

Welcome Care Homes Limited

Welcome Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Welcome Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At this inspection staff were providing personal care to 14 people aged 65 and over and the service can support up to 14 people.

People's experience of using this service

Staff implemented the provider's safeguarding processes to protect people from the risk of harm and abuse. Staff completed training in safeguarding and understood how to take action promptly by reporting these to the local authority. Risks associated with people's care needs were assessed and staff developed and followed a risk management plan to mitigate potential risks.

Staff managed people's medicines so people had these as prescribed and in a safe way to help maintain their health care needs. When people needed health care support staff made referrals to specialist health care professionals and staff followed these guidelines to ensure people received appropriate care.

Meals were prepared by the chef that was employed at the service. Staff understood people's nutritional needs and provided people with meals they enjoyed and met their cultural needs. People took part in activities they enjoyed and they were supported to meet their religious needs.

The staff rota showed that enough staff were available during the day and night to meet people's individual needs. Recruitment checks were in place to ensure suitably experienced staff were employed to work at the service.

Assessment and care plans were in place and people contributed to these before they came to live at the service. People said that staff were kind, caring and provided care and support that was compassionate. The complaints process was made available to people, relatives and visitors to make a complaint if they were unhappy about an aspect of the service and care provided.

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

Rating at last inspection

The rating at the previous inspection was Good. (The inspection report was published on 10 June 2017).

Why we inspected

This was a planned inspection based on the rating of the service at the last inspection.

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 safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well led.

Details are in our well led findings below.

Good ●

Welcome Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses a residential care service.

Service and service type

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

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

Notice of inspection

This inspection visit was unannounced.

What we did

Before the inspection, we looked at information we held about the service including notifications sent to us. 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 six people who used the service and one relative. We spoke with the registered manager,

deputy manager and two care workers. We looked at five care records and medicine administration records. We also looked at five staff records and other documents relating to the management of the service and completed observations of the service.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training, audits, reports and policies records. We received feedback from one health and social care professionals.

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 people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they were safe living at the service. Comments included, "I feel safe, comfortable. I like it" and "I feel safe I don't have any worries about anything". A relative said, "I feel [my family member] is safe, happy and settled."
- The registered manager was aware of how to apply the provider's safeguarding policy to keep people safe. Staff had training in safeguarding adults which helped them to develop their knowledge of the types of abuse and the actions to take to report this.
- At the time of the inspection there were no current allegations of abuse at the service. However, records showed that previous allegations of abuse were reported to the local authority for investigation and had been closed following conclusion to the investigation.

Using medicines safely

- Medicines were managed in a safe way to ensure people had their medicines to help them maintain their health and well-being. People and relatives said they had their medicines when needed. People said, "I am diabetic. I get my injection [by a district nurse]" and "I get medication in the morning and the evening."
- Records used by staff when they administered medicines were completed accurately. The Medicine Administration Records charts (MARs) were audited for their completeness and the MARs we looked had no unexplained gaps in them.

Assessing risks, safety monitoring and management

- Risks associated with people care needs were assessed and identified by care staff. This helped staff support people to manage these to keep them safe.
- Risk management plans detailed each risk and the actions staff would take to manage them. This helped staff to take action to mitigate risks whilst supporting people to have an element of control in their lives.
- All identified risks were reviewed to ensure they met people's current needs. Any changes in the levels of risk were updated to ensure these reflected people's current needs so staff could meet them.

Staffing and recruitment

- The staff rota in place and our observations showed that enough staff were available to support people. A relative said, "There's enough staff."
- The registered manager followed a robust recruitment process. This helped senior staff to assess the suitability and experience of potential staff.
- Newly employed staff completed pre-employment checks before their employment was confirmed. The checks included obtaining previous job references, proof of the right to work in the UK and a criminal record

check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.

Learning lessons when things go wrong

- The registered manager monitored all accidents and incidents that occurred at the service. These were reviewed and monitored to identify any patterns and to reduce the incidents occurring.
- Any areas of concern found were shared with staff so these could be used as a learning opportunity and for the improvement and development of the service.

Preventing and controlling infection

- The provider's infection control processes was followed by staff to protect people from the risk of infection. One person said, "It's very clean." The registered manager employed a cleaner employed to ensure the standards of cleanliness of all areas of the service were met and maintained.
- Staff used Personal Protective Equipment (PPE) such as gloves and aprons by staff to help reduce the risk of infection and cross contamination.

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 that people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Newly employed staff completed an induction when they began working at the service. The induction incorporated the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The induction prepared staff to work at the service by completing training, shadowing more experienced staff and working with people using the service.
- Each member of staff completed training to help them develop their knowledge. Training was delivered via e-learning, face to face and some was provided by the local authority. Staff training included moving and handling, medicines management, food hygiene and infection control. All staff said they enjoyed the training they attended because it was valuable learning for them. A member of staff said they had completed, "Falls prevention and end of life care leading to a certificate and medication."
- The registered manager had arranged supervision and appraisal for all staff. Supervision and appraisal meetings were planned for the year and these meetings allowed staff to reflect on their job, development and training needs. The registered manager supported staff to identify strengths and areas for improvement.

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.

- People gave their consent to care before staff supported people. People told us that staff were clear about what they needed to do to support them.
- When necessary staff made DoLS applications to the local authority for assessment and authorisation. When relatives had an authorisation granted through the Court of Protection and recorded in people's care records.

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

- Staff completed assessments with people before they began living at the service. This ensured people were happy to move there and the service was able to meet people's individual care needs.
- People were involved and contributed to their assessments and staff obtained people's views and opinions of their needs and the support they required to meet these.
- Care plans were developed following the assessment and these contained sufficient details for staff to follow and for people to receive the right care.
- Staff followed professional guidance to keep people safe. For example, staff implemented the guidelines from the Royal Pharmaceutical Society by purchasing a pharmacy grade fridge to ensure medicines that needed to be stored in the fridge maintained a constant temperature, were safe for people and these were checked daily.

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

- Staff supported people to access health care services when their needs changed or when they became acutely unwell. People said, "I go to the doctor. If I go to the hospital the care worker comes with me. I go with the taxi. I go to the dentist" and "Yes if you want to see the GP and they do regular checks, I see the dentist or optician they do have regular visits here."
- People received additional support when this was needed from health and social services. All health care visits or appointments were recorded with any staff actions.
- The registered manager ensured people had consistent care and support. For example, the registered manager had signed up to the 'Red Bag' scheme. The 'Red Bag' involved care home staff having a dedicated red bag that has the person's care records, medicines, clothes and other personal items stored inside the bag. This meant important information about people were with them when going to hospital and the hospital staff were able to have a better understanding of the person and their individual needs so they received appropriate treatment and care.

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

- People said they had enough food and drinks to eat throughout the day. There were snacks and drinks available, so people could help themselves, or staff supported people. People told us, "The food is fresh. We get enough" and "I have breakfast at 9 am usually. One slice of toast, tea, cereal."
- Meals were prepared in the service by a chef who was aware of people's specific needs. For example, a person with diabetes had meals that complemented their medical condition to ensure their health needs were maintained.

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 that 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

- The registered manager and staff actively embraced diversity in the service. For example, for Black History Month people, relatives and staff celebrated their cultural identity with each other. There were arrangements for performers to give talks about prominent black people like Rosa Parks, Oprah Winfrey and Martin Luther King. Following this there were opportunities for people, relatives and staff to dress in their traditional attire and to prepare and cook meals from their cultural heritage from around the world and share food at the evening event.
- The provider supported and encouraged people to continue practicing their religious beliefs whilst living at the service. Arrangements were made each Sunday for people to visit the local church so they could worship with others. People's religious beliefs were important to them and they were able to continue this practice as they chose.
- People and relatives told us that staff respected and treated them well. Our observations demonstrated that staff and people had developed meaningful relationships and spoke with each other in a mutually respectful way.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured they maintained people's dignity when supporting them. People said staff treated them in a respectful way. People said, "Very kind all of them" and "They look after me without interfering."
- Staff encouraged people to be as independent as possible. One person told us that they enjoyed doing as much for themselves as they could and said "It's peaceful. They let you do what you want to do. Very helpful."
- Staff and people developed kind and respectful relationships, and this was evidence from the interactions were observed between staff and people. People said staff were caring towards them and were available if they needed assistance.

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

- Staff understood people's needs so they received the most appropriate care to meet their individual needs.
- People and relatives contributed to their care and this involvement was respected by staff.
- People made decisions in relation to how they wanted staff to provide care. One person said, "[My family member] visits. I also go to his/her place" and a relative said, "I've been coming here twice a week for 1 and a half years. I do the washing and I bring it back, and toiletries."

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 that people's needs were met through good organisation and delivery.

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

- Assessments were completed with people to capture their care and support needs. People provided information which was recorded by staff including any medical conditions, hobbies, likes and dislikes, hobbies and mental health needs.
- Assessments and care plans were updated following a care review or when people's needs changed. This ensured care records were accurate and staff had access to people's current needs so the care received was safe.

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 took part in activities that interested them and they enjoyed. There were activities provided by staff at the home. People told us "I like TV. In the summer I like the garden" and "Now and again we go out with the minibus." Some people managed activities themselves one person said "I do puzzles and colouring, a member of staff helps. I have a record player. I play music" and "I write letters to people I know. I make lists of what's needed. I was in the Girl Guides. I am in touch [with them and] I may get a lift to their meetings."
- The service employed a care coordinator. They asked people for their input into the activities and these were agreed and an activity planner was displayed in the service. Activities included listening to music, live entertainment, reminiscence and playing board games. Some people went out to a local daycentre where they were able to socialise with others outside of the service and take part in activities provided.
- The registered manager had developed the garden so people were able to enjoy it and move around freely. A member of staff told us "In the summer there is the garden where they plant tomatoes, potatoes, garlic, flowers people love it."
- People's preferences for activities were recorded and staff followed these so they continued enjoying these. We looked at the home's activities folders for each person and this recorded people's information about themselves, like what they enjoy doing, photos, drawings they had done.

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's communication needs were recorded on the care records and staff were aware of these so

people were able to communicate their needs effectively. For example, one person had a visual impairment and staff understood how to communicate and understand their needs.

- Information was available in accessible formats to meet people's communication needs. For example, the service had access to large print documents if needed.

Improving care quality in response to complaints or concerns

- There was a system in place for people and relatives to make a complaint about the service. People understood how to use the provider's complaints policy if they were unhappy about an aspect of the service or their care. There were no current complaints about the service.

- People said they were confident to speak with the registered manager if they had a complaint. The complaints process was displayed on the information notice board for people to access if this was required.

End of life care and support

- At the time of this inspection, no one using the service required end of life care to meet their individual needs.

- People's future needs and wishes had been assessed and documented in an advanced care plan. If there were funeral arrangements in place these were recorded in people's care records.

- The registered manager was aware of end of life care and which health and social care professionals provide specialist support if people needed it. Links had been developed with health care staff at a local hospice who would provide support to people and staff when required.

- Staff were required to complete end of life training this helped to equip staff to support people who were living with a life limiting illness.

- When people had died at the service they were remembered on the anniversary of their death. For example, a relative planted a rose bush in the garden of the service and people and relatives could attach messages to their loved ones in their branches in memorial to them.

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 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People gave us positive views of the management of the service. People said all staff were caring, they felt listened to and staff helped them when they asked. Comments included, "The staff, you have no trouble with them. They're all lovely. If I'm not sure about something I go down here and ask" and "They know what they are doing."
- The registered manager arranged feedback from people on a regular basis so that they were aware of their views. The feedback from the survey demonstrated people were happy living at the service and relatives felt the home met their family members' individual needs well.
- The registered manager attended the Providers Forum hosted by the local authority. These meetings provided networking opportunities for registered managers able to meet and share ideas with each other.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager completed checks on the quality of the service. Reviews on care records, accidents and incidents, staff records and medicines management records took place. Any areas for improvement were recorded and a plan to make improvements were implemented.
- The registered manager understood their role within the service and had an oversight of the management of the service. The registered manager arranged training to empower staff, including the National Vocational Qualification (NVQ) level 3 in social care.
- The registered manager sent notifications of incidents and events that occurred at the service to the Care Quality Commission (CQC) as required.

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 registered manager provided care and support in an open and transparent way. Staff told us, "She's strict but fair" and "[The registered manager] is fantastic." The provider sought feedback from visitors and health care professionals. Feedback showed professionals were confident that staff provided people with appropriate care and support to meet their needs.
- The registered manager understood the duty of candour and their legal responsibility to share information when concerns are raised or when things go wrong.

Working in partnership with others

- The registered manager had built relationships with the community and the local authority. This relationship helped people to receive appropriate care and support.
- Staff had developed links with local services. For example, a local DIY store donated gardening tools which helped to redesign the garden so people were able to enjoy a garden barbeque during the summer.