

Toqeer Aslam

# Welcome House - Ruby Lodge

## 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 ●

# Summary of findings

## Overall summary

The inspection was carried out on 03 October 2017, and was an unannounced inspection.

Ruby Lodge is registered to provide accommodation and personal care for up to 17 people with mental health needs who do not require nursing care. The people who lived at the service lived with mental health disorders and needed support to understand their particular conditions; identify triggers for relapse; and learn coping strategies. At the time of our inspection, 15 people lived in the service. They were fairly independent and required minimal support.

At the last Care Quality Commission (CQC) inspection on 05 October 2015, the service was rated Good in all domains and overall.

At this inspection we found the service remained Good.

People continued to be safe at Welcome House - Ruby Lodge. People continued to be protected against the risk of abuse. People felt safe in the service. Staff recognised the signs of abuse or neglect and what to look out for.

Medicines were managed safely and people received them as prescribed.

There were enough staff to keep people safe. The provider had appropriate arrangements in place to check the suitability and fitness of new staff.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. Staff received regular training and supervision to help them to meet people's needs effectively.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

The registered manager ensured the complaints procedure was made available to people to enable them to make a complaint if they needed to.

The registered manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Welcome House - Ruby

## Lodge

### **Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. This inspection took place on 03 October 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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 looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We spoke with three people who lived in the service. We spoke with two support workers, the registered manager and the visiting operations manager. We also requested information by email from healthcare professionals involved in the service. These included professionals from the community mental health team, care managers, continuing healthcare professionals, NHS and the GP.

We looked at the provider's records. These included three people's care records, which included mental health care plans, health records, risk assessments and daily care records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records, annual quality report, and some audits. The information we requested was sent to us in a timely manner.

## Is the service safe?

### Our findings

One person said, "Yes, I feel safe here and I like it here". We observed that people felt safe in the service and were at ease with staff.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. These were stored safely. Since our last inspection, all staff had received refresher training in medication administration in 2017. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. People were protected from the risks associated with the management of medicines. People were given their medicines in private to ensure confidentiality and ensure appropriate administration. People had their own lockable cupboard in their room with their own key. The medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines. Staff told us that they continued to promote people's independence through a person centred practice in medicine administration. We observed this practice during our inspection.

People continued to be safeguarded from abuse or harm. Since our last inspection, all staff had received refresher training in safeguarding adults in 2017. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. A member of staff said, "Safeguarding is about protecting people we support from any form of abuse including self-harm. I will report it immediately if I suspect this". Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the updated multi-agency safeguarding adult policy, protocol and practitioner guidance dated April 2016. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns. The provider also had information about whistleblowing on a notice board for people who used the service, and staff. There were appropriate arrangements in place for managing people's finances which were monitored by the registered manager. We saw people had the appropriate support in place where it was needed.

People continued to be protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and had a good understanding of people's different behaviours. Staff had also identified other risks relating to people's care needs such as self-neglect, which staff had protocol in place that they followed. People were supported in accordance with their risk management plans. We observed support being delivered as planned in people's support plans. Risk assessments were specific to each person and had been reviewed in the last two months.

The risk assessments continued to promote and protect people's safety in a positive way. Records demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as self-neglect, social isolation and non-compliance with medicine administration. These included preventative actions that needed to be

taken to minimise risks as well as clear and detailed measures for staff on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. All staff we spoke with told us that they monitored people and checked their care plans regularly, to ensure that the support provided was relevant to the person's needs. The staff members were able to describe the needs of people at the service in detail, and we found evidence in the people's support plans to confirm this. This meant that people could be confident of receiving care and support from staff who knew their needs.

There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of staff needed to support them safely. We observed when people were in the service, staff were visibly present and providing appropriate support and assistance when this was needed. We noted an air of calm in the service and staff were not rushed.

The registered manager and provider continued to maintain recruitment procedures that enabled them to check the suitability and fitness of staff to support people. Records showed the provider carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability.

The service continued to have plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk, for example, in the event of a fire. We also observed that each person had a personal emergency evacuation plan (PEEP) in place. Safety checks continued to be made regularly on the environment. This includes checks of fire alarm system, fire extinguisher, emergency lighting, portable appliances, electrical installations and gas safety. Comprehensive fire risk assessment was in place and reviewed in 2017. Staff spoken with understood steps to take in case of an emergency. With these checks in place, the provider and registered manager could be assured that the premises and equipment were in good working order and safe for purpose.

The design of the premises enhanced the levels of support that staff provided because it was spacious, well decorated and had been suitably maintained. Corridors were spacious with good lighting and was very clean and fresh.

The service also had an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. Risks associated with the premises continued to be assessed and relevant equipment and checks on gas and electrical installations were documented and up to date.

## Is the service effective?

### Our findings

We asked people if staff always sought their consent before supporting them and one person said, "Yes, they always ask my permission before they do anything".

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA 2005 and DoLS and understood their responsibilities under the act. The registered manager informed us that none of the people who used the service were subject to any orders depriving them of their liberty. We noted that people could freely go out when they wanted to.

Since our last inspection, records showed staff had undertaken mandatory training and refresher trainings in topics and subjects relevant to their roles. The provider had also implemented the Care Certificate. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. This also helped staff keep their knowledge and skills up to date. All staff had been set objectives which were focussed on people experiencing good quality care and support which met their needs. The registered manager checked how these were being met through an established programme of regular supervision (one to one meeting) and an annual appraisal of each staff members work performance. Staff told us they felt well supported by the registered manager. A member of staff said, "I can discuss with my manager. I did discuss my training needs and they have planned for me to undertake my Diploma in Health and Social Care (formerly National Vocational Qualification NVQ) level 2. Diplomas are work based awards that are achieved through assessment and training. To achieve a diploma, candidates must prove that they have the competence to carry out their job to the required standard.

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist mental health needs. People with mental health who lived in the service were registered with the local mainstream GP practice. Their mental health needs were met through regular meetings with CPN (A community psychiatric nurse is a psychiatric nurse based in the community rather than a psychiatric hospital. They form an integral part of community mental health teams), psychiatrist and psychologist. People's individual health action plans set out for staff how their specific healthcare needs should be met. Staff maintained records about

people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.

People continued to be supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and there were helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. We observed that people continued to be involved in preparation and cooking of meals throughout the day, which promoted their independence. One person said, "I like cooking and staff support me with this and I am happy."

The kitchen was clean and we noted that there were sufficient quantities of food available. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

## Is the service caring?

### Our findings

One person said, "Staff are very good to me". Another said, "I am happy here because staff looks after me". We observed a relaxed and homely feel to the service. We observed a relaxed and homely feel to the service. We saw positive interactions between people and staff. People looked at ease and comfortable in each staff member's presence, responding positively to their questions and readily asking for help and assistance. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way.

Since our last inspection, on 05 October 2015, the registered manager continued to ensure people's individual records provided up to date information for staff on how to meet people's mental health needs. This helped staff understand what people wanted or needed in terms of their care and support.

People's right to privacy and to be treated with dignity was respected. Staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care to maintain their privacy and dignity. When talking about their roles and duties, staff spoke about people respectfully by kneeling to their level during conversation

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal care records were stored in locked offices. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, staff encouraged people to clean and tidy their rooms and help with washing dishes after a meal. People were also supported to participate in the preparation of meals and drinks. Only offering support when required. People had time built into their weekly activities for laundry, cleaning, personal shopping tasks and travel in the community, aimed at promoting their independence.

Advocacy information was on the notice board and available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

## Is the service responsive?

### Our findings

One person said, "If I am not happy about something, I will speak with staff". Another person said, "I am fine here. I have been to a group session today and I like it". We observed people being supported with the support and care they needed in an unobtrusive manner. Staff were present at all times during the inspection and were actively engaging people. Staff were seen to be vigilant and responsive to people's needs and recognised when people needed their presence and support.

Since our last inspection on 05 October 2015, people continued to receive personalised support which met their specific needs. Each person had an up to date care plan which set out how staff should meet their needs. Care plans contained information about people's likes, dislikes, allergies and their preferences for how care and support was provided. For example, the registered manager told us that people to go to the shops and for activities on their own because it is their wish to do so. We observed this during our inspection and one person confirmed this and said, "I went out today to the engagement group and did arts and craft and painting". The local engagement group provides opportunities for people who have mental health needs to share their views and experiences of mental health issues and services and participate in local service planning and development.

Care plans were reviewed annually or whenever needed with people. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes.

People remained active and participated in a variety of activities and events that met their social and physical needs. People were supported to go on holidays, eat out and outings to the places of their choice. People were also supported to pursue personal interests such as attending art and craft classes, colleges, walks, club or to go swimming. During our inspection, people went shopping as stated in their activities plan. Staff continued to help people to stay in touch with their family and friends. They maintained an open and welcoming environment and family and friends were encouraged to visit the service.

The provider continued to have systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to gain feedback on the quality of the service from the people who used the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. The completed questionnaires demonstrated that all people who used the service, families and those who worked with people were satisfied with the care and support provided. A relative wrote, 'I would like to thank you and all the care staff at Ruby Lodge for the excellent care of my family member. She is very happy at this home and enjoys all the activities with all other residents'.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in the service and used

pictures and simple language to help people state who and/or what had made them unhappy and why. The registered manager confirmed there had been no formal complaints received by the service since our last inspection.

## Is the service well-led?

### Our findings

A relative commented, 'I cannot praise the manager and staff highly enough. Excellent service all round'.

People who used the service and staff we spoke with spoke positively about the management of the service. All the people we spoke with told us that they felt comfortable raising queries with the management team and found all staff to be approachable. Members of staff spoken with also told us that both the registered manager and operations manager were very supportive. One member of staff said, "Our manager will bend over backwards to listen and support you accordingly".

Our observation showed that people knew who the registered manager was. For example, people freely walked into the registered manager's office to discuss things with them. This demonstrated that people felt confident and comfortable to approach the registered manager in their office. We observed people engaging with the registered manager in a relaxed and comfortable manner.

There continued to be a management team at Welcome House - Ruby Lodge. This included the registered manager and operations manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Support was provided to the registered manager by the operations manager in order to support the service and the staff. The operations manager visited the service monthly or as and when necessary to support the registered manager. For example, the operations manager supported the registered manager with the inspection.

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that they could approach the registered manager and operations manager at any time. A member of staff said, "Management is good. They are very accommodating. I can approach them at any time. They listen and act on it". We observed this practice during our inspection.

We found that the registered manager continued to understand the principles of good quality assurance and used these principles to critically review the service. They completed monthly audits of all aspects of the service, such as medication, kitchen, infection control, care records, learning and development for staff. The provider also carried out series of audits either monthly, quarterly or as at when required to ensure that the service runs smoothly. They used these audits to review the service. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

The registered manager continued to be aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

The service continued to work well with other agencies and services to make sure people received their care in a cohesive way. Health and social care professionals reported that staff within the service were responsive to people's needs and ensured they made appropriate referrals to outside agencies. The registered manager told us that they worked in a joined up way with external agencies in order to ensure that people's needs were met. For example, the provider attained 'Investors in People', Social Care Commitment with Skills for Care and a member of Kent Integrated Care Alliance. Being committed to Skills for Care helps create a better-led, skilled and valued adult social care workforce.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke with were confident about being able to access these policies and procedures.

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 clearly displayed their rating at the entrance in the hallway and on their website.