

Neil Tucker

Welcome Home

Inspection report

Cliff View Gardens
Warden Bay
Sheerness
Kent
ME12 4NH

Tel: 01795510884

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Welcome Home is registered with the Care Quality Commission as a residential care home and a domiciliary care agency.

The residential care home provides the regulated activity of personal care and accommodation for up to five adults with a learning disability. At the time of the inspection there were five people using the service. People had complex care needs, including learning disabilities, autism and physical health needs. Most people had limited verbal communication so were unable to provide feedback by speaking to us directly.

The community based domiciliary care agency delivered personal care to 82 people in their own homes. This included older people, people with dementia, physical disabilities and learning disabilities. 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 and relatives were positive about the quality of the service. Comments from people included, "I feel perfectly safe with the ladies (carers). I need help and they do that well" and "The staff are very bright and happy with me. I am happy to see them each day and they know my needs." A relative told us, "My relative is just happy. That to me is everything. It makes me feel settled knowing they are well cared for."

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Staff were working towards consistency in supporting people to make decisions following best practice in decision-making. Staff worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

People were supported by a regular team of staff who knew them well, which promoted continuity of care. People were involved in personalising their rooms so these were decorated to their taste and contained things that were important to them. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that achieved the best possible health outcome.

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.

Right Care: People's needs and preferences had been assessed prior to receiving a service. People received kind and compassionate care from staff who understood and responded to people's individual needs. People who had individual ways of communicating, using body language and sounds, could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

There were enough appropriately skilled staff to meet people's needs and keep them safe. Environmental risk assessments identified and reduced any risks to people and staff. Where appropriate, staff encouraged and enabled people to take positive risks. Staff understood how to protect people from poor care and abuse.

Right Culture: People benefitted from the open and positive culture of the service where the management team was approachable and listened and responded to people's views. Quality assurance and monitoring systems were used to identify shortfalls and improve the service for the people who used it.

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported to maintain good health, were supported with their medicines and had accessed healthcare services when needed. Staff prepared food and drink to meet people's dietary needs and requirements.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. People received consistent care from staff who knew them well. People and those important to them were involved in planning their care.

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 Requires Improvement (published 25 May 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by three inspectors and an Expert by Experience was used. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Welcome Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Welcome Home is a care home without nursing 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 people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 September and ended on 26 September. We visited the location's service on 15 September 2022.

What we did before the inspection

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

During the inspection

We spoke with three people who used the service and 11 relatives. The Expert by Experience telephoned people and their relatives to gain their views. We spent time in the care home lounge, observing staff interactions with people. We talked to eleven members of staff including the registered manager, care home manager, domiciliary care manager, three senior care staff and five care staff.

We reviewed a range of records. This included eight people's care records and medication records. We looked at six staff files in relation to recruitment. We also looked at staff training and staff supervision. A variety of records relating to the management of the service were reviewed including accidents and incidents and quality checks and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staffing levels were assessed and monitored and new staff checked to ensure they were suitable for their role.
- At the last inspection there were shortfalls in communications about changed call times. At this inspection the majority of feedback from people was there continued to be further improvements in call times and communications about late calls. Comments from relatives included, "If staff are going to be later than expected, then the carer or the office usually give us a call", "They have got us the later evening slot quite quickly and it has been a game-changer for me as I was the one travelling to mum's to toilet her and put her to bed each night before" and, "There was some mix up about the day they were coming home from respite care and the agency had been told it was the following day. When I got in touch and told them about the error, they had two carers with us within 30 minutes. I was impressed."
- In the agency's survey in May 2022, 90% of people responded that staff arrived on time and did not let them down.
- People and relatives told us the numbers and skill of staff matched the needs of the people using the service. One relative told us, "The service has been tweaked so that Mum is getting the best care she can. They have now ensured that it's the same four carers that look after her so that she gets continuity." Another relative said, "Staffing levels are appropriate. I am really happy with the staff as it has been consistent. My family member settles better with continuity which they have had." One person gave a thumbs up sign when we asked them what they thought about each staff member that was supporting them on the day of the inspection.
- Staff recruitment and induction training processes promoted safety as checks on new staff were comprehensive. They included obtaining a person's work references, identity, employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer and record medicines safely.
- At the last inspection there were shortfalls in guidance for 'as and when required' (PRN) medicines and guidance to staff about the regular rotation of pain patches. At this inspection staff were guided when people required PRN medicines such as pain relief or topical creams. This helped staff understand when and how to administer these medicines. Body charts were used for staff to record where pain patches were applied to ensure they were not placed on the same area of people's skin in a 28 day period. This is to ensure people's skin remained healthy.
- People could take their medicines in private when appropriate and safe. People's medicines were stored

securely in their bedrooms and the temperature monitored as some medicines react to excessive heat. Immediate action was taken to ensure the keys to stock medicines were only accessible to those who needed them.

- Staff liaised with health care professionals to ensure each person's medicines were regularly reviewed to monitor the effects on their health and wellbeing.
- People continued to be supported to take their medicines by staff who were trained and had their competence and skills to do so regularly checked. Medicines were regularly audited to check they were administered and recorded safely.

Assessing risk, safety monitoring and management

- People continued to live safely and free from unwarranted restrictions because the service assessed, monitored and managed safety.
- Risks around people's daily living needs were assessed such as in relation to their mobility, nutrition and health conditions. One relative told us, "There was a full risk assessment before they started and because we had a bad experience with another agency before, we felt they were professional. It certainly gave me peace of mind."
- People's care records helped them get the support they needed because they were easy for staff to access. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. One relative told us, "They have had regular fire drills and were astounded they couldn't find my relative. When they went looking for them, they were where they had been told to go!"

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People using the service felt safe whilst receiving support from staff, including when mobilising which can make some people anxious. Comments included, "I feel perfectly safe with the ladies (carers). I need help and they do that well."; and, "I need help to use a transfer board from the bed to my wheelchair, but it goes well."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff felt confident if they reported any concerns to a member of the management team they would be acted on. They also knew how to report allegations of abuse to external agencies.
- Feedback from the local authority was that they did not have any concerns about the service.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Accidents and incidents continued to be recorded, including action taken and the outcome. Healthcare professionals had been contacted for advice and treatment where necessary. Risk assessments were updated following an incident such as a fall.
- The registered manager monitored all incidents each month, checking appropriate action was taken and looking for themes such as the time incidents happened or where people had more than one fall and the reasons for this.
- When things went wrong, staff apologised and gave people honest information and suitable support. One person told us, "We were rang and told the evening call would be 11.30pm and did we still want it? They did say sorry, but what can you do?"

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives told us they were able to visit in line with government guidance. One relative told us, "I think the service is great. I am able to turn up whenever I like to visit."

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 our last inspection we rated this key question Requires Improvement. The rating for this key question has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training for their roles and new staff completed a programme of induction.
- At the last inspection some staff had not received refresher training in necessary areas such as diabetes awareness and catheter care. At this inspection, staff training had been refreshed at regular intervals including diabetes, catheter care, Parkinson's and epilepsy.
- Staff were provided with training in the wide range of strengths and impairments people with a learning disability and or autistic people may have such as supporting people with their anxieties, communication and how to work in a person-centred way.
- People and their relatives told us staff had the necessary skills and knowledge for their roles. Comments from people included, "I think they are all well trained enough. They are diamonds" and, "I think the carers are all professional and they do the right job for me."
- The service had clear procedures for team working and peer support that promoted good quality care and support. Most staff felt well supported as they could contact a member of the management team although formal supervisions were not always as frequent as expected. The provider was working towards make improvements in this area. Supervision and appraisals are processes which offer support, assurances and learning to help staff development.

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

- Staff completed a comprehensive assessment of each person's physical and mental health before the service commenced.
- At the last inspection information in assessments was not always carried over into people's care plans. At this inspection care plans were up to date and reflected a good understanding of people's needs.
- Feedback from relatives about the assessment process was positive. Comments included, "They did come to the house to check everything such as risks before they started and to go through all my medication and needs" and "My family member has an 'All about me' book which helps people get to know him."

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 MCA 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- At the last inspection staff were not following best practice with regards to MCA principles was identified as an area that had consistently required improvement over previous inspections.
- At this inspection staff empowered people to make their own decisions about their care and support, but there was some inconsistency in how these conversations and decisions were recorded. Immediate action was taken to ensure staff followed best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- We observed staff seeking consent from people before giving them assistance. Staff knew about people's capacity to make decisions through verbal or non-verbal means.
- Feedback from relatives was that people were given choices and their preferences followed without any unnecessary restrictions. Comments from relatives included, "They give choice at breakfast about what to eat and about clothes asking, 'this T-shirt or that T-shirt?'; "They hold meetings when decisions need to be made on my relative's behalf"; and, "I don't feel they are restricted as there are best interest meetings and everyone agreed it (the decision made) was for their safety."

Adapting service, design, decoration to meet people's needs (Applicable to the care home only)

- A programme of redecoration and purchasing of new furniture and fittings continued to be underway to help ensure people were provided with a clean, safe, well equipped and well-furnished home.
- The environment was suitable for people with limited mobility as all accommodation was on the ground floor. There was an access ramp at the entrance of the home and adapted bathrooms.
- People personalised their bedrooms and were included these decisions. One person told us they had all their own things in their room. A relative said their family members bedroom had been decorated in their favourite colours and contained their own furniture.

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

- People received support to eat and drink enough to maintain a balanced diet.
- Assessments were made to see if people were at risk of poor nutrition and their food intake and weight were monitored. Referrals were made to the dietician or speech and language therapist as appropriate.
- People with complex needs received support and encouragement to eat and drink. When one person was drinking a specialist drink they kept handing their cup back to the staff member supporting them. The staff member gave them encouragement in a gentle, patient and caring way to ensure they finished all of their drink.
- People were involved in choosing their food, shopping, and planning their meals. One person told us staff helped them to go out to do their shopping and to cook their dinner of their choice.

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A relative told us, "Staff soon identified a frame that would help mum and subsequently got in touch with occupational therapist and then organised delivery and staff training. It all quickly sorted out. This enables her to still get up with staff support and she seems to be getting stronger again."
- Staff advocated on people's behalf to prioritise their health needs. A relative told us how staff had stepped

in put their family member's needs and rights first when they had been admitted to hospital and there was no community learning disability nurse to take on this role. This relative told us, "Staff are all over people's health".

- People were supported to live healthy lives. A relative told us, "They are doing so much more and going out. They have lost a considerable amount of weight because they have a more balanced diet there."
- People's oral health needs had been assessed and care plans set out if people required assistance with their teeth or dentures and if they were registered with a dentist.

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 our last inspection we rated this key question Requires Improvement. The rating for this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Improvements in quality and safety monitoring had been maintained since the last inspection. The registered manager had a clear understanding of people's needs and oversight of both services they managed. People smiled when the registered manager communicated with them.
- There was a programme of checks and quality audits to identify areas where improvements would benefit people. These tasks had been delegated to the manager of the domiciliary care agency and the care home with the registered manager checking these audits and associated actions and development plans, to ensure they were taken in a timely manner.
- The registered manager had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible. Comments from relatives about the management of the service included, "I have spoken to (registered manager) at the office and she has always done what she promises, even if it takes a bit longer sometimes", "I am regularly in touch with the office and they do everything they can to keep mum comfortable", and "My relative is just happy. That to me is everything. It makes me feel settled knowing they are well cared for."
- The registered manager kept up-to-date with national policy to inform improvements to the service. They attended local registered manager network meetings and were aware of the Oliver McGowan mandatory training on learning disability and autism. From 1 July 2022, all CQC-registered health and social care providers have to make sure their staff receive training on learning disabilities and autism appropriate to their role, under the Health and Care Act 2022.
- The management team were aware that although there had been further improvements in call times and communications about this, this remained an area which required to be under constant review so standards were maintained.
- The management team understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths.

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.

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. There was regular communication between staff members to help ensure consistency in care

and the smooth running of the service.

- Feedback from people, relatives and health care professionals was that there was a positive culture at the service. One person told us, "The staff are very bright and happy with me. I am happy to see them each day and they know my needs." Comments from relatives included, "The main carers have really got to know my wife and I often hear them chatting away to her. I think she looks forward to them coming", "They are non-verbal, but the staff treat him like any other and chat away. I can hear laughing and even singing sometimes, so I know they like the staff" and "The atmosphere, I love it! I walk in and it really does feel like home."
- The provider understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. The service apologised to people, and those important to them, when things went wrong. One person told us that one staff member who supported them kept complaining to them about a piece of equipment they used. This person responded to the staff member that they had, "Got tired of hearing about it. The next day she came, she apologised to me and it hasn't been mentioned since."

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

- The provider sought feedback from people, those important to them and health care professionals and used the feedback to develop the service.
- A survey carried out in May 2022 resulted in positive feedback. Everyone said that staff were friendly, trustworthy and understood their needs. They said they felt safe, were kept comfortable and staff knew their jobs. 10% of people responded that staff did not always arrive on time and their concerns were not always responded to. A plan of action had been put in place to help reduce this occurrence, focussing on improved communication.
- In the survey health care professionals had responded that the service was reliable, consistent, responsive and safe. One health care professional wrote, 'I've occasionally had concerns about standard of care but the manager is always available and gets things done when needed and inspires confidence.'

Working in partnership with others

- The management team continued to work in partnership with health and social care professionals and external agencies to help maintain people's care and support needs.
- Feedback from relatives and health care professionals was that there was good partnership working which helped to ensure joined-up care. A relative told us, "We have developed a good three-way communication between the service, nurses and ourselves. Everything is written down in the log at home so that we can all see it." Health care professionals whom the service surveyed responded that staff were well trained, always willing to take on advise and learn and that the service was, 'Very good at working in partnership with other agencies.'