its content.
- People were reminded of their right to make a complaint and how to do so at service user meetings.
- The registered manager said they were available to discuss any concerns that people had, and people came to see them during the inspection.

End of life care and support

● People had been asked about their funeral arrangements in the event of their death but had not been asked if they had any wishes or preferences at the end of their lives. It is important to discuss this with people when they are able, so they can make decisions about where they want to live, and the people and things they want to have around them at this time. This is an area identified as requiring improvement.

● Staff had undertaken training in death, dying and bereavement, to give them the skills and confidence to support people and their loved ones at this time.

● The registered manager understood the importance of working closely with healthcare professionals, so people experienced a comfortable, dignified and pain-free death.

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 Requires Improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider had failed to establish and operate systems to assess, monitor and improve the quality of the services provided and reduce risks to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found although enough improvement had been made so the provider was no longer in breach of regulation 17, additional improvements were required.

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

- There had been some improvement in quality assurance arrangements, but further improvements were needed.
- Audits had identified and addressed shortfalls in the delivery of the service. For example, an audit in April 2019 had resulted in changes so that one person's specific food needs were met, and staff were guided on how to care for people with diabetes.
- Discrepancies in staffing levels highlighted at this inspection had not been identified so action could be taken to make sure there were sufficient staff on duty at all times.
- On arrival at the service, the fire door guard to the dining room was beeping to indicate a new battery was needed. At lunchtime people told us the noise was, "Annoying" and that it had happened before. After lunch staff changed the battery and the noise ceased. The registered manager said staff had purchased additional batteries to prevent a reoccurrence.
- At the last inspection, the registered manager had not notified the Care Quality Commission (CQC) of suspected abuse or potential harm to people. At this inspection, CQC had not been informed when one person had been injured and admitted to hospital. It is important that CQC has a clear overview of all incidents at the service, so they can check that the provider has taken appropriate action.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate CQC were notified off all incidents with regards to people's health, safety and welfare. This was a breach of regulation 18 (Good governance) of the Care Quality Commission (Registration) Regulations 2009.

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

outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager said that staffing practices identified at the last inspection, where some staff had been described as 'bossy' and 'shouty' had been addressed.

● People told us they were satisfied with the staff support they received. One person told us, "I can't think of anything good about here and I can't think about anything bad living here. It is quite a nice place actually".

● Feedback from survey questionnaires in December 2018 was that people could make choices, felt listened to and that the registered manager and staff team supported them well. One person responded, "The manager is very kind and is always willing to listen if I need to speak to her".

● The registered manager kept up to date with guidance and advice by attending meetings with registered managers of the provider's other services. A representative of this group attended Kent Integrated Care Alliance (KICA) meetings. KICA works on behalf of social care providers to improve outcomes for providers and service users and give providers a voice at local and national level.

● Staff were encouraged and supported to undertake continuous learning, to pursue a fulfilling career.

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

● There were a variety of forums where people were asked for their views about the service. This included service user meetings, annual quality assurance questionnaires and monthly visits by the operations manager.

● Positive responses were received from the 33 people, relatives and professional who responded to the service's annual quality survey of 2018. A staff member said, "There is good team spirit". Professionals commented there was a positive atmosphere in the home, people were involved in decisions and that care was person-centred. A relative commented, "The home is superbly run, the manager and team of carers are excellent".

● Staff engagement included staff meetings, supervisions and daily communication. Staff said they felt well supported and they worked together well as a staff team.

Working in partnership with others

● The provider had developed positive links with health and social care professionals and local services and organisations.

● Staff worked closely with people's doctors and community mental health team to make sure there was joined up care.

● People were encouraged to access local churches, shops and community groups which helped people with their mental health and to assist them in their recovery.

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 had failed to notify CQC off all incidents that affected people's health, safety and welfare. Regulation 18

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were sufficient numbers of staff on duty at all times to meet people's needs. 18 (1)