

Wellburn Care Homes Limited

Whorlton Grange

Residential Home

Inspection report

Whorlton Grange Cottages (opp Golf Club House)
Westerhope
Newcastle Upon Tyne
Tyne and Wear
NE5 1ND

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Website: www.wellburncare.co.uk

Date of inspection visit:
17 December 2018
18 December 2018

Date of publication:
20 February 2019

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:

Whorlton Grange Residential Home is a residential care home that provided personal care for up to 51 people. At the time of the inspection, 47 people were living at the service.

People's experience of using this service:

Medicines were not always administered in a safe way or in line with what had been prescribed.

Various systems and processes were in place and were monitored by the manager. However, audits and checks needed to be reviewed in light of our finding, in particular regarding medicines.

The provider had not met their legal requirement by sending the Care Quality Commission (CQC) all incidents which were notifiable.

People enjoyed the meals and their dietary needs had been catered for. This information was detailed in their care plans. The care plans were being developed to provide more information about people and their care needs.

People said they were safe living at the service. They were safeguarded from abuse by staff who had been trained in this area. Any accidents or incidents were monitored and any lessons learnt were acted upon.

Bedrooms had been personalised and made to feel homely. The service was clean and tidy.

Safe recruitment procedures were in place to ensure suitable staff were employed. We have recommended the provider review staffing levels and night time procedures to ensure they are still appropriate. Staff said they felt supported, however, yearly appraisals had not been completed, some for over three years.

Various tailored activities were available at the service, including regular entertainers and involvement in community events.

There was a manager in place who was in the process of registering with the CQC but before the inspection was completed, we were informed they had resigned. The previous manager's (who was now the regional manager) registration was still in place and they were going to maintain an overview of the service until a replacement was found.

We identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 in connection with medicines, staffing and governance. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection:

Good (Report published on 22 June 2016)

Why we inspected:

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

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

The service is now rated overall as requires improvement. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 ●

Whorlton Grange Residential 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspectors, an assistant inspector, a specialist advisor and an expert by experience. A specialist advisor is a person who specialises in a particular area of health and social care and this advisor was a nutrition nurse consultant. An expert by experience is someone who has experience of this type of service either personally or via family or friends.

Service and service type: Whorlton Grange Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had applied to register with the Care Quality Commission. This means that the provider is solely legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection we used information we held about the service to plan. We reviewed notifications. These are sent to us about certain incidents that have occurred within the service that the provider must tell us about. We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are an independent organisation who listen to people's views about local services to enable those who commission, deliver and regulate health and care services to improve. We also contacted the local fire authority and the local infection control lead for care homes. Any comments

received supported the planning and judgements of this inspection.

During the inspection, we spoke with 10 people who used the service and nine relatives and friends. We spoke with the nominated individual (provider representative), deputy manager, the quality assurance officer, an activity coordinator, six care staff, the chef and one domestic. We spoke with an exercise tutor, a care manager, the community nurse team and a phlebotomist (who was taking blood for testing).

We reviewed a range of records including six care records, all recent medicine administration records and recruitment records for six staff. We looked at records relating to the management of the service and the provider's policies and procedures.

Due to an IT failure we had not requested information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider sent us an update on this information during the inspection process. We used this information to support our judgement.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Rating was Requires Improvement: 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.

Using medicines safely:

- Medicines were not always managed safely.
- Medicine patches were not always applied as per manufacturer's instructions. Patch application charts were also not fully completed. The medicines from patches are absorbed into a person's body over a period of time and if not applied correctly can cause overdose.
- Medicines records were not always secure. Medicine administration records were left unattended in the reception area of the home as staff administered medicines to people in a different part of the service.
- There were gaps in the medicines administration records on occasions, which meant we could not be sure that people had received their medicines as prescribed.
- Topical (creams and ointments) medicines charts were in place but not always used by staff and we could therefore not always confirm people had received application of these as prescribed.

We spoke with the deputy manager and quality assurance officer about the issues we had identified and they said these would be addressed.

- People told us they received their medicines on time. One person said, "I am on loads of tablets, quite happy with that, they couldn't be better with the administration of them. If I needed extra tablets, I'd ask one of the senior girls." One relative told us, "She is on quite a bit of medication. Yes, it's smashing. I come quite a bit and see her getting her medication." Any issues or changes with medicines had been considered by the management team at the service appropriately.
- Staff received regular competency training in medicines management to ensure they were safe to support people with their medicines.

This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014.

Assessing risk, safety monitoring and management:

- People told us they felt safe. One person said, "Yes, I am safe and secure. Through the night? Oh yes. I have my own bedroom and it's secure. No, I'm not at risk, everything's really secure." A relative confirmed this and said, "I know how well cared for and how safe she is."
- Healthcare professionals said the service was safe and one commented, "Never seen anything unsafe. A massive thing to say...I would have a relative here."
- Risk assessments were completed to ensure harm was minimised where possible, including with people, visitors and staff. For example, moving and handling risk assessments were in place to ensure staff knew how to move people safely and appropriately. We found a choking assessment for one person had not been put in place, although information was recorded elsewhere for staff to follow and staff showed us a new

choking assessment which was to be used.

- People were protected from falls. Sensor mats were in place on bedroom floors for those who were at risk. For example, at night, to alert staff if a person left their bed to visit the toilet. One person told us, "I have a walking stick and have fallen three times in the last year...catching my toe on a pavement. But I've had no falls in here, I'm more careful now though I'm a bit wobbly."
- The provider carried out various checks on the building and equipment within. This included mains electrical and fire alarm systems checks. We confirmed that any service recently due had been booked and was about to take place.
- Personal emergency evacuation plans were completed to support people to leave the building should the need arise, for example, in case of a fire. One person said, "Regarding fire drills, they put the alarms on every week."
- The provider had a fire risk assessment which had been completed in July of 2018. All action from the assessment were to be completed by the end of February 2019. We updated the local fire authority on the actions taken.

The failure to fully protect people from the risk was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014.

Systems and processes:

- Systems, procedures and policies were in place. However, the provider had not reported all concerns to the local authority safeguarding team or the Care Quality Commission in line with their legal responsibilities. Staff spoken with were aware of their responsibilities to report any concerns they had, but this was not always recorded robustly. Staff had received safeguarding training. One staff member said they would report any concerns and would, "Report to manager and report to safeguarding. Not seen anything untoward at the moment, all staff are lovely and people are well looked after."
- Staff were recruited safely. Employed staff had undergone background checks before an appointment was made to ensure they were suitable to work with vulnerable people. The service was in the process of updating their Disclosure and Barring Service (DBS) checks in line with three yearly best practice. DBS checks are checks on criminal records to ensure that inappropriate staff are not appointed.

Staffing and recruitment:

- Staffing levels were sufficient during the inspection. One staff member said the service had enough staff and workers did not feel under pressure. However, another staff member said that staffing levels could be difficult, particularly at weekends. Dependency tools were used to calculate how many staff should be on duty at any one time. The deputy manager confirmed the provider had recently agreed to increase staffing levels.
- People said there was enough staff. One person said, "Staff check me regularly during the night to make sure I am okay." However, another person told us, "I am safe in my room as it has a lock on, but regarding safety at night... you don't see people (staff) walking around checking on things."
- Staff rotas did not always show the correct staff on duty. This was discussed with the deputy manager who was going to look into this issue.

We recommend staffing levels and night monitoring procedure should be further reviewed in line with best practice.

Preventing and controlling infection:

- The service was clean and tidy. Domestic staff were rostered to work in different areas to maintain cleanliness and they confirmed they had received appropriate training and we confirmed they understood

infection control procedures.

People and relatives were positive about the cleanliness of the service. One person said, "It's beautiful, very clean...the beds and everything. Bedrooms are done every day."

Learning lessons when things go wrong:

- Accidents or incidents were analysed to indicate if the pattern was forming. We discussed the forms used with the provider as more detail could have been included. The provider was open to our suggestions and said this would be reviewed.
- Accident and incident forms were not always recorded correctly. For example, one person had been recorded as having a fall which was incorrect as they put themselves on the ground. We discussed this with the deputy manager who said they would look into the matter.
- Communication with staff took place. Including at shift handover and through normal staff meetings. Discussions were held regarding various procedures within the service and any changes that could be made to improve the quality of care.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations had not all been met.

Staff skills, knowledge and experience:

- We established staff received an induction in line with the Care Certificate and both the deputy manager and staff confirmed this to be the case.
- Staff had regular training, including safeguarding and health and safety, to ensure they had the right knowledge and skills to carry out their roles. We noted some training needed a refresher and the provider confirmed that this was scheduled to take place.
- Overall, staff had received regular supervision, although one staff member was not recorded as having received any since 2016. Appraisals had not always been carried out. From our checks on staff records we found that out of six staff records checked, five had not received an appraisal since 2016.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014.

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

- People's needs had been assessed before moving into the service to ensure they could be met by care staff and were reviewed regularly. Reviews of care took place regularly.
- People's preferences, likes and dislikes, history including family details were recorded.
- The provider was in the process of updating records with new documentation and a new IT system.
- People's choices were recorded, including for example, how people preferred to retire at night and get up in the morning. From conversations with staff they could tell us about people's choices without the need of care records, which showed they knew people well.
- People had a range of staff to support them with differing skills. One relative commented, "It's lovely actually, I'm very satisfied. There is a real age range of staff...they talk to people differently and she enjoys that."

Supporting people to eat and drink enough with choice in a balanced diet:

- The service used an external company to provide ready made and tailored meals to the service but also made cakes and other home-made items on the premises.
- Comments from people regarding food and refreshments were complimentary. One person said, "Well, I like it, there is good variety, good choice...well I think so! Veg and fruit are fine. Plenty of drinks. I don't think I've had anything to complain about. There's enough to eat, there's always plenty." Another person said, "The food is very good, I'm not a parky person, I don't grumble about it." A relative said, "She (person) was very thin but now she eats like a horse and has put on a lot of weight. She seems to enjoy her food."
- We observed the lunch time experience at the service and saw staff providing lots of encouragement to

people to eat and drink. Including top ups of refreshments in an effort to maintain hydration levels.

- People at risk of weight loss were monitored and any concerns were acted upon, including giving people additional milk shakes or other supplements. However, these were not always recorded as having been given. We spoke with the quality assurance person and the deputy manager about this and confirmed it would be addressed.
- People who had previously lost some weight were seen to have gained weight and had regular input from GP's or other healthcare professionals to sustain this.
- Special diets were catered for. For example, fork mashable or pureed meals were available when required.
- Some people had thickeners (powder to support people at risk of choking) added to their drinks. These were stored correctly. Staff knew how to thicken items correctly and what consistency was required.

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

- The premises were homely, and pleasantly decorated. Further refurbishment was needed in some parts of the service which was planned.
- People enjoyed sitting in the various communal spaces, including the conservatory, lounge areas and reception area. One person said, "I have got my room just how I like it." One relative said, "I'm very happy, it's lovely and friendly, if you want anything, you get it. She has a lovely room overlooking the garden. The high ceiling gives the impression of space."
- Areas were wheelchair friendly and more mobile people could move about with ease.
- People's rooms were decorated in a way they liked. One person had their own television, pictures, telephone, ornaments and a small table brought from home. They said, "I have got my room just how I like it."
- Special coloured crockery was in place to support people who were living with dementia.
- There was signage in all areas of the service. This included names and pictures on bedroom doors.

Supporting people to live healthier lives, access healthcare services and support:

- The service worked with other agencies and professionals to ensure people received effective care.
- People told us they had access to a range of healthcare professionals. One person said, "Yes I needed the GP and they (staff) arranged that. I've seen them all...dentist, optician, chiropodist. Only yesterday I had a foot massage." One relative said, "There are always district nurses here." Another relative commented, "Any problems, the doctor is called. One day they raised the alarm for a woman and I couldn't believe how quick the response was...even the ambulance came quickly."
- Appointments and records of visits confirmed a range of healthcare professionals had been involved with people living at the service, including GP's district nursing teams, dietitians and a range of hospital specialists.
- We saw evidence of detailed recommendations from, for example, the speech and language therapy team; to support one person with a special diet they were now following.
- There was evidence that the staff and management worked with community organisations.

Staff working with other agencies to provide consistent, effective, timely care:

- The service had the use of 'transfer of care bags'. These were used when a person was to be admitted into hospital and included a GPS tracker and other vital information about the person to ensure an effective transfer, including medicines information.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff received training in MCA and DoLS. They understood consent and what they should do to not deprive people of their liberty unlawfully.
- Mental capacity assessments were completed when there was any question of a person's capacity to make important decisions.
- When people lacked capacity to make a decision, staff involved others in making a 'best interest' decision on their behalf. This included, family members and GP's. One person's best interest decisions in connection with publicity were not fully completed and signed and we pointed this out to the deputy manager, who said it would be addressed.
- DoLS applications for authorisation to restrict people's liberty had been completed and sent to the local authority. When authorisation had been granted these were monitored for future renewal when (or if) required.
- Staff explained to people what they were about to do for them in order to gain consent. This included for example, personal care.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were positive about the staff and said they were treated with kindness. People told us, "Staff are very obliging and they do try to help you. Very kind and compassionate, I have nothing but praise for them" and "Staff are good, they help you in any way they can and yes, they are kind." One relative told us, "She's so settled and enjoying it. So happy and she's helped so much." Another relative said, "I see how staff interact with other residents, it's lovely." Another relative said, "One lady gets upset; she becomes emotional when someone else has a visitor. The staff will go over to her (comfort her)."
- Staff were observed positively interacting with people and talking to people about what they were doing, seeking consent and providing reassurance while transferring people to a chair using a hoist. One newer member of staff said, "Staff are lovely and very nice. Everyone is friendly with me, staff are emotionally involved (really care about people)."
- Relatives said they were welcomed at the service. One commented, "I always feel welcome and am always recognised."
- The service had held several different events which fundraised for local charities. As part of the Care Home Open Day in 2018, the service hosted a sponsored dog walk from Whorlton Grange to the Alan Shearer Centre in Newcastle, which included people, staff and some of the local community.

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

- There was evidence to suggest that people had been supported to express their views. For example, people had the use of advocates. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.
- People and relatives told us they were actively involved in care planning. One relative said, "Yes, they have a care plan and do an update. There was one a few months back." Another relative commented, "After a month the deputy manager sat down with us and went through things. The event's organiser also catches up with us to see what she fancies."
- Two people had advocates that represented them and checked on their welfare. Staff were aware and details were in people's care documentation.
- The Accessible Information Standard is a framework which was put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider had the use of Braille and interpreters (for example) should this be required. Larger print was available if people needed it. People were also helped to wear hearing aids and reading glasses if they needed this additional support.

Respecting and promoting people's privacy, dignity and independence:

- People and visitors told us respect and dignity was preserved. One person told us, "They listen and respect

me" and "The staff will always knock on my door before coming in, unless there is a blumming good reason not to." Relatives comments included, "They treat people like they want to be treated, you feel like they actually know the person" and "What has impressed me...on bad days; how they (staff) cope with settling things down, without making people feel they've done anything wrong, without making them feel they are at fault."

- People's independence and privacy was maintained. One person said, "I get up when I like and go to bed the same. The staff will leave me be when I want that, but will help when I ask...don't interfere I mean, if it's not needed." A relative commented, "The hairdresser comes in... they (staff) ask her if she wants it done – she decides." Another relative said, "They help her with bathing but still let her do what she can." A staff member commented, "She likes her own privacy and we respect that, but we ensure she is safe at the same time, during calls to her room, with meals, medicines and drinks etc...she presses the call bell if she needs us, but all the staff know how she likes her own company."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care:

- People's care plans were detailed and person centred. They reflected people's needs, wishes and preferences. For example, stating how people required food to be cut up for them in a particular way or that they liked to have their meals in the quiet dining room.
- The service was in the process of implementing an electronic care plan system which would enable changes to be made more efficiently.
- Staff were responsive to the changing needs of people. For example, when one person's healthcare needs changed, a relative said, "The team were very useful both for my relative and also the family." The relative went on to explain that staff had made referrals to the "behaviour team" which had been very beneficial. Another relative told us, "I don't know how they (staff) cope with so many diverse needs which are all demanding attention. How they maintain friendliness and care and keep it balanced with their own lives, I think I'd find that very difficult."
- People were asked what they would like to achieve in their time at Whorlton Grange. This information is used to plan activities. For example, staff told us one person was taken to the local area in which they had grown up and had visited the church in which they were baptised.
- People had activities to participate in, including outings, musical entertainers and arts and crafts. One person told us, "My interest is nature...especially birds. I asked the gardener and he found a frame. I have three or four bird 'things' on it and I get loads of lovely birds. There is also a squirrel, it made a nest in the tree at the bottom and I can see it... a lively grey squirrel. Then I see it disappearing in the tree again. I don't have to stir from my seat! I also like stamps and coins. My daughter brings a newspaper in and I read that. And there are lots of books. I like music and have donated an electric piano. They are going to use it tonight with the choir. I like the music activities, keep fit and Tai Chi." Another person commented, "I don't do activities but there is a list of activities on the wall." A third person said, "I read and watch TV; sometimes I do crochet work and knitting. I don't do bingo but it's there if you want it. There's plenty of entertainment." A relative confirmed, "They have taken her to the pub down the road, garden centres, for fish and chips down the coast. The exercise lady comes in...my relative does the sitting down exercises." One external person visited every two weeks to undertake exercise with people. They said, "I do movement to music, it is light movement as everyone is different. I adapt it to whatever they can do. There is also a dementia café this afternoon, I try to repeat the songs and try to get their arms to move the same as their legs!"
- Community groups regularly visited the service, including local schools. On the night of the inspection a choir was planned to attend. A Christmas party had been organised with Westerhope dementia friends.
- Church groups attended the service to facilitate communion for people if they so wished or for them to participate in religious celebrations. One relative said, "The clergy come here we have a service." Another relative told us, "The priest came last week and gave her communion. Services are held, she has access to them."

Improving care quality in response to complaints or concerns:

- People and relatives told us they would be happy to raise any complaint if they needed to. One person said, "I would speak to one of the staff if I wanted to complain, but everything is alright, so not had a need to." Relatives commented, "The manager is approachable and I'd feel comfortable raising anything" and "I feel the manager is very approachable and if there was a problem, I'd know I could raise it."
- There were policies and procedures in place. These were visible to any visitor as they were displayed in reception.
- A comments box was available in the reception area for people or visitors to forward any concerns they had.
- There were two complaints received in 2018. People and relatives said that they felt able to speak to the manager or staff at any time.
- We saw evidence that complaints received were taken seriously and appropriate actions were taken.
- There were many compliments recorded at the service, which indicated that people and their families were happy with the care and support provided.

End of life care and support:

- People's end of life care was planned using their agreed wishes and involving families as appropriate. People were supported to have a pain free death with the support from appropriate healthcare professionals, including district nurse teams and their GP's.
- Staff had good links with district nurse teams to facilitate additional support required for people at this stage of their life.
- Do Not Attempt Cardio Pulmonary Resuscitation forms were in place for some people. This is a decision made when it is not in a person's best interest to resuscitate them if their heart should stop beating suddenly and is signed off by a suitably qualified healthcare professional.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care.

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

- The current manager was in the process of registering with the CQC. However, at the end of the inspection we were informed that the manager had resigned from the service. The provider later confirmed appropriate arrangements for cover would be in place until a replacement was found.
- Safeguarding concerns and incidents raised by staff about people using the service had not always been handled appropriately or always shared with the Local Authority or the CQC. Providers are legally required to inform the CQC of such incidents. We are dealing with this outside of the inspection process.
- Although audits were undertaken within the service, they had not always identified issues we found during the inspection, including those in connection with medicines, outstanding actions on fire risk assessment and failing to recognise that reportable incidents had not been submitted to the CQC.
- The operations team completed monthly audits. These had highlighted, over a number of months, that appraisals were required for staff, however no action had been taken to rectify this.
- Records were not always completed or lacked information. This included food and fluid charts, staff rotas and accident and incident reports.
- Policies and procedures were in place to support staff at the service. One new staff member told us they had been given access to these.

These issues demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Staff said the management team were approachable. Visitors confirmed this and said, "It is 200% better since the new manager arrived, she is nice and approachable, she talks to you. I feel comfortable to go and see her...she listens and acknowledges you whenever you come to the Home" and "The manager is very nice, always has a word or two to share."
- The service had an appropriate statement of purpose which set out the aims, objectives and ethos of the service and was accessible within the service.
- The deputy manager and quality assurance officer were open and transparent, including to inspection feedback and told us, "We want to put anything you have found right."
- Staff were open and kept relatives up to date with any concerns they had about their family member. One relative told us, "If they're concerned, they ring me, communication is always open, it really is marvellous."
- When things went wrong or people came to harm, apologies were provided. We confirmed that the

requirements of The Duty of Candour had been met.

- Some concerns with recording keeping were identified. This included those in connection with medicines management, recording of food and fluid.
- Staff were given vouchers at Christmas by the provider as a way of thanking them for striving to provide good quality care. Vouchers were being given out during the inspection.

Engaging and involving people using the service, the public and staff:

- People and relatives had been involved in meetings at the service and confirmed they had received surveys in order to gain their thoughts and views. One relative told us, "Regarding meetings...I was asked if I wanted to be part of it." Another relative said, "Yes I have filled in surveys and have been invited to meetings." Staff confirmed that surveys regularly go out to people and their relatives and any actions are acted upon.
- Meetings for people had not been organised regularly. We viewed the last reported meeting with people and relatives which was dated over a year ago. However, the deputy manager said a meeting was being planned for the new year.
- Staff were not always fully engaged. From the information we were provided, staff meetings did not occur regularly, the last ones recorded being in May and September of 2018 and these did not include all staff; for example, care staff or domestic staff. When we spoke to domestic staff they confirmed they were not involved in staff meetings and usually had to "watch the floor". The management team were working to increase staff meetings.
- The provider produced a regular magazine for people, their families and members of the public, called 'The Wellburn Post'. This provided an overview, for example, of activities available both in the services and locally and asked people to get involved with its production by sending in ideas. One relative told us, "I like reading it and finding out what is going on...think it is produced every few months."
- Relatives said they were welcomed at the service and kept involved. Comments included, "As soon as I walked in, it felt homely, just something about it" and "Yes they welcome us as visitors." Another relative said, "They ring up and ask...are you coming in? It felt like they were treating you like family, that they wanted her to be here. They always ring up when she has had a bad day."

Working in partnership with others/and continuous learning and improving care:

- The deputy manager reported the service was in the process of setting up a weekly visit with a local GP in the area to reduce hospital admissions and promote better care. At the time of the inspection, we were however, unable to confirm this.
- Healthcare professionals told us they worked well with the service. A visiting healthcare professional told us, "Staff are very accommodating...friendly" and "Met manager...really lovely." Another said, "Staff are very good at sharing information with the team to ensure people are provided with the best possible care."
- The service have hosted events in aid of the Alzheimer's Society, including involvement with staff, people and relatives at the service.
- The provider informed us they worked in partnership with a number of community organisations. This included a small charity working with older people in the west end of Newcastle. We were told that representatives from this organisation had helped deliver electronic tablet sessions to people.
- Local nursery children had visited the service and been involved in various activities. These were planned to take place five times a year.
- The service was involved in making the local area dementia friendly. The provider told us and staff confirmed, that meetings had been held to plan this. They had already organised a Christmas lunch with local people, people living at the service and people from other provider homes. A local school helped with this.
- An electronic system was in place and all care records were being transferred over and updated to ensure

they were relevant and up to date. The same system was being looked at to include other management data, for example, accidents and complaints.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had failed to ensure the safe management of medicines. They had also not ensured that all fire safety concerns were addressed in a timely manner.</p> <p>Regulation 12 (1) (2) (a)(b)(d)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person failed to effectively assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>Regulation 17 (a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person had failed to ensure that staff yearly appraisals had been carried out.</p> <p>Regulation 18 (1)(2)(a)</p>