

Neil Tucker

Welcome Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Welcome Home is registered with CQC to provide two services: A residential care home and a community based domiciliary care agency which delivers personal care to people in their own homes.

The care home provides accommodation, care and support to up to five adults with a learning disability. Five people were living in the service at the time of our inspection. People had complex care needs, including learning disabilities, autism and physical health needs such as epilepsy and diabetes. People had limited verbal communication so were unable to speak directly to us.

The service had not been developed and designed fully in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The service did not consistently apply the principles and values the principles and values of Registering the Right Support and other best practice guidance. People using the service did not always receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. People's support did not always focus on them having as many opportunities as possible for them to gain new skills and experiences. Staff had started planning to find new interests and experiences for people to try to improve their choices.

The care agency was providing personal care to approximately 43 people at the time of our inspection, which was approximately the same number of people as at our last inspection. The care agency is run from an office within the grounds of the care home with a separate staffing team. The provider also provided care and support through the care agency to four people with a learning disability living in a 'supported living' setting in one property, so that they can live as independently as possible in their own home. 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.

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

People's experience of using this service and what we found

The service people received was not always safe although clear improvements had been made in some areas. Some individual risks had not been identified, so management plans to prevent harm had not been completed for people using the care agency for support in their own home. However, in practice, staff did know people well and were aware of risks and how to keep people safe. Improvements had been made to the management of risk in the care home, however, an isolated incident of a potential infection control risk had not been managed in a quick and timely way.

People using the care agency and their relatives, told us time keeping was an issue with many of their care visits. They also reported that sometimes only one staff member turned up when there should be two staff. People and staff said they thought the care agency was short staffed. The records we looked at reinforced what we had been told. Although people said staff did stay the full allocated time, the records kept on the electronic recording system did not reflect this. There were no concerns with staffing levels in the care home.

People's medicines were not always managed well by the care agency. Guidance for staff was not always in place and processes to assist people to order their medicines in a timely way was not always effective. People's medicines were managed well in the care home.

Systems in place to monitor the electronic records kept by care agency staff supporting people in their own homes were not effective. Therefore, improvements to time keeping and staff record keeping were not addressed in a timely way. People and their relatives had mixed views about the management of the care agency as their telephone calls to the office were not always answered or staff did not always return their calls. Auditing processes to check the quality and safety of the service had started to improve but these needed to embed to show improvements can continue and be sustained to comply with regulation.

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. However, although improvements had clearly been made since the last inspection, best interest decision making was not always recorded in the care home and we have made a recommendation about this.

Improvements had been made to the premises and furnishings since the last inspection, although this work continued to be in progress. Servicing of equipment and systems such as electrical and gas safety were completed regularly as required.

People and their relatives knew how to complain if they needed to. No complaints had been received in relation to the care home. Complaints received by people about the care agency had not always been logged or effectively monitored to ensure lessons were learnt and improvements made. We have made a recommendation about this.

People and their relatives gave positive feedback about the staff in the care home and the care agency. People felt safe with staff and felt they knew them well and provided their support in the way they wanted. The relatives of people living in the care home described their loved ones as very happy and pleased to return to their home following visits. Relatives were kept up to date with information about their loved ones, for instance, if they were unwell or had an appointment.

A person-centred approach was taken by staff in both services. Staff knew people well and supported them with dignity and respect. People were encouraged to be involved in making decisions about their care using their own communication methods when they were not able to converse verbally.

People were supported to access health care when needed to support their health and well-being. Staff helped people living in the care home to maintain a healthy and well-balanced diet. People living in their own homes were supported by care agency staff with their meal preparation if they needed this.

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 10 August 2019) and there were four breaches of regulation. We took enforcement action against the provider. We served a warning notice telling the provider they must make improvements to the record keeping and quality and safety of care. We told them they must become compliant with Regulation 17 by 31 October 2019. The provider submitted a plan of action to show what they would do, and by when, to improve. At this inspection we found that although the provider and registered manager had made some improvements, they had failed to make enough improvement and they were still in breach of Regulation 17. The service remains rated requires improvement. Although improved, this service has been rated requires improvement for the last six consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, although improved, further improvement needed to be sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection.

Enforcement

We have identified three breaches in relation to accurate record keeping and effective quality monitoring, the safe management of medicines and staffing levels, at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Details are in our well led findings below.

Inadequate ●

Welcome Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors and one Expert by Experience on the first day of inspection and one inspector on the second day of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to people who received a service from the care agency, and their relatives, to ask for their feedback of the service provided.

Service and service type

Welcome Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Welcome Home is also a domiciliary care agency. It provides personal care to older people and younger people with care needs living in their own houses and flats. Not everyone using the Welcome Home care agency receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

Both these services were looked at during this inspection and we have reported on both areas of regulated activity within this report. We have reported on the services provided by the care home and the care agency separately under the evidence sections of the report where there were differences in the quality and safety of care. Where the evidence we found related to both services we combined the reporting.

The service had a manager registered with the Care Quality Commission. 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

We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

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 and professionals who work with the service as well as the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us about by law.

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. We used all this information to plan our inspection.

During the inspection

We observed how staff interacted with people living in the care home as people did not communicate verbally, so different methods of communication were used. We spoke with six people who used the care agency, and five relatives, about their experience of the care provided. We also spoke with three relatives of people living in the care home. We spoke with twelve members of staff including the registered manager, deputy manager, office staff and care staff.

We reviewed a range of records. This included six people's care records and medication records. We looked at six 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 and quality assurance records.

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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection, the provider and registered manager had failed to ensure records accurately reflected individual risks to enable safe care to be provided 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, although improvements had clearly been made, further improvement was still needed to ensure accurate record keeping in the care agency. Documented risk records in the care home had improved.

- Clear risks were evident for some people using the care agency for their care and support, however, risk assessments were not always in place.
- One person had a catheter in place yet a risk assessment and management plan was not recorded to provide guidance for staff. For example, how to look for signs of infection and to provide good catheter care. Two people with limited mobility and at risk of acquiring pressure sores had limited guidance for staff in preventing pressure sores. Another person who was incontinent did not have a risk assessment to prevent the deterioration of their skin integrity.
- Other risks had been identified and plans to prevent harm were documented. Staff knew people well and knew how to support them. People and their relatives told us staff knew their needs and reported concerns to healthcare professionals when needed. This meant people were given safe care by staff who knew them. However, the provider was in the process of recruiting staff, and some people may be at risk if new staff visited and did not have the appropriate guidance to follow.
- One person living in the care home became unwell during the inspection. Another person had been unwell very recent to the inspection. The registered manager did not identify a possible link quickly to put immediate guidance in place for staff to prevent a possible spread of infection. Although they did, after prompting from the inspection team, put guidelines in place, and the illnesses did not prove to be linked, the registered manager did not act in timely way to the risk posed.
- Staff had recognised the possible risk of spreading infection and had taken immediate precautions even though management guidance had not been put in place.

The failure to ensure recording systems are accurate and robust to demonstrate effective management is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Individual risk assessments had been developed in the care home since the last inspection with clear improvements made to guidance for staff in how to manage risk. Some people had epileptic seizures. Risk assessments in place to help people to stay safe during and after a seizure were now clearer and addressed the important areas. For example, when people were taking a shower, or were visiting a swimming pool.
- People who were at risk of developing skin damage that could lead to pressure sores had been identified and prevention measures put in place. One person was diabetic. The plans needed to keep them healthy and safe had been recorded for staff to follow.
- All appropriate maintenance and servicing of equipment had been carried out at approved intervals. Such as fire alarm testing, gas and electrical appliance and wiring testing.
- Staff had received training in infection control and had access to enough personal protective equipment such as disposable aprons and gloves.

Staffing and recruitment

At our last inspection, the provider and registered manager had failed to ensure their recruitment processes were safe and robust. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, no new care staff had started employment since the last inspection, so we were not able to check if recruitment processes had improved for new staff. However, we sampled some staff recruitment files which were not reviewed at the last inspection and found the registered manager had completed the areas we raised as a concern. Regulation 19 was now met. However, we found concerns regarding the numbers and allocation of staff in the care agency.

- The allocation of staff in the care agency did not always support people's assessed needs and meet their preferences. At the last inspection, people were happy with their care but said staff often turned up late so this was highlighted as an area for improvement.
- Improvements had not been made and the feedback from people regarding the times and length of their care visits was mixed. Of the ten people and their relatives who commented on this area, seven gave negative feedback. The comments included, "Last Saturday, the evening carer did not arrive, no phone call, tried to call the agency but couldn't get through, line busy. I have to get one of my family members or a friend to come and change me for bed"; "My main gripe is time keeping. We booked a call for 8.30am when I was going to a hospital appointment and when we rang up to check who was coming we were told the carer was booked for 10.30am. Not the carers fault as the office do the rotas" and "Haphazard. Evening visit should be around 6pm carer has come between 4.15pm and 7.30pm."
- Staff records of logging in and out of people's homes reinforced what people had said. Staff often arrived earlier than people had requested and agreed, or later. One person's records showed during one day, one visit was 30 minutes early and another was 30 minutes late. Another visit the same day was over one hour early. Another person's morning care visits varied between 6.30am and 8.40am with no explanations why the visit times changed.
- Records were not accurately kept. Many records showed shorter visit times than people were allocated. Of the four people's records we looked at, over a one week period, three people who had visits that should have lasted 30 minutes, had visits recorded as less than this. One person had two visits one day recorded as seven minutes and nine minutes, another person 11 minutes and the third person a two minute visit. However, most people told us staff did stay the full allocated time, even if they arrived late.
- The registered manager told us there were connection issues with the electronic system at times. However, they did not have an effective system of monitoring and recording late and missed visits to make sure people were receiving their agreed care times, issues could be addressed quickly and action taken to

maintain improvement.

The failure to ensure recording systems are accurate and robust to demonstrate effective management is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they thought the care agency was short staffed. Most staff we spoke to said staff worked long hours as they were short staffed. One staff member said, "Lots of hours and we are short staffed. It's a challenge to get to calls on time and some clients are getting upset and they complain to us at the calls."
- Some people were assessed as needing two members of staff to provide their care, for instance if they needed to use a hoist. The visit records we looked at showed that sometimes only one staff member turned up to complete the visit instead of two staff.
- Three people and their relatives told us about times when only one member of staff attended their visit when there should have been two staff. The comments we received included, "Last Sunday only one carer turned up, when there should have been two carers. This has happened two to three times recently" and "Over the last six months, around three to four times a month, only one carer has turned up. It must be difficult for (loved one) when they turn them on their side when giving a bed bath."
- Some staff told us of instances where they attended on their own when there should have been two staff.
- The allocation of staff was not sufficient in the care agency to make sure people received care that was safe and they were assessed as needing.

The failure to ensure safe staffing levels is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff deployed in the care home to meet people's assessed needs and provide flexibility so people could go out most days.
- Staff who had been employed for a number of years and had not had a repeat Disclosure and Barring service (DBS) check at the last inspection had now been asked to complete a new application. DBS checks help prevent unsuitable staff from working with people who could be vulnerable.
- Many gaps in employment on staff application forms, highlighted at the last inspection, had now been completed by staff.
- There were still some issues with the choice of reference checks. The registered manager assured us, when new staff were employed, they understood how to ensure the robust management of seeking suitable references.
- There were no interview records kept for those staff employed in the care home before the last inspection. The registered manager assured us they always interviewed new staff to check their suitability. They said they would ensure interview records were kept for any future applicants.
- Recruitment records kept for staff employed to work in the care agency were robust to make sure only suitable staff were employed.
- We will check at our next inspection that the provider has been able to sustain improvements to suitable and robust recruitment processes.

Using medicines safely

- Not everyone using the care agency needed staff support to take their medicines. Many people managed their own medicines or a relative or friend helped them.
- Medicines were not being managed safely for those who did need assistance. Gaps were seen in some people's medicines administration records (MAR). Medicines were not always ordered in sufficient time to make sure people were not left without their medicines. Guidance for staff when giving 'as and when

necessary' (PRN) medicines were not always in place.

- We looked at three MAR for people using the care agency. Concerns were found in two out of the three. The care agency had taken over responsibility of ordering medicines from one person's relatives. In August, September and October 2019 the person ran out of their medicines and missed one to two days of their medicines as they had not been ordered in time. However, in November 2019 this had improved, and the person received their medicines as prescribed.
- Some gaps in recording were found in two people's MAR, for medicines and prescribed creams. As there was limited monitoring of medicines by senior staff, it was not evident whether people had missed their medicines or whether staff had given the medicines but omitted to sign the MAR.
- PRN guidance was not available for two PRN medicines taken by one person. The guidance is needed to make sure, for instance, that staff know why the medicine is prescribed, when the person may need to take it and what the safe numbers to take within a 24-hour period are.

The failure to ensure people's prescribed medicines are managed safely is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were managed in a safe way in the care home. People received their medicine on time and correctly, as prescribed. Staff in the care home checked the medicines regularly to make sure the numbers left in stock tallied with the what had been signed as given in the medicine administration records.
- Medicine was ordered, stored and disposed of safely. Medicines administration records were complete with no gaps or errors in recording.
- There was information for staff about people's medicine such as why the medicine had been prescribed and how people liked to take their medicines.
- Where people had PRN medicine such as epilepsy medicine or pain relief, information was available for staff.

Systems and processes to safeguard people from the risk of abuse

- People using the care agency said they felt safe when staff were supporting them in their own home. One person said, "I feel safe. It is good to know that someone is there for you." Another person commented, "I feel safe with the carers, I know them and feel confident in them."
- People were protected from the risk of abuse. Staff had completed safeguarding adults training and kept this updated to stay up to date with changes in legislation. The staff we spoke with were knowledgeable and confident.
- Staff told us the registered manager and office staff were approachable and listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise concerns if necessary.

Learning lessons when things go wrong

- There had been no accidents or incidents since the last inspection. Staff told us how they would report and record any incidents. These would be recorded on the provider's electronic recording system and followed up by the registered manager.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection, the provider and registered manager had failed to ensure the rights of people living in the care home were upheld under the basic principles of the Mental Capacity Act 2005. This was a breach of Regulation 11 (Consent to Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, some progress had been made and the breach of Regulation 11 had now been met. However, further improvements needed to be made to evidence how decisions were made in people's best interest when they were assessed as lacking capacity to make a specific decision.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- In the care home, the registered manager and deputy manager had carried out a lot of work assessing people's mental capacity to support decision making. However, there were areas that needed further improvement so continued to be a work in progress.
- Mental capacity assessments were now in place. How a decision was reached and evidence to show the decision was in the person's best interest had not been clearly recorded. For example, people who needed a lap belt on their wheelchair to keep them safe when outside had been assessed to check if they had the

capacity to understand and make this decision. The next part of the decision-making process had not been recorded, to show how decisions were made in the best interest of the individual and to check the least restrictive option was being considered.

- Another person was diabetic and needed the assistance of staff to check their blood sugar and to administer insulin by injection. Although a capacity assessment had been completed in relation to medicines administration, a specific assessment and best interest record had not been recorded regarding the specific task of injections and blood sugar monitoring. In practice, their care plan showed healthcare professionals had been involved in making decisions and guiding staff.
- However, although people's records were not complete, staff had a good understanding of mental capacity and were able to describe how they made decisions in people's best interest on a day to day basis. One staff member told us how they discussed people's care between the staff team and with relatives or others. Another staff member described how they helped each individual to make choices, clearly pointing out the individual differences in their approach with people.

We recommend the provider and registered manager seeks advice from a reputable source in relation to best practice guidance to improve compliance with the MCA 2005.

- The registered manager had now made appropriate DoLS applications to the local authority and was waiting for these to be processed.
- People receiving personal care in their own homes by the care agency told us they either made their own decisions or had relatives who supported them to do so. Information was included in people's care plans if the assistance of relatives was needed when decisions were being made.

Staff support: induction, training, skills and experience

At our last inspection, the provider and registered manager had failed to ensure staff received the appropriate training to meet people's assessed needs. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, staff had received the training they needed to provide skilled and effective care, so regulation 18 was now met.

- The provider and registered manager had made many improvements to staff training. A number of training courses had been commissioned and staff had attended the training they needed to evidence their competency to provide care and support to people.
- The training staff had now completed included, an accredited practical moving and handling training course, epilepsy awareness and diabetes awareness. Staff working in the care home had also completed training to administer one person's insulin injection.
- Staff were given the opportunity to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- People and their relatives told us they felt confident with staff and thought they were well trained and knew what they were doing. One person said, "Yes, most definitely, they know how to use the hoisting equipment" and another person told us, "Seems to be trained. They are quite capable and confident in their work."
- Staff working at both services told us they had the opportunity to shadow more experienced staff for a period of time when they were newly employed so they could get to know people and familiarise themselves with the service. One staff member said, "I felt confident after my induction to the service and have always

felt able to ask questions if unsure." Another commented, "I am enjoying it because there is enough training and I know what I am doing."

- Staff working at both services had received one to one supervision. All staff had met regularly with the registered manager or senior member of the team to discuss their performance, receive feedback and plan their personal development.

Adapting service, design, decoration to meet people's needs

- At our last inspection, there were areas of the care home that required improvements to the premises. The registered manager informed us just after the inspection that improvements had been made to the areas within the property we had highlighted. However, at this inspection, the laundry room flooring had not yet been replaced. The flooring was torn and in a poor state of disrepair, which meant it was difficult to clean and a potential infection control hazard. The registered manager told us they had purchased the flooring and were awaiting a date from the contractor to fit it.
- The property continued to need further improvement, including decoration and furniture and fittings. This was a work in progress.

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

- In the care home, people's care plans were comprehensive, covering all areas of their life to make sure they received the support they needed, including their sexual, religious and cultural needs. Although no one living in the care home practiced a particular religion, some people's relatives considered their family to be Christians. This was clearly recorded.
- Best practice guidance was followed in some areas to make sure people received appropriate support. For example, around medicines management or oral care. We advised the registered manager and deputy manager of other guidance to research and embed into practice.
- Detailed plans were in place to guide staff how people preferred support with their oral care. These included brushing their teeth and how to assist them to visit the dentist for check-ups or treatment.
- People using the care agency told us they had an assessment before their care started. Relatives said they had been involved in helping to make decisions about their loved one's care during the assessment. One person commented, "The assessment was done with (staff name) from the office. My son was here as well and we discussed between us what care I would like and how they could assist." People had detailed care plans in place, so staff were able to provide the appropriate care. For example, where people needed the assistance of aids to help them to move around, the information was clear, detailed and person specific with step by step advice.
- Many people using the care agency lived with a loved one who provided most of their care and support. The care plan clearly described the areas staff were not expected to provide care and support.

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

- People living in the care home needed staff support to prepare and eat their meals. Detailed guidance was recorded in each person's care plan for staff to follow. One person became easily distracted and may not eat enough to have a balanced meal. Staff were advised to be prepared before their meal, so distractions could be moved and to keep going back to the meal after a break if the person did refuse to eat.
- People's likes and dislikes were clearly recorded in their care plan, including pictures and photographs to fully illustrate the important information. Staff were very aware of people's favourite foods and the foods and drinks they did not like. One person liked a breakfast cereal with warm milk for one of their breakfast choices.
- Many people using the care agency did not need support with their meals or planning a nutritious diet as family members made their meals, or sometimes other agencies delivered meals to their home.
- Those people who did need staff assistance chose what food they wanted from their own store of food.

Some people had convenience foods that were quick to make in the microwave oven and others preferred fresh food cooked from scratch.

- One person told us, "My carer is great at cooking for me. I decide what I'll have, and she prepares it for me. I usually ask for a sandwich or a jacket potato. The other day I had a pork steak, carrots and runner beans."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People living in the care home were all supported to access healthcare services on a regular basis to maintain their health and well-being. Some people had epileptic seizures. A specialist nurse visited and gave advice to staff about the individual support each person needed. For example, when to administer additional medicines if a seizure lasted longer than expected. The advice was clearly recorded in people's care plans and staff could describe the guidance.
- People had been supported to access a range of healthcare appointments including, GP's, dentists, opticians and chiropodists. All appointments were recorded in people's care plans and guidance for staff updated when necessary.
- Although people were not able to verbally communicate if they were feeling unwell, staff were able to recognise signs as they knew people well. People's care plans also recorded signs for staff to look for that may mean a person was feeling ill.
- People's relatives told us staff made sure they knew if their loved one was ill or had a healthcare appointment planned. One relative said, "Staff keep me informed if (my loved one) is unwell. I have no issues with the staff, they are very good. They always let me know what is going on."
- Many people using the care agency to support them in their own home either arranged their own healthcare, such as GP or hospital appointments, or their family members did this. People's medical conditions and health needs were recorded in their care plan for staff to access for information.
- Where people needed assistance, staff contacted the office staff, or family member, if they had concerns, to alert a health care professional. A relative said, "Health needs are all down on (my loved ones) notes. Any concerns, the carers contact the nurse."

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 deteriorated and is now rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The people we spoke with who used the care agency to provide their care and support told us their regular staff knew them very well and they enjoyed their visits. However, many people and their relatives told us they did not have regular staff and staff were often late and did not always visit at the times people had requested. People also told us sometimes only one member of staff turned up to provide their care when there should have been two staff. This meant that people were not always treated with dignity and respect.
- The comments we received included, "Every day a different person, for me the time keeping is an issue"; "I get all random staff. I would prefer to have a regular two to three staff who I would get to know and then it would provide a bit more dignity for me"; "I know them well they call me by my Christian name and we chat all the time when they are helping me"; "They all love to come here. They are so understanding, very gentle. Work with you to make you feel warm and comfortable."
- Staff told us they were happy in their work and enjoyed their visits with people. One staff member said, "I have met some amazing people and have an amazing set of clients."
- Staff supporting people living in the care home knew people very well. They told us about people, their family connections, their likes and dislikes and how they liked to communicate. One person's relative told us, "(Loved one) is well looked after – (Registered manager) is really good with her, she knows (Loved one) well and is lovely. (Loved one) is really happy there, she likes living there."
- Staff were chatting with people, sitting together and helping people when they needed it. Some people liked to sit on the floor. Staff sat down on the floor with them to communicate at the same level.
- People were supported and encouraged to stay in close contact with their loved ones. Some relatives visited people regularly and staff supported other people to visit their relatives at their home or a planned venue. One relative said, "I think they are doing brilliantly. (My loved one) gets so excited when going back there after we have taken them out. Always clean, nicely turned out and well looked after."
- Relatives were encouraged to ring if they wanted to find out what their loved ones had been doing and staff made regular contact to keep them up to date, such as concerns about health or well-being.

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

- People living in the care home were not able to contribute verbally to their care or voice their preferences. However, staff knew people well, many had worked at the service for many years, and had sought the views of others who knew them. For example, relatives, other staff and health and social care professionals. This was clearly reflected in people's care plans. One relative said, "I go to annual reviews. I feel involved in the care plan. They keep in touch with us. They tell us about appointments and we can go if we want to as well, but if not, they support her to go."

- People using the care agency to provide their personal care told us they were fully involved in decisions about how their care was provided. One person said, "Staff always ask 'shall we do this for you today'? A couple of times I wasn't feeling well. Instead of a shower they offered me a bed bath." Another person commented, "I make sure that they (staff) know how to do things for me. If it is a new carer I tell them, 'I am not being bossy, but I tell you what to do'."

Respecting and promoting people's privacy, dignity and independence

- The care plans of people living in the care home guided staff to always respect their privacy and dignity when providing their care. People were treated with respect by staff, making sure they knew what was happening next when being assisted. For instance, with drinks or to ask if they wished to go out.
- People were supported by staff to maintain their independence and increase it where possible. One person living in the care home liked to make their own drinks and snacks and had developed the ability to do these tasks well. Staff were looking at other areas the person could start to increase their skills.
- One person living in their own home and receiving support from the care agency was able to move around on their bed when staff were providing their care and could assist when mobility aids were being used. This was clearly described to make sure staff supported them to maintain their independence.
- People told us staff visiting them from the care agency respected their home and their privacy. One person said, "After my wash or shower the wet towels are hung up and the bathroom is left tidy" and another person commented, "They constantly take my rubbish out. Tidy away anything they use, make sure any washing up is done."

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 Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection, we made a recommendation to the provider and registered manager to seek guidance in relation to adopting a person-centred approach to meaningful activity for people living in the care home.

- At this inspection, people still had their own mobility vehicles and went out to take part in various activities. However, people had not yet been encouraged to try new things and their interests had not changed over the years.
- People's relatives and staff told us people enjoyed the things they did and the places they visited. The registered manager and deputy manager said they could understand why it was important to encourage people to try new experiences, so they could make a choice whether they did enjoy something new and to meet new people. The registered manager had tasked keyworker staff with finding new activities for people to try, so this improvement continued to be in progress.
- Although people went out most days, interests and hobbies within the home were still limited. The registered manager and staff told us about their plans, some of which had started. For example, one staff member had found an electronic communication aid, designed to support people with a learning disability to engage and choose things they wanted to take part in. The app had been downloaded and staff were developing it around individual needs.
- People's loved ones were positively encouraged to continue to be part of their life by staff. If relatives had difficulty visiting, staff supported people to visit loved ones in their home or another location, using the person's mobility car for this purpose.

Improving care quality in response to complaints or concerns

- Verbal complaints had been received in relation to the care agency, mainly by people making a telephone call to the office. Although these were logged, there was a theme of similarity through the complaints regarding one member of staff. Although the registered manager had responded to complaints to the satisfaction of individuals, they had not addressed the issues with the staff member to prevent similar concerns arising and to support the staff member's personal development.
- People using the care agency and their relatives said they knew how to complain and had been given information to keep in their home for future reference. Six people told us they had complained recently about time keeping, or one staff member turning up instead of two. Not all of these were logged as complaints which meant a robust system was not in place to make sure lessons were learnt from complaints and concerns to prevent people continuing to receive care that was not at the standard they expected.

- People said that although they had complained, they understood the problems with staffing and timekeeping. One person said, "No complaints, I can understand all the problems with time keeping, the carers have a long way to travel between visits and getting two carers here at the same time. The office staff are previous carers and they are always helping out. "A relative said, "I phoned to complain about only one carer attending and timekeeping. I was told they were trying to resolve it."
- No complaints had been received by the registered manager regarding the care home.

We recommend the provider and registered manager seek advice and guidance from a reputable source to improve the learning and outcomes from complaints.

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

- The care plans for people living in the care home were easy to read, with a person-centred approach, focusing on the individual, their specific needs and how they liked things done.
- A comprehensive step by step description of people's usual routines was described to make sure they received their support from staff in the way they preferred. Personal details such as one person living with autism who needed time to digest information given verbally were included to aid the understanding of staff.
- Care plans were reviewed regularly and although people could not be actively involved in this, staff knew them well and how they had responded to their care since the last review. People's relatives were invited, and often attended, their reviews as well as local authority care managers. This meant others who knew them could have an input into people's care, so decisions were made in people's best interest. One person's relative said, "I am involved in planning care and I do go to the reviews."
- People receiving care and support from the care agency told us they were fully involved in their care and ongoing reviews. People told us their care was reviewed to make sure it continued to meet their needs and preferences. One person said, "I've just had my review last week with (staff name). We went through everything that I need help with and looked at if there were any changes I needed." A relative commented, "I am involved in (Loved one's) reviews. I get asked questions about her needs and if there have been any changes." □
- This helped to make sure a person-centred approach was used when developing and reviewing care plans. Apart from detailing people's personal care needs, information included what was important to people, such as their loved ones and their religious and cultural needs.

Meeting people's communication needs

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

- People living in the care home had limited ability to be able to direct their support through verbal communication. People's care plans directed staff how to communicate in their own individual style. For example, some people used sounds to show if they were happy or sad and some people could use limited sign language.
- None of the people living in the care home could recognise words, however, pictures and photographs were used throughout their care plans to describe their care needs and the foods they liked. Some signs around the service were in picture format and staff told us others still needed to be completed.
- A communication aid, designed to support people with a learning disability, had been downloaded onto an electronic tablet. Staff were developing the aid for each person, using touch screen technology, to enable people to be more involved in making choices and developing their communication skills.

- Most people receiving support from the care agency were able to verbally communicate. Where they were not able to, a relative was available to assist with communication if needed. People's care plans clearly described where people had difficulty with verbal communication and gave guidance to staff.
- People were given information in suitable formats or relatives received information to make sure people understood.

End of life care and support

- Although no people were receiving end of life care, the registered manager had completed care plans to make sure that decisions had been agreed in people's best interest and were understood by staff.
- End of life care plans referred staff to family members and/or local authority staff if people became unwell and needed care. This was to make sure decisions were made in people's best interest by others who knew them as well as staff at Welcome Home.

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 Inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection, the provider and registered manager had failed to ensure effective processes were in place to monitor and improve the quality and safety of the service. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and served a warning notice telling the provider they must be compliant with regulation 17 by 31 October 2019.

At this inspection, although the registered manager had made some improvements and introduced systems to monitor standards in both services, these had not been introduced in a timely way and needed to be refined further to enable a more effective and robust approach to quality assurance.

- The monitoring systems used in the care agency were not effective in maintaining quality standards.
- The provider used an electronic system and a paper-based system of recording people's care needs and plans. The care agency staff relied on the electronic system to record the tasks they completed on each visit. The daily tasks system did not always reflect the care described in people's care plans.
- It was clear from the electronic records that some staff were not completing the daily tasks lists as expected to enable the registered manager to monitor the care given and rectify any concerns quickly. Although the registered manager was aware this was the case and some staff were not fulfilling their role, there was no evidence they had addressed this and taken action. An effective monitoring system to regularly check electronic records was not evidenced.
- The care plan for one person who used the care agency showed they needed substantial support from staff at each visit. However, although assisting with fluids was listed as a task for staff to complete on the electronic system when they visited the person, this was not always recorded as complete, so it was not clear if the person was receiving sufficient fluids.
- Other incidences of poor record keeping had not been picked up or addressed through the auditing process. The registered manager audited people's electronic care records every two months, however, the concerns we found had not been identified or actioned.
- People using the care agency and their relatives had mixed views about the management of the service, although they said most concerns were around staffing and timekeeping issues. Most people felt this also

impacted on the response to telephone calls to the office.

- The comments we received included, "I struggle to get through to the office if I ring before and after office hours"; "Office hours appear a bit short, 10am to 3pm. There appears to be no voice mail and I have to ring again"; "Could do better"; "Very well managed compared to my previous experience with another company."
- Although a lot of work had been done by the registered manager and deputy manager to update records and develop new systems in the care home, this continued to be a work in progress.
- People's care plans and risk assessments had improved, however, there were some inconsistencies between the records. For example, the mobility plan for one person living in the care home said they needed one staff to help them to stand using an aid, and their risk assessment said they needed two staff to assist. The registered manager said the person's guidelines had been changed and the care plan had not been updated accordingly. They said they would amend this. Staff knew people well and were able to describe how they supported the person with their mobility using a consistent approach.
- The provider's quality monitoring process had improved in the care home since the last inspection. However, this needed to be fully embedded to evidence continuous improvement and sustainability. The deputy manager now carried out regular auditing of, health and safety, infection control and fire equipment.
- Medicines audits had been completed by a senior care worker. However, a member of the management team had not carried out checks of these. Although no concerns were found with medicines management, it is essential for people's safety that a robust monitoring system is in place. The deputy manager had completed one audit the week before the inspection and intended to carry on with this monthly.
- The registered manager told us they would be adding care plan audits to their quality assurance plan. They said they had not completed these since the last inspection as they had been reviewing and updating all care plans, so it had not been necessary to audit them yet.
- The registered manager had started to complete a three-monthly audit of systems, however, this was ineffective. We discussed this with them and they agreed they would find a better tool to use to make sure their oversight was more robust.

The failure to ensure systems to monitor the quality and safety of the service were robust enough to identify areas that were in need of improvement is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One staff member said, "I think the service is well managed. We all work really well as a team, supporting each other." Another said, "I can go to any staff member with anything and I would be listened to."
- The registered manager was known to people and their relatives and kept them informed when needed.
- The registered manager had not needed to inform CQC of significant events that happened within the service, as required by law since the last inspection. However, they knew what their responsibilities were in case of a significant event.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the service.

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

- Relatives of people living in the care home had been asked to complete a satisfaction survey since the last inspection. Positive feedback was given – no concerns were raised about their loved one's care and support
- People using the care agency and their relatives told us they were asked to give their views of their care during their regular reviews. One person commented, "At my review I am always asked questions about the

carers and the care I receive from Welcome Home." A relative said, "A girl from the office comes over and asks similar questions that you are asking and any worries about staff."

- The provider and registered manager did not reach out to others involved in the service, such as the local authority staff or health care professionals, to ask their views of the services provided. This is an area to improve to enable the registered manager to strive for continuous improvement.
- Regular staff meetings had been held with care home staff since the last inspection. Staff had been given the opportunity to raise concerns and ideas for improvement. Action plans did not highlight when some of the agreed action would be completed. For example, the agreement to add one more staff to the rota on Sunday mornings. However, staff told us action was taken when agreed, even though not recorded.
- Staff working in the care agency had the opportunity to attend staff meetings, although not as regular as staff working in the care home. The registered manager said this was because it was more difficult to get staff working in the community together on a regular basis.
- Staff told us they felt supported, were happy to raise ideas and felt listened to. One staff member said, "I feel very supported. We can raise ideas and suggestions, nothing gets dismissed." Another staff member commented, "I absolutely love working here, it is like a close-knit family."

Working in partnership with others

- The registered manager worked closely with visiting professionals such as GP's, specialist nurses and district nursing teams, as well as local authority staff. However, they had still not attended local forums to keep in touch with other managers and providers to share good practice and keep up to date with changes in legislation. This is an area that continues to need improvement.

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

- The registered manager knew the people in both services well. They were keen to provide a person-centred service to people in both the care home and the care agency, however, they had not sustained the systems to ensure their oversight of this. Although people using the care agency and their relatives were unhappy about timekeeping and staff allocation, they were happy with the support provided and described staff as caring, kind and keen to provide good quality support. The relatives of people living in the care home felt their loved ones received individual care and support.
- Staff in both the care home and the care agency told us they were very happy working at Welcome Home, felt listened to, and positive team working was a key factor in their positivity. Staff felt comfortable raising any issues with the registered manager or within the team and were confident they would be listened to.