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 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 11 people with mental health needs. The service can support up to 17 people in one adapted building.

People's experience of using this service and what we found
People were engaged in activities at the home and those we spoke to said that they were happy living there. We spoke to one person participating in an art activity, she told us, "I like living here", another told us "it's okay, I like chatting with the others".

People were able to personalise their rooms. One person was keen to show us their room, they told us, "I love my room, I am able to play music and put up posters".

Risk to people's health, safety and welfare were not consistently assessed, identified and monitored. Records were inconsistent and varied in the level of detail provided to guide staff to keep people safe.

Actions to safeguard people were not always followed. Internal procedures were not always followed by staff and risk assessments were not always updated following an incident.

People's care plans were not always person centred and contained inconsistencies. These could lead to people's needs not being met and increased risk of harm.

We recommend the provider seeks advice and guidance from a reputable source about person-centred care planning and equality characteristics.

Medicines were safely managed and administered. Medicine administration records were correct, and audits took place to highlight any errors.

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.

Infection Prevention and Control policies and procedures were being followed. The premises looked clean and tidy and we were assured that the service had controls in place to minimise the risks posed by COVID-19.

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 31 July 2019] and there were multiple

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 not enough improvement had been made and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected
We received concerns in relation to the management of risk. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

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

We have found evidence that the provider needs to make improvements in safe and well-led. Please see the full report for more details.

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

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 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

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.

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

Inspection team
The inspection was carried out by two inspectors.

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

At the time of our inspection the service had a manager registered with the Care Quality Commission. A registered manager 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. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, safety certification, staffing rotas and COVID-19 procedures and visiting protocols.

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.

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

• Actions to safeguard people were not always followed. For example, failures were identified by the local authority and the provider following a recent incident involving a person falling and not receiving timely medical intervention. Staff had failed to take a person to hospital immediately despite being told to do so by a medical professional. Procedures were not followed to highlight the incident to management and minimise potential harm to the person.

• Risk assessments and care plans did not identify all areas of risk and provide guidance to staff about what to do should that risk occur. For example, one person's care plan did not provide sufficient guidance for staff to follow if a person with known medicine noncompliance refused to take their medicines. Risk assessments were not always updated when a risk occurred. One person had recently suffered a fall which required hospitalisation. The risk assessment had not been updated on return from hospital. Therefore, this could lead to risk reoccurrence.

• People's needs were not always being managed safely. We observed one person being shaved in a communal room. When we asked why this was not taking place in private, we were told that it was not safe to do in their room, due to its size. After discussions with the registered manager, they told us that they would offer the person a more appropriate room to meet their needs. The suitability of this person's room had not been considered prior to our visit.

• Lessons were not always learnt when things went wrong. Care plans contained minimal guidance for staff to follow should an identified risk present itself. For example, one person had three incidents involving incontinence. The care plan was not updated with the incidents, prevention and the persons specific dietary requirements were not considered. Therefore, there is a chance of incident reoccurrence.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at potential risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Safety checks on equipment, fire and the environment were carried out by competent people.

Staffing and recruitment

At our last inspection 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

• There were enough staff on shift to meet people's needs. Rotas showed that the provider had increased the number of support staff on day shift since the last inspection. This had increased from two to three. We also observed staff supporting people and having time to facilitate activities.
• Safe recruitment checks were completed. Checks on new staff included obtaining a person's work references, identity, 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. However, we found gaps in one employee's employment history. We highlighted this to the registered manager during the inspection and this was rectified shortly afterwards.

Using medicines safely
• The provider followed safe protocols for the receipt, storage and administration of medicines. Medicines were checked and audited to ensure these protocols were followed by staff.
• People's medicines were located securely in their rooms in suitable wall mounted cabinets.
• Staff completed training in medicines administration and their competency was checked to make sure they practiced safe medicines administration and were clear about their roles and responsibilities.

Preventing and controlling infection
• We were somewhat assured that the provider was preventing visitors from catching and spreading infections. On arrival our lateral flow test status and temperatures were taken, however, we were not asked to provide our vaccination status. After the inspection we confirmed that procedures were in place to record the vaccination status of visiting professionals and the registered manager said they had reminded all staff to request this prior to entry.
• We were somewhat assured that the provider was meeting shielding and social distancing rules. Not all people living at the home were able to understand the need to socially distance. Risks were mitigated by people being supported to minimise close physical contact/social distance or isolate when needed and the use of alternative forms of maintaining social contact with friends and relatives.
• We were assured that the provider was admitting people safely to the service.
• We were somewhat assured that the provider was using PPE effectively and safely. We observed one member of staff not wearing their face mask properly, which was rectified during our visit.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured that the provider's infection prevention and control policy was up to date.
• We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
We have also signposted the provider to resources to develop their approach.

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.

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

At the last inspection the provider failed to ensure that systems were 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 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made in relation to notifying the CQC of incidents, however, a further breach was identified, and the provider was in breach of Regulation 17.

• Accident and incident reviews by management were not robust and consistently effective. For example, procedures failed to ensure that one person's risk assessment and care plan had been updated following an incident and a review failed to consider preventative measures for another person following an incident.
• Care file reviews by management failed to highlight omissions or inconsistencies in people's care plans. For example, one person's personal history had not been updated in over a year. Contradictory information was noted in one person's budgeting plan and in another person's care plan relating to their weight.
• Monthly quality assurance audits did take place regularly, however, they failed to highlight the issues in people's care plans and risk assessments.

The provider had failed to ensure systems were in place or robust enough to assess, monitor and improve the safety and quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The provider had notified the CQC about incidents relating to people's health, safety and welfare.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People's support plans were not always person centred. For example, we saw that one person's care plan relating to their 'Religious Beliefs', identified a different religion to one that the person practiced. The registered manager was aware of the person's belief, but failed to identify the issue in their care plan. The same plan was also observed in other people's care plans, potentially limiting people's ability to practice their religious beliefs.

• People's equality characteristics were recorded in people's care plans. However, generic plans were used in people's care files. As noted above, we could not be assured that these plans reflected the individual characteristics of the person.

We recommend the provider seeks advice and guidance from a reputable source about person-centred care planning and equality characteristics.

• People knew the staff and spoke positively about them. One person told us, "I like living here". Management had deployed staff to facilitate activities for people. During our inspection we observed people participating in activities and engaging with one another in communal areas.
• Regular resident and staff meetings took place which took account of things important to people and staff. Staff said the culture of the service was good. One member of staff told us, "It's a good team, we rotate roles between us."
• People were able to personalise their rooms. One person told us, "I like my room", they went on to show us their room which was personalised with posters and furniture important to them.

Working in partnership with others
• The registered manager was not involved with any external partnership groups. We signposted the manager to groups which could support them in their role.
• Staff worked with health care professionals, such as GPs, to provide joined-up care.

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 understood their responsibility in relation to duty of candour. Duty of candour requires providers to be open about any incidents in which people were harmed or at risk of harm.

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 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at potential risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems were in place or robust enough to assess, monitor and improve the safety and quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.