Toqeer Aslam

Welcome House - The Cedars

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection took place 05 August 2014 and it was unannounced. Welcome House - The Cedars is registered to provide accommodation and personal care for up to 26 people with mental health needs. People were able to communicate with us.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. There was a safeguarding policy in place, which detailed what actions the provider must take to help keep people safe. Staff gave clear explanations of the different types of abuse to be aware of; they explained that they knew the action to take if they suspected any.

Training records showed that all of the staff had been trained on Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), managing challenging behaviour and safeguarding adults. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, we found that the manager understood when an application should be made and how to submit one.

There were enough qualified, skilled and experienced staff to meet people's needs and people were protected by a robust recruitment system.

Risk assessments clearly detailed the support needs, views, likes, dislikes and routines of people. The risk assessments in place clearly identify risks that may occur when meeting people's needs.

One to one supervisions were carried out monthly and yearly appraisals had been done. Yearly appraisals identified current employee performance, their strength, weakness/growth opportunities, development & training needs and it also identified task to be carried out with timescale.

We observed that people were supported to eat and drink sufficient amounts to meet their needs and people were provided with a choice of suitable and nutritious food and drink. People's care records contained information about their food likes and dislikes.

People's care needs were assessed before they moved to Welcome House – The Cedars. Care records contained individual's profiles, details of people's mental health needs and how they were met as well as individual specific risks and how they were managed. People were registered with the GP and there were records of regular contact with their GPs, dentists, chiropodists and an ophthalmologist where appropriate.

People were supported by caring and attentive staff. People told us that they had been treated with respect and dignity in the home. People also said that staff were approachable, spoke with them in a respectful manner and offered them choices. Staff were knowledgeable about how to support each person in ways that were right for them. The staff spoken with on the day of the visit were able to discuss the needs of people and the ways in which individuals were supported.

Information about people was treated confidentially and records were stored securely. Staff were discreet in their conversations with one another and with people who were in communal areas of the home. Staff were careful to protect people's privacy and dignity.

People were encouraged and supported to take part in a variety of appropriate activities inside and outside the home. Each person had an individual weekly activity plan. Staff confirmed that people were encouraged to attend all their planned activities unless they chose not to. One person said, "I would be interested in doing an Art course or some voluntary work and staff are supporting me with this".

People were made aware of the complaints system. This was provided in a format that met their needs and people had their comments and complaints listened to and acted upon without the fear that they would be discriminated against for making a complaint.

Staff said they felt the home was well led. Staff commented favourably about the positive atmosphere in the home, and the positive team spirit that motivated the staff. The registered manager worked well with other agencies, such as Skills for Care and local authorities to make sure people received their care in a joined up way.

We looked at records and found that people, their representatives and staff were asked for their views about care and treatment in December 2013 and these were acted upon. The survey result stated that people were happy with the service provided. We saw comments from families such as 'Staff are great with my father' and 'We think the carers are doing a good job'.

Summary of findings

The provider had systems in place for monitoring and auditing the home. This included weekly and monthly audits for different aspects of the work.

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?

Good

The service was safe.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Staff knew how to recognise abuse within the home and how to report it.

Staff had received safeguarding people and deprivation of liberty safeguard (DoLS) training. Whilst no-one living at the home was subject to a DoLS, we found that the manager understood when an application should be made and how to submit one.

There were enough staff to keep people safe and there was a robust recruitment procedure in place. Risks to people were managed so they were kept safe.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about the people in their care, and were suitably trained to deliver care correctly.

People were supported to be able to eat and drink sufficient amounts to meet their needs and people were provided with a choice of suitable and nutritious food and drink. People's care records contained information about their food likes and dislikes.

People's care needs were assessed before they moved to the home. Care records of people contained individual's profiles, details of people's mental health needs and how they were managed.

Is the service caring?

Good

The service was caring.

People's care was planned and regularly reviewed and updated to make sure their needs were understood by staff.

People were treated with respect and dignity by the staff. People told us that they had privacy.

Staff sought the views of professionals, relatives and advocates to make sure the person's needs had been fully considered.

Is the service responsive?

Good

The service was responsive.

People's care plans were regularly reviewed, and were promptly amended if there were any changes in their health care needs. People were fully involved in their care planning.

People were encouraged and supported to take part in a variety of personalised activities inside and outside the home.

People were made aware of the complaints system in the service user guide. Staff were knowledgeable about the complaint policy and procedure.

Summary of findings

Is the service well-led?

Good

The service was well led.

The provider had a clear set of vision and values. Staff had a good understanding of the ethos of the home and quality assurance processes were in place. This helped to ensure that people received a good quality service at all times.

There was a positive atmosphere in the home, and a positive team spirit that motivated the staff.

The registered manager worked well with other agencies and services to make sure people received their care in a joined up way.

Welcome House - The Cedars

Detailed findings

Background to this inspection

We inspected on 05 August 2014, the inspection was unannounced. Our inspection team consisted of one inspector and one mental health specialist. We spoke with nine people out of 11 people who lived in the home, four care staff, one deputy manager and the registered manager. We also contacted six health and social care professionals to obtain feedback about their experience of the service, one of whom was a Consultant Psychiatrist in Mental Health and Learning Disability and we gained feedback from social care professionals who provided health and social care services to people. These included community nurses, a speech and language therapist, local authority care managers and commissioners of services.

Before the inspection, we gathered and reviewed information from notifications, which is information about important events which the service is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this and previous inspection reports before the inspection.

We observed care and support provided during our visit. We looked at a range of records about people's care and how the home was managed. These included two people's personal records and care plans, health action plans, risk assessments, person centred practice records, two staff files, a sample of the home's audits, satisfaction surveys, staff rotas, and the service's policies and procedures. We also looked around the care home and the outside spaces available to people.

At our last inspection on 04 November 2013, we found the provider had met all the five essential standards of quality and safety we looked at.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us that they felt safe in the home and were treated well by care staff. Everyone we spoke with said that they were able to go out of the home for activities as they pleased. People told us that if they had any concerns about the home or if they felt unhappy with anyone or anything, they felt comfortable raising them with the registered manager or the deputy manager. One person said, “I will tell staff if I am threatened by another person or if I am unhappy”.

People were able to move around the home freely. People were not subject to continuous supervision and control by staff. People were able to leave the home without staff or family members' accompanying them and this was confirmed by people and the registered manager. One person said, “We are able to come and go as we please”.

We spoke to the registered manager regarding the safeguarding of adults at risk. The manager demonstrated a good awareness of safeguarding and told us that staff were aware of safeguarding issues and what actions should be taken in the event of a safeguarding concern. The registered manager told us how they would contact the Local Authority and request further support from their area manager if needed.

There was a safeguarding adult protection policy in place, which detailed what actions must be taken by the provider to help keep people safe. Safeguarding team contact telephone number was on file for all staff if they needed to raise an alert. All staff said that they had undertaken safeguarding adults training and all knew the correct procedure to follow if they witnessed or suspected abuse. Staff told us that they would raise any safeguarding concerns initially with their manager or senior, but would also contact the local authority or the CQC if they felt they needed to. One member of staff said, “If there is an allegation of abuse, I will inform my line manager, record it and the manager will take it further with the appropriate authorities”. All the staff we spoke with told us that they would feel comfortable raising an alert if it was required and all were of aware of their responsibility to do so.

The provider had a whistle blowing policy in place which stated that the provider encouraged staff to raise concerns and that they would deal with concerns in an open and professional manner. Staff we spoke with said, “I can inform others outside the company if things are not right like CQC, police, Kent County Council and others”.

Training records showed that all of the staff had attended Mental Capacity Act 2005 training, DoLS and Managing Challenging Behaviour training. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, we found that the manager understood when an application should be made and how to submit one. There were no restrictions on people.

We asked the registered manager whether there were arrangements for addressing aggressive behaviour within the home. They told us that staff were aware of how to deal with conflict resolution and had attended training. Staff had a good relationship with people at the home. Staff were encouraged to deal with any aggressive behaviour by trying to calm the person down and assisting the person to move to a quieter area to protect their safety and that of others. The provider had a policy which stated that physical intervention would only be used in an emergency. Staff had not used any physical intervention in the last 12 months.

There were enough qualified, skilled and experienced staff to meet people's needs. The permanent staff team comprised of support workers, a deputy manager and the registered manager. The registered manager told us that the staffing rosters were based on the individual needs of people. People were fairly independent and required little support. Staff rosters showed that there were two staff on duty. They met people’s needs throughout our inspection.

People were protected by a robust recruitment system. Staff files showed that the recruitment procedures included checks for applicants’ identity including a recent photograph; two written references; a full employment history with any gaps in employment discussed; and Disclosure and Barring System (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Applicants were asked to show proof of any previous training they had attended. Interviews were carried out and an interview record was retained. Successful applicants were required to complete a detailed induction programme and probationary period.

Good

Is the service safe?

The induction programme included essential training to carry out their roles safely. This showed that as far as possible, the provider recruited people who were not a risk to people.

Risk assessments clearly detailed the support needs, views, likes, dislikes and routines of people. The risk assessments in place clearly identified risks that may be involved when meeting people's needs. The way these risks could be reduced were written and included in people's care records. This gave direction to staff on how care and support should be delivered. The risk assessments identified the level of concern, risks and benefits of encouraging activities to take place and how to manage the risks. For example, risk assessment was developed for one person who was a risk of self harm when out in the community. Action plan in place included increased staff support and monitoring of indicators when out in the community. We found that people's mental health was monitored through a form which had been completed for each person, observation and one to one discussions with people. This form indicated negative symptoms such as minimal verbal communication, withdrawal and symptoms such as being excitable and having delusions. Mental health risk assessments were in place. Actions identified in the risk assessments had been clearly noted. For example, "Needs prompting to take medication". These were reviewed regularly by the manager to ensure people were supported safely.

Good

Is the service effective?

Our findings

People said, “There is a food planning meeting once a month as part of the residents meeting. At this meeting, food wishes are listened to and incorporated. If I wanted a salad the staff would support me to make this”.

The registered manager told us how they updated their knowledge about people’s care needs. For example, they told us that the provider was good at providing training for staff. Staff said, “I have done local authority’s training on falls prevention and also updated my safeguarding”. The staff training plan showed that all staff had been trained in areas such as medicine administration, first aid health & safety amongst other areas.

The provider had systems in place to ensure staff received the supervision, support and any addition training they needed. Staff told us they had individual supervisions with their line manager each month and they had their last annual appraisal in September 2013. Appraisals assessed current employee performance, their strengths, weaknesses/growth opportunities, development & training needs and specific tasks to be carried out with timescales. Staff were able to raise any concerns and discuss their work privately through these processes. One staff member said that they had the opportunity to work at other homes within the group and that this was a good career developing opportunity which they loved. Other members of staff told us that the basic training offered was good and they were also able to do further courses of their choice.

People were supported to be able to eat and drink sufficient amounts to meet their needs and people were provided with a choice of suitable and nutritious food and drink. People's care records contained information about their food likes and dislikes. We observed lunch and saw that staff offered people different types of food and enabled people to choose before being served. People appeared to enjoy their food and the food was well presented. Staff interacted with people and staff explained to people what food was available. We noted that fresh fruit, and a variety of cold drinks were available in the living area throughout the day, and staff frequently offered people hot drinks or snacks. Staff were trained in food hygiene which enabled them to support people in food preparation and maintain good hygiene standards.

One person said that they made toasted cheese sandwich or beans on toast for themselves whenever they wanted it. We found that the home promoted good nutrition by enabling one person to attend cookery course at a local college. The person said, “My aim is to learn the basics and then go on to do curry.” We were able to sit and observe a placement review during our inspection. This person’s weight and nutrition needs were reviewed. The need for healthy diet and the person’s nutritional needs because of their diabetes was discussed. The person was involved in their care plan review and both the staff and external professionals worked together to ensure that this person’s nutritional needs were met.

People's care needs were assessed before they received a service. People’s care records contained individual’s profiles, details of people's mental health needs and how they were met as well as individual specific risks, relapse indicators and how they were managed. All individual care /risk management plans had been reviewed and were dated, which revealed that they had been updated appropriately. Staff explained that care/support plans were reviewed during a meeting between the person, their person's social worker, relatives and other professionals.

People were registered with a GP. There were records of regular contact with peoples GPs, dentists, chiropodists and with an eye specialist where appropriate. People were supported by staff or relatives to attend their health appointments. Outcomes of people’s visits to health professionals were clearly recorded in the care plans. Monitoring charts were completed for meeting different health needs such as mental health, fluid intake, personal hygiene and weight records. The manager had individual records of people's weight which was recorded monthly and more frequently if required. This enabled the provider to monitor people's weight and take action if people became at risk of malnutrition if their weight had reduced significantly.

Good

Is the service caring?

Our findings

People told us that they felt able to approach staff with requests or issues. One person said, “The staff are decent.” Another person said that they felt that they had privacy in the home. They said, “Staff would always knock on my door before entering, which gave me my privacy”.

People we spoke with told us that they had been treated with respect and dignity in the home. People also said that staff were approachable, spoke with them in a respectful manner and offered them choices.

We spoke with staff about the care they provided. Staff knew each person well and had a good knowledge of the needs of people. Staff told us that training was really good, which enabled them to support people well.

We observed that there was good interaction between staff and people and the atmosphere in the home was relaxed.

People’s care was planned and regularly reviewed and updated to make sure their needs were understood by staff. Each person had an individual care plan and daily notes were completed for each person during each shift, which informed staff on how individuals wish to be cared for. The manager explained that each month the key worker had a meeting with people they had been assigned as key worker for, to find out if they were happy with the support provided and review planned goals and activities. Key workers are staff who already work with people help them to coordinate their schedule of appointments, support people to have a clear and effective plan of support. We saw minutes of a key worker meeting which had been held on 05 June 2014 and it looked at the person’s progress, aspiration, needs and appointments.

Information about people was treated confidentially and records were stored securely. Staff were discreet in their conversations with one another and with people who were in communal areas of the home. Staff were careful to protect people’s privacy and dignity.

We spoke with staff about how they ensured they maintained people's dignity, showed respect and involved people. They gave good examples of their daily practice of how they achieved this. We heard comments like “We involve the people through making decisions on their preferred way of doing things”. We listened to one person who told us where they normally visit in the community every week and how they travelled there independently. This demonstrated to us that people’s wishes were respected and promoted in the home.

We observed that while some people kept their doors unlocked, others locked their doors and carried the key to their door. People had furnishings and personal effects on display in their individual bedrooms, which reflected their personal choices. People’s rooms were decorated according to their preferences. Staff told us that people had chosen to redecorate their room the way they wanted it.

We found that staff sought the views of professionals, relatives and advocates to make sure the person's needs had been fully considered. We observed that staff spoke with people in a caring and sensitive manner, gave people choices and included them in discussions and decisions.

The provider had policies such as equality & diversity, emergency crisis relapse, equal opportunities, race equality policy, food safety and nutrition and individual planning, all dated February 2014. These policies gave practice guidance to staff, which meant that they were guided to ensure people’s care needs were met.

Good

Is the service responsive?

Our findings

One person told us that they had been helped to sign up for a college course and another said, "I would be interested in doing an art course or some voluntary work. Staff had printed off my CV for me so that I can take it to the charity shop. I am hopeful".

We observed one person getting ready, with staff assistance, to go to a day centre as part of their preferred activity of the day. Staff also described how it had taken a year of continuous support for one person to achieve their agreed goal. They explained that upon achieving this goal, they now loved it and went every week.

People were involved in the assessment of their needs. We sat in one person's review meeting after they gave us permission and noted that the meeting with the healthcare professional had been arranged at the person's request. . We also observed a meeting that involved a placement officer, which was in response to the registered manager's request to review one person's support needs with the involvement of the person. This showed that people were involved in their care review. One person also told us that they currently had an ailment and staff had assisted them in getting this treated by the GP.

People were encouraged and supported to take part in a variety of personalised activities inside and outside the home. Each person had an individual weekly activity plan. Staff confirmed that people were encouraged to attend all their planned activities unless they chose not to. A member of staff said, "Activities depend on people's choices for example one person likes to go to town daily, so we encourage him". The registered manager told us that most of the people had recently been on a trip to the seaside and they all reported they really enjoyed the trip. For one person, it was the first time they had been on the trip and this was seen as a step towards further independence.

Staff were attentive and helped people who needed assistance. People were dressed as they wished to be and they interacted with staff and appeared comfortable and settled. People, relatives and health and social care professionals had recently given a feedback to the provider in a questionnaire with comments such as 'people were treated with dignity and their privacy was respected'. Families commented, 'The kindness shown to my father in his final days was outstanding' and 'Staff at the home are really good'. One professional commented in the survey and said, 'I will encourage the provider to incorporate training on challenging behaviour for staff'. We looked at the staff training plan to find out what the home did about this comment and found that staff had completed this training.

People were made aware of the complaints system in the service user guide. The registered manager explained that this was given to people and relatives when they first came to live in the home. The service user guide contained information about the home, what to expect and complaint procedures. We looked at the provider's complaints policy and procedure and the policy gave staff clear instructions on how to respond to someone making a complaint and how the provider would deal with any issues arising from the complaint.

Staff told us that they were aware of the complaints policy and procedure. We asked staff how they would respond to a complaint and they showed knowledge that they knew what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously.

The home maintained a complaints log. We were informed by the manager that the home had not received any formal complaints in the last 12 months. The manager said, "I operate an open door policy as you can see, so I have not had any complaint from people because I respond to them immediately. We talk things through daily". We observed this practice throughout our inspection.

Everyone we spoke with said that they would approach the manager, or failing that the deputy if they were unhappy with something and they were sure that they will sort things out for them.

Good

Is the service well-led?

Our findings

People spoke positively about the way the home was run. They told us the manager and staff were approachable and the management team often chatted with them and asked them how things were. They told us they were happy in the home and that they felt that staff met their needs. We saw that people were comfortable with the management team and staff.

The provider had a clear set of vision and values. These stated 'Our care philosophy is to support and encourage our service users to lead as normal a life as possible and to reach their full potential. This is achieved by offering guidance and assistance with everyday living skills and by encouraging service users to participate in the planning of their own care. Everyone at Welcome House is respected and treated as an individual and given encouragement and support to develop both personal and social relationships'. The management team demonstrated their commitment to implementing these by putting people at the centre when planning, delivering, maintaining and improving the service they provided. Our observations showed us that these values had been successfully cascaded to the staff who worked at the home.

Staff said they felt the home was well led. Staff commented about the positive atmosphere in the home, and the positive team spirit that motivated them. All staff spoke highly of their manager and said they are supportive and they could approach her with any concerns.

We spoke with the registered manager about the support structure available to them and they told us that they felt well supported by their line manager and said, "I have learnt a lot from my line manager, which helped me a lot in managing the home". The staff said that the manager had an open door policy and was always available to them. The manager had been in post for about 13 years and other members of staff had been in post for considerable length of time. The continuity of service and security of a stable staff team was enabled by good management.

Communication within the home was facilitated through various management meetings. Team meetings took place monthly. We looked at the minutes for the July 2014 meeting and saw that a variety of areas were discussed, including needs of the people, staff responsibilities, key working, personal care and cleanliness of the home. Key worker meetings took place every month. We looked at the minutes and found that people contributed and had their voices heard. For example, one person decided to reduce their medication by 25mg. The manager notified the mental health professionals and his care team who agreed that the person should continue with the reduction. This demonstrated that the manager worked well with other agencies such as Skills for Care and services to make sure people received their care in a joined up way.

The provider had systems in place for monitoring and auditing of the home. This included weekly and monthly audits. On-going audits were carried out to check care plans, the environment, health and safety, infection control, medication and accidents and incidents. Accident records were kept and audited monthly to look for trends. Staff made comments such as, "We document all incidents using the ABC (Antecedent, Behaviour and Consequences) form, report it to the manager who will investigate". These audits were shown to us as part of the quality assurance system.

The operations manager carried out monthly visits to the home as part of their quality assurance in order to ascertain the people's opinion on the service provided. We found that at every visit, care plans, medication records and DOLs are checked. Further, complaints, concerns, health appointments and other documentations accuracy were checked.

People were asked for their views about the service in a variety of ways. The provider carried out 'Service User/ professional questionnaire', which is a survey carried out annually to gain feedback on the quality of the service received. Quarterly 'resident' and relatives' meetings took place where people were asked about their views and suggestions. The manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the home.