

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# 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. Four 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. People had limited verbal communication so were unable to provide feedback by speaking to us directly.

The care agency was providing personal care to approximately 45 people at the time of our inspection. The care agency is usually run from an office within the grounds of the care home with a separate staffing team. However, during the COVID-19 pandemic, the provider had arranged for the agency office staff to work from home most days of the week, to reduce the risk of infection. 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 could be assured the provider and registered manager were now making, maintaining and sustaining improvements to both services provided. Although some further improvement needed to be made and some work was still in progress, positive developments had been made and the feedback we received from people and relatives had improved.

People using the care agency were now receiving safer care and support. Individual risks had been identified and recorded, although some further work was needed to make sure this was maintained. Improvements in relation to people's safe care in the care home had continued.

Some people and relatives were at times unhappy with the timing of their care visits as they told us staff sometimes turned up late or cancelled their visit. However, others did not experience this. We identified this as an area that continued to need some improvement.

Staffing levels in the care agency had improved, staff told us they now had more time to travel between visits and this meant they had more time to spend with people. Recruitment of new staff continued to be managed safely.

People using the care agency now received their medicines safely. Safe management of medicines continued in the care home. Infection control procedures had improved in the care home since our targeted infection control inspection in December 2020. People could now be assured safe processes were in place.

Following our recommendation at the last inspection, improvements had been made to the recording and

follow up of complaints received in the care agency. People could now be assured they would receive a written response to their complaint.

Monitoring of quality and safety had improved in both services and the provider and registered manager had better oversight. There continued to be elements of quality monitoring that needed to improve further but positive developments had been made. The provider and registered manager needed the opportunity to show they could embed and sustain improvements as the service had a long history of CQC ratings below good.

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.

Improvements had been made to the premises and furnishings in the care home 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 using the care agency felt safe with staff. They thought staff were knowledgeable and knew them well.

People and their relatives said the staff in the care home and the care agency were caring and supported them well. The relatives of people living in the care home described their loved ones as very happy. They confirmed they would know by their body language or verbal communication if they weren't happy. One relative said, "It really is (their) home." Staff kept relatives up to date with information about their loved ones. People living in the care home had been able to keep in touch with their loved ones through telephone and video calls and socially distanced visiting when government guidance allowed.

A person-centred approach was evident 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 share 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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Although people had limited capacity to make complex decisions, staff knew people well and supported them to make choices on a day to day basis by understanding their individual communication methods. The location of the service was not central to community resources however, people had been supported to acquire their own individual car to enable their independence in getting out and about. There was an open culture that put people at the heart of the service.

Right support:

- The model of care and setting maximised people's choice, control and independence.

Right care:

- The care was person-centred and promoted people's dignity, privacy and human rights.

#### Right culture:

- The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service led confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 February 2020) and there were three breaches of regulation. We met with the provider after the last inspection to discuss what they would do and by when to improve. We stepped back from taking enforcement action after the last inspection as a proportionate response to the unfolding COVID-19 pandemic. At this inspection we found improvements had been made. This service has been rated requires improvement for the last seven consecutive inspections, however, many improvements had been made at this inspection and the provider was no longer in breach of regulation.

This service has been in Special Measures since 22 February 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating and to check the provider had taken action to make improvements following the last inspection. 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 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?

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 caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** 

# 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.

As part of this inspection we looked at the infection control and prevention measures in place in the care home. 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 two inspectors over two days. On the second day of inspection there was also one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited the care home and the care agency, and the second inspector worked off site, collating and reviewing information we asked the registered manager to send us by email during the inspection. 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 as a single package under one contractual agreement. 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 received the regulated activity personal care, this is where a person receives help with tasks related to personal hygiene and eating. CQC only inspects where support with these activities is provided. 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 care home and the care agency had the same manager, who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how both services are 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 a small service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to support the inspection.

#### What we did before the inspection

We reviewed information we had received about both part of the service since the last inspection. We asked for 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 which included 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 but used different methods of communication. We also spoke with two relatives of people living in the care home.

We spoke with six people who used the care agency, and six relatives, about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy manager, office staff and care staff.

We reviewed a range of records. This included eight people's care records and medication records. We looked at three 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, some staff records and some 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

At our last inspection, the provider and registered manager had failed to ensure recording systems were accurate and robust to demonstrate safe and effective management. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made improvements. Individual risks had been identified and these were recorded in the care plan to provide guidance to staff. The provider was no longer in breach of regulation.

- At the last inspection, people using the care agency to provide care and support in their own home could not be assured safe guidance was available for staff when individual risks were evident. Improvements had been made in the care agency at this inspection.
- Guidance and information were now available when people had a catheter in place, had pressure sores or were at risk of acquiring pressure areas.
- The registered manager had sustained improvements made in managing individual risk in the care home. People's needs had been assessed and risks identified. Control measures were clear and a step by step guide was in place for staff to follow. Some people had seizures. Known triggers and how to recognise a seizure when the signs may not always be obvious were clearly recorded. Guidance detailed how staff supported people to stay safe during and after a seizure.
- All appropriate maintenance and servicing of equipment had been carried out at approved intervals in the care home. Such as fire alarm testing, gas and electrical appliance and wiring testing.

### Staffing and recruitment

At our last inspection, the provider and registered manager had failed to ensure accurate and robust recording systems in relation to safe staffing levels were in place to demonstrate effective management. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made further improvements and were no longer in breach of regulation. However, some work was continuing to ensure systems in place were robust and consistent records were kept to sustain improvement.

- At the last inspection, people using the care agency told us staff were often late, or early and sometimes



did not turn up. The records we looked at backed the comments up. This area had improved, but there continued to be the need for some further improvement to make sure people received a good service.

- Some people told us staff had not turned up, however, these were fewer instances than previously, and people were more likely to have been contacted by staff to keep them informed. One person told us, "They are very good. I chose them so that tells you everything. They are a bit late now and again. Sometimes they are longer with another person but it's only occasionally and it's not a problem" and a relative said, "We only have evening calls now and we see the same carer most of the time. She's very reliable, and if she's running late, she always lets us know. But in the past, it was a different story. Especially in the mornings".
- The evening before the inspection, staff were struggling to attend visits on time due to an incident in the area that was out of the provider's control. People told us about this. One person told us, "They are supposed to come at half past nine, but it can be after eleven o'clock. They didn't come at all last night. And I wish they would stay longer than ten minutes" and a relative said, "We were happy until last night. No one turned up. We phoned the office. They said there had been an incident, but no-one phoned or told us". Other people were happy with the timing of their visits and some said there had been improvements.
- The provider had two systems to support the running of the care agency. Staff were expected to sign in and out of both when delivering care. Although improved, some staff had not always been completing an accurate record of the times of visits on one of the systems. The registered manager was aware of this and had raised concerns with staff as a group and individually.

At our last inspection, the provider and registered manager had failed to ensure safe staffing levels within the care agency. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation. The allocation of staff was suitable to meet people's needs.

- At the last inspection, people who used the care agency, staff and relatives said there were not enough staff to meet people's needs. They said that often only one member of staff attended a visit when two staff should have been present. Many people complained of missed and late calls and staff told us it was a challenge to get to people on time.
- This area had improved at this inspection. No people or relatives said only one staff member turned up to visit when there should have been two. Staff told us there were enough staff and the travel time between calls had improved. This meant they could get to care visits on time without rushing and had time to chat with people.
- There were sufficient numbers of staff in the care home to meet people's needs. The registered manager was planning an increase in staffing levels as people were able to start using community resources with the easing of COVID-19 restrictions.
- New staff in the care home and the care agency who had started in post since the last inspection had been recruited safely. The provider had sustained improvement. Application forms were fully completed, references were checked and Disclosure and Barring service (DBS) checks were made. DBS checks help prevent unsuitable staff from working with people who could be vulnerable.

### Using medicines safely

At our last inspection, the provider and registered manager had failed to ensure the prescribed medicines of people using the care agency were managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made so the provider was no longer in breach of regulation 12. Further improvements were still needed to ensure a good service could be maintained.

- Medicines administration records were now complete with no gaps in recording. Staff had recorded the reasons why if a medicine was not given, for example, if their relative had given the medicine.
- Protocols to guide staff when and how to give 'as and when necessary' (PRN) medicines had improved. However, we found some protocols missing. We spoke with the registered manager about this and these were put in place immediately.
- One person who had recently started to use the care agency for their support required pain patches to be placed on their skin once a week. Guidance was not in place to inform staff to rotate the areas of the body where the patch was placed to avoid skin irritation as advised by the patient information leaflet. Staff had only changed the patch once, so there had been no impact on the person. The registered manager updated the medicines risk assessment immediately after checking the patient advisory leaflet.
- Medicines in the care home continued to be administered safely. People's medicines were locked in an individual safe in their bedroom. Regular checks were completed to make sure the numbers of medicines taken tallied with the numbers left in stock. A care plan was in place with step by step guidance to describe how people liked to take their medicines and why they were prescribed.
- The registered manager ensured staff competency to administer medicines was regularly checked. Staff told us they had training and competency checks and felt confident and well supported. One member of staff said, "I've had no problems with medicines and feel confident in the training I have had".

### Preventing and controlling infection

As part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control practice are safe and services are compliant with IPC measures. We carried out a targeted inspection at the care home on 16 December 2020, looking at the IPC practices the provider had in place. We were not assured the provider and registered manager were promoting safety through the layout and hygiene practices of the premises; were making sure infection outbreaks could be effectively prevented or managed; or were using personal protective equipment (PPE) effectively and safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We took enforcement action against the provider and registered manager. We served a warning notice requiring compliance by 31 December 2020. At this inspection, we found improvements had been made, the provider and registered manager had met the warning notice and were now compliant with regulation 12.

- 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.

### Learning lessons when things go wrong

- Accidents and incidents had been fully 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.

#### 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 yes. The equipment they use, it lifts me up and down. They know what they are doing." A relative told us, "I feel very confident with them. Not one worry. Compared to [another care agency] they are a breath of fresh air."
- People living in the care home and people who used the care agency were protected from the risk of abuse. Staff had completed safeguarding adults training and stayed up to date by refreshing their training. The staff we spoke with were knowledgeable and confident.
- Staff told us the registered manager and office staff were approachable, listened and took action quickly when concerns were raised, so they would have no hesitation in raising issues. 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.

# 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

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). 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.

At our last inspection we recommended the provider and registered manager followed best practice guidance to improve compliance with the MCA 2005. At this inspection, improvements had been made.

- People's capacity assessments had been reviewed and updated where necessary. Best interest decision making was now being recorded to evidence how people were supported to make decisions and who was involved. We will check if people's care continues to follow best practice guidance and the principles of the MCA 2005 at the next inspection as this is an area that has consistently required improvement over previous inspections.
- Staff knew people living in the care home very well and understood their unique ways of communicating. Staff could determine people's day to day choices and decisions by paying close attention to the sounds or gestures they made. Family members told us they were involved in helping to make decisions in people's best interests.
- The registered manager had made appropriate DoLS applications and kept them under review.
- Staff supporting people in their own homes were able to demonstrate they understood the MCA and people's rights to make choice when we spoke with them. Staff gave examples of people's right to make their own choices and decisions. One staff member said, "If someone wanted to do something unwise, I'd give advice to the person. I know I can't refuse them to do it. I would let the office know but know I can't stop them from doing what they want to do". One person's care records showed how their relative asked staff to complete a task that the person did not want to do. Staff respected the person's decision as they had the capacity to make their own decisions.

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

- Although people's needs had been assessed before their support with the care agency commenced, some people's assessments were not complete. Some information was missing. For example, a section entitled, 'What is important to me' was not completed for some people. This meant staff may be missing important information about a person. However, staff knew people's needs well and could describe who and what was important to them, including people who had recently started to use the care agency.
- Assessments did not always link well into the care plan due to gaps in information. Care plans did contain the relevant information however, assessments did not always appear to have provided this at the outset of care. Some care plans had not been updated in a timely way when people's needs had changed. However, staff were aware of people's changed needs when we spoke with them. This is an area to improve.
- People living in the care home had been resident for many years, so their initial assessments were no longer relevant. However, people's needs were assessed and reviewed regularly to capture their changing needs and make sure the appropriate support was available. Family members were involved in regular reviews where they were able. One family member told us the last review they attended was carried out over video call due the COVID-19 pandemic restrictions.

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

- At the last inspection some updates to the care home premises had been done and some new furniture had been bought. However, the laundry room continued to need extensive work and we identified it as a potential infection control hazard. The provider told us they had purchased the flooring and was waiting for a start date. When we visited in December 2020 to check infection control procedures, we found this had still not been completed and we had serious concerns about infection control as a result. The provider completed the essential work within two days of the inspection. Staff said they were very pleased with the newly refurbished laundry room and said they were now confident when using the facilities.
- The property continued to need further improvement, including decoration and furniture and fittings. The work had started and continued to be in progress.
- The provider was in the process of decorating bedrooms and purchasing new carpets. One person's family wished to pay for the redecoration and new furniture for their loved one. The registered manager was liaising closely with family members to coordinate the work.

Staff support: induction, training, skills and experience

- The registered manager had a more organised approach to staff training which had improved over the last two inspections. They were aware of what training staff had completed and when their next update was due.
- Before the COVID-19 pandemic the registered manager had arranged a number of face to face training sessions for staff, including diabetes and first aid. Face to face training had to be put on hold over the last year due to government restrictions, so staff had been continuing with e-learning training. Some refresher courses had not been completed by some staff, such as diabetes awareness and catheter care. This is an area to make further improvement. However, staff were knowledgeable about these areas of people's care and were able to describe how they would recognise signs and symptoms of concern and what action they would take.
- The registered manager told us they planned to engage with external trainers again as soon as it is safe to do so. Staff continued to do some additional training. One staff member was completing an NVQ in medicines administration and management.
- Staff were supported through one to one supervision and observational checks of their practice. Staff told us this had improved with regular meetings planned and prioritised to take place. Staff said they felt supported by the registered manager. Staff competency and skills were checked regularly, for example medicines and moving and handling.

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. Each person's care plan had detailed guidance recorded for staff to follow. Independence was encouraged so people did not lose abilities they had.
- People's likes and dislikes were clearly recorded in their care plan, including pictures and photographs to provide easy read information. Staff were very aware of people's favourite foods and the foods and drinks they did not like. One person could tell staff whether they wanted a cup of tea or another favourite drink. They had their own sounds for their preferences. Staff knew this and it was included in their care plan.
- People using the care agency who needed 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 freshly cooked food. Staff knew people well and their likes and dislikes. Their preferences were recorded in their care plan, for example, one person liked to have only blue top milk in their hot drinks. One person told us, "They (staff) do me some ready meals. They don't rush me. They will do me bits and bobs; scrambled eggs, or egg and chips. They make sure I've eaten."

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

- Health care professionals had been involved in providing advice and guidance to support people living in the care home with their changing needs. Appointments with healthcare professionals in the six months before this inspection included occupational therapy (OT), a dietician, chiropody, GP and a physio. An optician was planned to visit the week after the inspection to carry out routine checks.
- The registered manager had requested OT input to support one person who liked to sit on the floor to be able to stand back up without resorting to the use of hoisting equipment. The person had recently found it more difficult to stand up from that position with their usual minimal support from staff. The OT had suggested a less cumbersome solution which had been ordered.
- A range of health care professionals had been contacted by staff when people using the care agency needed professional support or advice and guidance. District nurses, OT's and tissue viability nurses were all involved in some people's care.
- Staff working in the care agency told us who had other agencies involved in their care and how they made contact with agencies if they had concerns about people's health. Records showed staff were quick to contact office staff when they had concerns about people's health. Staff told us office staff were speedy in their response to access the right support for people.

# 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 requires improvement. At this inspection this key question has now improved to good. 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 using the care agency and their relatives told us they received a good service from the staff. Everyone we spoke with was happy with the staff, describing them as helpful, lovely, friendly and jolly.
- Although we received some negative comments from two relatives about some aspects of their loved ones care (and fed this back anonymously to the registered manager), people were positive in their comments. The concerns were in relation to an incident the night before inspection, out of the provider's control, which meant staff were late arriving for their loved one's care visit. This was an improvement on comments received at the last inspection.
- One person said, "The girls are lovely. Really nice and helpful. I don't get regulars, but I know them all by name. They all have their own ways, but they do everything I need them to do. They are all very caring." A relative commented, "Oh, the care they give. They always give just that little bit extra. They are lovely."
- The relatives of people living in the care home were very pleased with the care and support their loved ones received. They told us although their loved ones could not verbally communicate with them, they knew they were very happy and considered Welcome Home as their home. One relative said, "The staff are very caring. (My loved one's) dignity is protected at all times and they treat (them) with respect." Another relative told us, "I don't think I could wish for more caring people. It is definitely (my loved one's) home."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity and respect. Care plans included clear direction for staff, so they understood what was important to people. Staff in the care home and the care agency spoke with fondness about the people they supported and clearly knew them well.
- We saw people in their care home environment and could see their close involvement with staff. People appeared relaxed and happy, smiling and communicating with staff.
- People were supported and encouraged by staff to increase and maintain their independence. Care plans recorded detailed information, guiding staff to support people to do as much as they could for themselves. For example, when eating and drinking or when getting dressed and undressed. The areas where support was needed was clear and comprehensive.

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 a number of years, including the registered manager.
- The views of others who knew people had been sought to make sure they were delivering good care. For

example, relatives, other staff and health and social care professionals. This was clearly reflected in people's care plans. One relative said, "I am always involved in decision making and care plan reviews. The last one was by video call."

- Care agency staff gave many examples of how they supported people to make their own decisions about their care. One person was assessed by a health care professional, who advised a piece of equipment that supported the turning of the person in bed at regular intervals. The person did not like it and insisted it was turned off. Staff turned off the equipment and contacted the appropriate health care staff to alert them and put other safety measures in place.



# 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 now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider and registered manager sought advice and guidance to improve the learning and outcomes from complaints.

- At the last inspection we identified improvement was needed in the care agency's recording and response to complaints and concerns. People raised concerns when we spoke with them and said they had raised these with the agency. The concerns had continued.
- At this inspection, concerns and complaints were logged. Action had been taken to address and investigate complaints and the outcome relayed to the person who had complained.
- Most people and relatives who had complained were happy with the response to complaints, one person was not, and we told the registered manager about this. One person said, "My daughter in law manages all that side of things. If there is anything, they deal with it and put it right." A relative told us, "I'm his voice, so if I wasn't happy, I would make myself known. But we are very happy."
- No complaints had been received by the registered manager regarding the care home.

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 (Applicable to care home only)

- At the last inspection, although people living in the care home had their own individual cars so staff could support them to go out and about, people had not been encouraged to try to pursue new interests. Shortly after that inspection, the COVID-19 pandemic began, and government restrictions were put in place. This meant people had not been able to access the community to pursue new interests due to the high risk of infection.
- In the two weeks before the inspection, government restrictions had eased, and two people had commenced a new activity. They had been to a supported cycle park with staff and had enjoyed it so much they planned to go each week. One member of staff said, "People love going out and we love taking them out."
- Staff supported people to pursue their favourite indoor interests, which included looking at magazines, favourite sensory objects, singing, using an electronic communication aid and watching favourite programmes and films on TV. Staff told us that people did miss going out and about, but staff maintained a positive and happy approach to prevent boredom.
- People were well supported to maintain relationships with their loved ones. Staff drove people to meet their family members at a mutually convenient place or outside their family member's home. Loved ones

also came to the service to visit, however, this was proving more difficult for some, so other arrangements were made. During the COVID-19 pandemic, staff helped people to stay in touch through telephone or video calls. Relatives told us staff kept them fully informed of changes or new plans.

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

- Care plans for people living in the care home continued to provide detailed information about the person and how they liked things done. A step by step guide made sure staff understood the specific needs of people and how to provide good care. How to communicate with people and understand their communication was a key element through the care plans.
- People's loved ones were closely involved in people's care where they were able. Some staff had been providing people's care and support for many years so were able to have a valuable input into developing and keeping people's care plans up to date. Each person had a keyworker who was responsible for making sure people's changing needs were taken into account quickly and keeping loved ones informed.
- Due to the COVID-19 pandemic, it was difficult for the care agency to carry out care plan development and reviews as usual. Staff had completed these by calling people and relatives on the telephone. People's care plans included personal information to support staff to understand their individual characteristics and needs.
- Staff supporting people in their own homes told us care plans were easy to understand and provided the information they needed to deliver people's individual care. Accessing records through the electronic care planning system meant they had the information when they needed it. Relatives were given the opportunity to access their loved one's records through the electronic system if they and their relative wished.

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 tell staff what support they wanted through verbal communication. People's care plans were detailed in directing staff how to communicate in their own individual style. For example, some people used sounds to show if they were happy or sad and to ask for favourite foods and drinks. Some people could use limited sign language.
- None of the people living in the care home could recognise written words, however, pictures and photographs were used throughout their care plans to describe their care needs and their likes and dislikes.
- Most people receiving support from the care agency were able to verbally communicate their needs and wishes. Where they were not able to, a relative was available to assist with communication and staff got to know people well. 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

- No people were receiving end of life care, however, care plans had been completed 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 appropriate family members and/or local authority staff if people became unwell and needed care at the end of their life. 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 now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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; 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 systems to monitor the quality and safety of the service were robust enough to identify areas that were in need of improvement. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made improvements to quality monitoring systems and the oversight and leadership of the service so were no longer in breach of regulation 17. Work needed to continue to make sure the improvements made to quality and safety could be developed further, maintained and sustained.

- The registered manager was using monitoring tools to better effect in the care home and the care agency. Where action needed to be taken this had been recorded. However, some action points had been carried over from one month to the next in the care home maintenance audits. An explanation wasn't given why there was a delay or when the improvement would be made. The registered manager was able to explain the delay and understood the need to record this. This is an area to improve.
- There were areas of good practice. The registered manager delegated regular monitoring to the deputy manager and other staff. The registered manager checked all audits, making a record and discussing with staff where they felt more timely action was needed.
- The care records of people living in the care home had been reviewed, improving the accuracy of information.
- The registered manager now had a more effective system to monitor the care people received in their own homes. Improvements had been made to the recording of personal care tasks by staff on the electronic system. The registered manager had taken action with staff where records had not been accurately maintained, such as extra training.
- The registered manager was aware of and could account for late and cancelled calls. Data to enable the monitoring of visits was now extracted from the electronic system. The registered manager was aware this needed to be refined and improved and had been discussing options with the developer of the system. Some people and their relatives still had concerns about late visits, or staff not turning up, however, not as

many raised this with us as at the last inspection. This is an area to continue to improve.

- One person and one relative told us they did not think the care agency was well managed, although were happy with the care their loved one received. Others we spoke with did not raise concerns in this area. This was an improvement on the feedback received at the last inspection but continues to be an area to improve.
- Staff said there had been improvements and were positive about the direction since the last inspection. One staff member said, "Since the last inspection I think communication has got a lot better." Another commented, "The registered manager keeps driving it home to staff that they must put more information about people on the electronic record and that's got better."
- The registered manager had a better oversight of both services and had improved monitoring systems to support this since the last inspection. The provider and registered manager had development plans in place since the last inspection to support improvements. These combined actions had brought about a progression in quality and safety that could be evidenced through the inspection visit.

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

- Staff said they were confident the registered manager had people at the centre of the service. They felt that the service was better organised now, and they received good support from the management team to do their job well. One staff member said, "I am very happy here and progress is definitely being made now."
- The relatives of people living in the care home had only good things to say about how the service was run and the approach of the registered manager. One relative told us, "(The registered manager) is amazing. I think it is 100% well led." Another said, "I think it is definitely well managed. They always keep us informed."
- Staff said they would have no hesitation in approaching the registered manager with any issue and were completely confident they would take action. One staff member said, "The registered manager is an amazing boss. (They) will go to the ends of the earth to help you. We now get far more traveling time. Things are more relaxed now in terms of atmosphere." Another commented, "The support and management is really good. You can go straight to them and they are there for you. They do listen. It's like a family and is the best company I have worked for."
- The registered manager knew people living in the care home and people using the care agency well. They knew people's current care needs and what was important to them.

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

- The provider and registered manager had undertaken a survey to gain feedback from relatives of people living in the care home and from health and social care staff involved in people's care. The registered manager had checked responses from relatives to determine if any improvements were needed based on comments made. No responses had been received from health care professionals. The registered manager had chased those the survey was sent to in order to encourage responses.
- People using the care agency had completed a satisfaction survey in November 2020. The registered manager had analysed the feedback and taken action where improvement was needed or suggested. For example, to respond to verbal complaints in writing rather than over the telephone so people had a record. We saw during the inspection that this was now in place.
- Regular staff meetings had not always been possible over the last year due to the added pressures of the COVID-19 pandemic. However, the registered manager had managed to carry out some meetings via video calls to check in with staff. They had set up social media group chats for staff so questions could be asked, and staff could be kept updated.
- Staff said communication had improved since the last inspection and were positive about the use of social media groups. They told us issues were dealt with straight away and they felt well supported.

#### Working in partnership with others

- At the last inspection, the registered manager had not been engaging with other managers and providers to share good practice and keep up to date with changes. We identified this as an area for improvement.
- The COVID-19 pandemic has meant that such forums were put on hold and eventually social media and virtual groups were set up in their place. The registered manager had joined the relevant local virtual groups and had found these to be of a source of positive benefit and support.
- The registered manager worked closely with visiting professionals such as GP's, specialist nurses and district nursing teams, as well as local authority staff.