

Toqeer Aslam

Welcome House - Leeza Court

Inspection report

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Date of inspection visit:
09 December 2019

Date of publication:
30 December 2019

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

About the service

Welcome House- Leeza Court is a residential care home. It was providing personal care to 12 people with mental health needs at the time of the inspection. Some people had additional needs including a physical disability or eating disorder. The service can support up to 16 people.

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

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

People continued to feel safe and staff knew how to identify, report and respond to safeguarding concerns. Staff followed appropriate guidance to minimise identified risks to people's health, safety and welfare.

Staffing levels reflected people's needs. People said staff were available to help and give assurances when it was needed.

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

Staff encouraged people to make choices in their daily lives and to participate in home life. People maintained relationships with people that mattered to them.

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. People received their medicines when they were needed.

People continued to be supported by a small team of staff who knew them well. Staff understood the importance to maintaining a calm atmosphere to promote people's mental health. Trusting relationships had been developed so that staff treated people with dignity and kindness.

Staff felt well supported and communicated well as a team. They had the knowledge and skills to perform their roles.

The service continued to be well-led and 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.

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

Rating at last inspection

The last rating for this service was Good (published 2 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Welcome House - Leeza Court

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Welcome Home- Leeza Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We joined some of these people for lunch. We spoke with four staff members. This included the registered manager, senior carer and two care workers.

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

After the inspection

We sought additional feedback from professionals who work with the service.

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 Good. At this inspection this key question has remained the same. This meant that people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There continued to be systems and processes to safeguard people from the risk of abuse. Staff ensured there was a calm environment where people's anxieties were reduced. Trusting relationships had been developed with staff which made people feel safe. One person said to a staff member who was supporting them, "I trust you and believe you".
- The registered manager and staff had refreshed their safeguarding training. They knew how to recognise, record and report any potential abuse. Appropriate action had been taken when people had unexplained bruising. Photographs had been taken with the person's consent and an appointment made with their doctor.
- Staff felt confident the registered manager would act on any concerns they raised. Staff also knew to contact the local authority safeguarding team if any issues they raised were not acted on.

Assessing risk, safety monitoring and management

- Staff continued to take actions to reduce potential risks to people and help keep them safe. When people became agitated staff followed written guidance to give them reassurance and divert their attention. People at risk of falling had been provided with aids to help them move around at home and when they went out.
- Consideration was given to risks associated with people's mental well-being. This included the risk of self-neglect, self-harm and in not taking prescribed medicines. Staff had guidance to follow preventative actions to minimise the chance of this occurring.
- Regular checks were made on the environment to make sure it was safe and fit for purpose. Electrical and gas appliances were maintained, and fire equipment serviced. Staff took part in fire drills, so they knew how to evacuate people safely in the event of a fire.

Staffing and recruitment

- Staffing levels continued to be based on people's assessed needs. Most people were independent and able to attend to aspects of their personal care and travel locally. There was a minimum of two staff on duty during the day and a waking night staff.
- Staff gave people appropriate support and assistance. They prompted people, gave reassurances and took time to engaged in conversations. One person told us, "Staff are there if you need them. They are very busy but come to talk to you."
- People were supported by staff who had been recruited safely. Checks included obtaining people's work references, identity, employment history and reasons for any gaps in their employment history. Disclosure and Barring Service checks helped to prevent unsuitable staff from working with people who use care and support services.

Using medicines safely

- The provider continued to follow safe protocols for the receipt, storage and administration of medicines. Medicines systems were organised, checked and audited.
- People's medicines were located securely in their rooms, so they were available to take when people needed them. Protocols directed staff when to give people medicines prescribed to be given 'as needed.'
- Staff completed training in medicines administration. The registered manager worked alongside staff to check they practiced safe medicines administration and were clear about their roles and responsibilities.

Learning lessons when things go wrong

- A record was made of any accident or incident that occurred. This included details of the event and any actions taken to ensure people's immediate and long-term safety and well-being.
- One person had started to choke when eating. Staff had used their first aid skills to keep them safe. Because of the incident, staff were guided to cut this person's food into small pieces and supervise their eating. The staff team were aware of the incident and followed this guidance. However, the person's care plan and associated risk assessments had not been updated accordingly. The registered manager took immediate action to address this to ensure safe care
- The registered manager continued to monitor and review all events so that action could be taken to reduce the chance of the same things from happening again.

Preventing and controlling infection

- There continued to be processes for the prevention and control of infection. All areas of the service seen were clean. Staff were responsible for cleaning the communal areas and people for cleaning their own rooms.
- Practices helped to minimise the risk of any infection occurring or spreading. Staff received training in infection control and were provided with personal protective equipment such as gloves and aprons.
- There was a separate laundry area accessed by people and staff.

Is the service effective?

Our findings

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

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

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

- Before people moved to the service their physical, social, emotional, cultural and religious needs were assessed. This was so the provider could be confident people's needs could be met by the staff team.
- Best practice guidance was followed. This included obtaining information from referring health and social care professionals such as a person's care plan, history and risk assessments.

Staff support: induction, training, skills and experience

- Staff continued to receive the support and training they needed for their roles.
- New staff completed an structured induction. This included shadowing staff, completing the Care Certificate and specific training the provider had identified as relevant to their roles. The Care certificate sets out the learning outcomes, competences and standards of care workers.
- Staff undertook specialist training in relation to people's needs. This included supporting people with their mental health and behaviours that may challenge. Staff were also encouraged to take a level two Diploma in health and social care.
- Staff were given opportunities to review their individual work and development needs through supervision sessions, team meetings and staff appraisals. Supervision and appraisals are processes which offer support, assurances and learning, to help staff develop.

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

- People continued to receive the support they needed to eat and drink. People said the menu provided a variety of foods and they could choose what they preferred to eat. The weekly menu was displayed so people could see it.
- There was a small kitchen, in addition to the main kitchen, where people could make hot drinks, lunch and snacks throughout the day. At lunchtime some people made their own meal and staff served other people.
- Steps had been taken to encourage people to maintain a healthy diet. Information was displayed about what constituted a balanced diet. Fruit and cold drinks were set out in the lounge and dining room, so people could help themselves.
- People's weights were monitored, and referrals made by their doctor to the dietician when needed.

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

- People continued to be supported with their physical and mental health in partnership with staff and a range of health care professionals. This included people's doctors, consultants and community nurses.

- Staff monitored people's health care. They reminded people about and supported them with their healthcare appointments. A record was made of medical appointments, outcomes and any actions needed to support people effectively.
- One person told us, "The staff saw that I was not quite feeling well this morning and they called the doctor. They are going with me this morning."
- Guidance on people's oral healthcare needs were included in their care plans. For example, if people needed to be prompted to clean their teeth. Discussions about making sure people had toothbrushes and toothpaste available had taken place at the last staff meeting. People were supported to attend dental appointments. People who had limited mobility they were referred by their dentist to a surgery that was wheelchair accessible.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). No one was subject to a DoLS authorisation. We checked whether the service was working within the principles of the MCA.

- Training in MCA 2005 had been given to staff who understood its main principles.
- People's mental capacity to take specific decisions in their daily lives had been assessed. This included if people were able to deal with their own finances and manage their medicines. Solutions that were least restrictive had been adopted.
- When people had complex decisions to make, they were supported to make the decision for themselves. This was achieved through meetings with the person, healthcare professionals and their relatives or representatives.

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

- People told us they had the things they needed in their own rooms, so they could make them their own.
- People had access to a number of communal rooms, so they could choose where and with whom they wanted to spend their time. There was visitors' room upstairs so people could receive friends and relatives in private. An activity room was provided with a pool table, computer, books and board games.
- There was a large garden to the rear of the service. Seating and a smoking area were provided. There were areas where people were able to grow vegetables.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People continued to be treated and supported in a way that respected their equality and diversity.
- Positive caring relationships had been developed between people and staff. Staff took time to stop and talk to people and give reassurances. One person approached a staff member to check if an issue in their room had been dealt with. The staff member assured the person that it had. The person remained anxious, so the staff member accompanied the person to their room, so they could show them what had been done.
- Staff took an interest in people and valued their achievements. Staff helped one person put up a picture of a snowman they had drawn that morning. The walls of the service were decorated with a range of pictures that people had drawn and painted.
- A relative had complimented the staff team, 'You are all a very dedicated team and X is lucky to be cared by you.'

Respecting and promoting people's privacy, dignity and independence

- People continued to be treated with dignity and their privacy respected. One person told us, "All the staff are good. They are good, and I like their manners".
- Everyone responded in the 2019 annual survey that their rights and privacy was respected.
- People were assessed in relation to whether they needed prompting or full or partial assistance to carry out daily living skills. People's independence was promoted through carrying out tasks such as cleaning their rooms and preparing food. One person told us, "We all help with the cleaning." During the inspection people did their laundry and laid the table for dinner.

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

- People continued to be involved in making decisions about their care. This included daily decisions such as how they spent their time and how to spend their money.
- People had opportunities to express their views at service user and keyworker meetings. A keyworker has lead responsibility for helping a person plan their care and liaising with their family members.
- Information about advocacy services was available for people and their relatives. Advocates are independent of the service and support people to make and communicate their wishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

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

- Care plans contained information about people's routines, personal history, cultural and religious needs. Staff knew people well including their likes and dislikes, so they could give personalised care.
- Relapse indicators had been identified, which guided staff when a person was not managing their mental health symptoms as well as usual. Staff understood the signs to look out for, so they could inform the registered manager and professionals involved in the person's care and support.
- One person told us, "I have nothing but praise for the home. They recognise with I am having a relapse."

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

- People continued to be supported to maintain relationships with family members and those who were important to them. People could follow their religious beliefs and some people attended a local church on Sundays.
- People said there were content with how they spend their time. They said some days they were busy and other days they weren't. A photograph album contained pictures of the activities people had been involved in throughout the year. This included arts and crafts, ten pin bowling, cookery, gardening and a trip to the seaside.
- People told us they were looking forward to a Christmas party later in the week and that they had helped put up the Christmas decorations. During the inspection a few ladies joined in a regular Zumba session. When leaving the session one person told us how they had really enjoyed the experience.

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 had been assessed as not having any specific communication needs. However, the minutes of service user meetings were written in larger font and with pictures to help people understand their content.

Improving care quality in response to complaints or concerns

- The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns. When complaints had been raised, they had been investigated and the response feedback to the complainant. The registered manager said that lessons had been learned from dealing with complaints. This included the value of developing relationships with people's family members.

- People were given a leaflet about how to raise concerns and complaints. The details were also posted on the noticeboard in the hallway. The complaints procedure was available in pictures and simple words to help people understand its content.
- People were reminded of their right to make a complaint and how to do so at service user meetings.

End of life care and support

- The registered manager recognised that talking to some people about their end of life plans could have a negative impact on their mental health. People had been consulted about their funeral arrangements in the event of their death. The registered manager intended to extend this conversation in a sensitive way to any particular wishes or choices people had at the end of their lives.
- Staff had undertaken training in death, dying and bereavement, to give them the skills and understanding to support people and their loved ones at this time.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service continued to be well-led. The registered manager understood how to develop and maintain a person-centred culture and had effectively disseminated this to the staff team. They knew people well and were at ease when talking to people which helped lower their anxieties.
- People told us they were satisfied with the way the service was run. One person told us, "The manager is a good one".
- The registered manager kept up to date with guidance and advice by attending meetings with registered managers of the provider's other services. A representative of this group attended Kent Integrated Care Alliance (KICA) meetings. KICA works on behalf of social care providers to improve outcomes for providers and service users and give providers a voice at local and national level.
- The provider had a duty of candour policy, which outlined how they should respond when something went wrong. The registered manager understood the need to be open and honest and saw concerns and complaints as an opportunity to learn lessons.

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

- The registered manager and senior carer were clear about their roles and responsibilities. They understood the importance of communicating effectively with one another and the staff team, to provide consistent care.
- Staff said they were valued by the management team which motivated them to provide personalised care.
- There continued to be a programme of checks and audits on the quality of the service. These were carried out by the registered manager and operations manager. The operations manager had highlighted areas for improvement and set timescales for these to be completed. For example, the staff training matrix had been updated so it was clear when staff training needed to be refreshed.
- The registered manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths.

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

- There were a variety of forums where people were asked for their views about the service. This included

keyworker meetings, service user meetings, annual quality assurance questionnaires and monthly visits by the operations manager.

- Positive responses were received from people, relatives and professional who responded to the service's annual quality survey of 2019. People's overall satisfaction level had increased by 5% from the previous year to 80%. Where people had not been satisfied action had been taken and explanations given. For example, one person said they did not have full choice as they were not allowed to eat in their room. It had been explained to this person that they could eat in their room as long as they removed any food waste, so their room remained hygienic.
- Staff engagement included staff meetings, supervisions and daily communication. Staff felt well supported and involved in the running of the service as their ideas were listened to and acted on.

Working in partnership with others

- The provider had developed positive links with health and social care professionals and local services and organisations.
- Staff worked closely with people's doctors and community mental health team to make sure there was joined up care.
- People were encouraged to go into town to attend coffee mornings, to use the shops and borrow books from the library. People also had access to community groups which helped people with their mental health and to assist them in their recovery.