West Sussex County Council

New Tyne

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 12 and 13 April 2018 and was unannounced.

New Tyne is a residential care home registered to provide accommodation and care for up to 20 people who have a diagnosis of dementia or who are being assessed for this condition. At the time of our inspection, 19 people were living at the home. Fifteen rooms are allocated on a permanent basis, with five rooms reserved for people on short breaks or on respite care. Communal areas include a large sitting room with adjacent dining area and access to enclosed gardens. Accommodation is on one floor and bedrooms have en-suite facilities. New Tyne is a 'care home'. People in care homes received accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and care provided and both were looked at during this inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Requires Improvement under Effective and a requirement was made in relation to a breach of Regulation 11, need for consent. Staff did not have a thorough understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. At this inspection, we found that steps had been taken to address the issue. Overall the rating has improved to Good.

Staff did not receive regular supervision with their line managers in line with the provider's policy, however, this lack of supervision did not impact on the care people received. The registered manager was already aware of the issue and was striving to complete all outstanding supervisions with staff at the time of the inspection. Following the inspection, the registered manager sent us an action plan which stated that all staff would have a supervision by the end of May 2018. Supervision dates for each staff member would be planned at eight weekly intervals for the year ahead. However, systems were not effective in ensuring that staff received supervisions as needed. We have made a recommendation in relation to this.

Staff completed a range of training relevant to their work and were encouraged to become 'Dementia Friends', to make a positive difference to people living with dementia. New Tyne provided a 'dementia friendly' environment for people and thought had been given to exploring ways of working with others to promote understanding of this condition. People were supported to have sufficient to eat and drink and had access to a range of healthcare professionals and services. When people were referred to the home, meetings took place between professionals and staff to ensure people's needs could be met and the appropriate support provided. The home and gardens were accessible for people with safe space to explore outside. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People felt safe living at the home. Staff knew what action to take if they suspected abuse was taking place and had been trained appropriately. Risks to people were identified, assessed and managed safely; care records provided staff with information about people's risks. Staffing levels were sufficient to meet people's needs. Recruitment systems were robust. Medicines were managed safely and staff were trained in the administration of medicines. The home was clean and smelled fresh. Infection control audits were completed. When things went wrong, staff learned from these incidents.

People were looked after by kind and caring staff who knew them well. People and their relatives spoke positively about staff who were warm, patient and friendly. As much as they were able, people were involved in decisions relating to their care and encouraged to make choices. Staff treated people with dignity and respect.

Care records were detailed and current. They provided information and guidance for staff on how to care for people and meet their support needs in line with their preferences. Care was personalised and people's cultural and spiritual needs were catered for. A variety of activities was organised within the home and out in the community. People and their relatives knew how to make a complaint and would discuss any concerns with the registered manager or deputy manager. If people's needs could be met, they could live out their days at New Tyne and staff had completed training in end of life care.

A range of audits was in place to measure and monitor the quality of care delivered and the service overall. People and their relatives were encouraged to be involved in developing the service. Carers' meetings took place and people were asked for their feedback about the home. The home raised funds to provide additional activities and undertake improvements around the home. People and their relatives were positive about the care they received and commented on the atmosphere of the home. Staff felt well supported by management and enjoyed working at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were supported by staff who had been trained to recognise the signs of potential abuse and knew what action to take.

People's risks were identified, assessed and managed safely.

Staffing levels were sufficient to meet people's needs and robust recruitment systems were implemented.

Medicines were managed safely.

The home was clean and infection audits had been completed.

Is the service effective?

Good

The service was effective.

Some staff did not receive regular supervisions in line with the provider's policy, but this did not impact on the care and support people received.

Staff had completed training in mental capacity and understood the implications of this and associated legislation.

People enjoyed the food on offer. Their nutritional risks and any dietary requirements were monitored and catered for.

People had access to a range of healthcare professionals and support.

Attention had been paid to the environment of the home, making it 'dementia friendly'.

Is the service caring?

Good

The service was caring.

People were looked after by kind, caring and friendly staff who treated them with dignity and respect.

People and their relatives were involved in decisions relating to their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care in line with their care plans. Staff knew people well and how they liked to be cared for and supported.

A range of activities was on offer to people, within the home as well as outings into the community.

People and their relatives knew how to make a complaint.

If their needs could be met, people could spend the end of their lives at the home.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

The registered manager had identified there were gaps in the regularity of staff supervisions and was working hard to redress this. Following inspection, an action plan was sent to the Commission describing what action was to be taken to ensure every staff member had completed a supervision by the end of May 2018. The registered manager later informed us this action had been completed.

People and their relatives were involved in developing the service. Carers' meetings took place. People and relatives were asked for their feedback through surveys.

Staff felt supported by management and enjoyed working at the home.

A system of audits was in place to measure and monitor the overall standard of the service.

New Tyne

Detailed findings

Background to this 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 was planned to check 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.

This was an unannounced, comprehensive inspection which took place on 12 and 13 April 2018. This inspection team consisted of an inspector and an 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. Their area of expertise was in dementia.

Prior to the inspection we reviewed the information we held about the home. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. We used information the provider sent us in the Provider Information Return. This is information we required 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.

During the inspection we spoke with eight people who lived at the home, six relatives, the registered manager, deputy manager, a shift co-ordinator, chef and two senior support workers. We spent time observing the care and support that people received and also observed a member of staff administering medicines to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the home was managed. These included three care records and medicines records. We also looked at staff training, support and employment records, audits, minutes of meetings, menus, policies and procedures and other records relating to the management of the home.

Good

Is the service safe?

Our findings

People we spoke with felt safe living at the home and said staff responded promptly when they needed them. People told us, or indicated by pointing, the staff they liked and felt comfortable with. One person said, "Staff come in twice at night to check I'm okay. It's nice to know they are there". The door at the front of the home was operated via a keypad system, so any visitors were vetted prior to entry. People were not able to leave the home freely as this placed them at risk. The registered manager told us that every hour, a head count took place which was recorded; this enabled staff to know of people's whereabouts and that they were safe. Staff had completed safeguarding training and understood what action to take if they suspected abuse was taking place. One staff member was the 'safeguarding champion' and had completed additional training which enabled them to provide advice and support to staff with regard to any potential safeguarding concerns.

Risks to people were identified, assessed and managed safely to mitigate risks. Care records included detailed risk assessments for people in areas such as their mobility, moving and handling, skin integrity and nutrition. Where people were at risk of developing pressure areas, Waterlow charts had been used. Waterlow is a tool specifically designed for this purpose. Incidents, accidents and 'near misses' were recorded and referrals to healthcare professionals made as needed, for example, if people had sustained falls. Sensor mats were in use where needed, so people's movements, especially during the night, could be monitored. Where required, decisions were taken in people's best interests in the use of sensor mats, according to best practice. Premises were managed safely and the maintenance of the building was managed by contractors of the provider. Equipment, such as hoists, was serviced regularly.

Staffing levels were sufficient to meet people's needs. During the day, five care staff were on duty in the morning and four in the afternoon. At night, two waking staff were on duty. We were told that night staff based themselves around the home according to need and could be deployed flexibly. For example, one person had started to sleep in the lounge at night, so one staff member was located near to this communal area at night. Relatives felt people's needs were attended to promptly and one relative said, "There are always carers around and this appears more than in other homes. There's always something going on". We asked staff if there were enough staff. One staff member had noticed improvements with two senior support workers being on duty at weekends, when the managers were not at work. One staff member said, "It has its moments. I like being busy. We have too many agency staff and the deputy manager spends a lot of time organising agency staff for shifts". Staff generally felt there were enough staff and said they had time to sit and chat with people.

We looked at three staff files. These showed that safe recruitment systems were in place. New staff had completed application forms and their employment histories had been looked at. Checks were made with the Disclosure and Barring Service (DBS), so that the provider could be assured new staff were suitable to work in a care setting.

Medicines were managed safely. Everyone living at the home required the support of staff to ensure they received their medicines as prescribed and that they were administered safely. We observed a staff member

administering people's medicines at lunchtime and this was done safely and in line with good practice. Staff who administered medicines had completed training in this. Medicines were ordered, stored, administered and disposed of safely. A relative said, "My husband doesn't like taking his medication and staff are very patient. They keep encouraging him and will try again later if he refuses at first". Monthly medicines audits were completed and the registered manager undertook spot checks when staff administered medicines, to observe their competency.

The home was clean. Staff were prompt to clean up when people were incontinent of urine and had 'accidents' in chairs or on the floor. Staff wore personal protective equipment as needed, for example, when carrying out personal care or serving food. Infection control audits were completed and this included a check list of communal areas, to ensure they were kept clean.

Learning took place when things went wrong. For example, one person had made an allegation against a member of staff and a safeguarding was raised. The allegation turned out to be unfounded. As a result, as part of the handover between shifts, staff were specifically allocated to people where it was felt that there could be a risk of concerns being raised. This was to protect people and staff. Incidents were reported appropriately by staff and an email alert was automatically generated to the registered manager so he could follow-up as needed.

Good

Is the service effective?

Our findings

At the inspection in March 2016, we found the provider was in breach of a Regulation associated with consent to care. We asked the provider to take action because staff lacked knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Following the inspection, the provider informed us that the staff team were in the process of completing e-learning training for MCA and DoLS, but that this method of training for staff was not proving very effective. As a result, the provider made arrangements for bespoke, face to face training to be delivered to relevant staff, and this has now been completed by staff.

At this inspection, 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 were being met. The 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.

Staff had a good understanding of MCA and its implications. The local authority had produced a plastic card, about the size of a credit/debit card, which documented the five principles of the MCA, which staff could carry around to act as a reminder. One staff member said, "We shouldn't assume people don't have capacity" and went on to talk about people being empowered to make unwise decisions if this was their choice and they had capacity. Another staff member told us, "Everyone has choices". People's capacity to make decisions had been assessed as needed and four applications for DoLS had been authorised. The local authority was in the process of looking at other applications which had been submitted.

Staff did not always receive regular supervision meetings in line with the provider's policy. This did not have an impact on the care and support people received, since the registered manager and deputy manager had regular oversight in communal areas and we observed this in practice. We have written about this issue further in the Well Led section of this report and have made a recommendation.

At inspection, we asked staff about their supervision meetings. One staff member said, "We have individual supervision and we have seniors' meetings. I know I'm supposed to have more supervisions". They added that they did not feel the lack of supervision meetings was a problem and explained, "There's an open door policy here and staff are free to have a chat with managers". Another staff member told us, "I always say to my senior, I won't wait for my supervision. If I had a problem I would go straight to them".

Staff completed a range of training which was considered mandatory to undertake their role effectively. The majority of this was delivered electronically. We looked at the training plan which showed the training which had been completed by staff. Training included safeguarding, medicines, moving and handling, first aid, fire safety, health and safety, hazardous substances, infection control, food allergy, mental capacity,

diabetes awareness and dementia. Staff were encouraged to become 'Dementia Friends'. A Dementia Friend is a volunteer who encourages others to make a positive difference to people living with dementia in their community. New staff completed an induction programme which included shadowing experienced staff and completing vocational qualifications. Relatives felt that staff were knowledgeable and experienced and that people were looked after well in a way they liked. One relative said, "They couldn't treat people better if it were their own family". They said that agency staff liked working at the home and that, "They kept staff". One person pointed at a staff member and said with a smile, "That's my carer and they care for me".

New Tyne caters for people living with dementia and had explored ways of working with others to promote an understanding of what the condition was like. They were signed up to a local initiative, 'Worthing Dementia Action Alliance' which met at least quarterly. Organisations who were part of this alliance worked together, to network and share information. Members included health and social care professionals and carers, all of whom played a part in raising awareness about dementia and making the town more 'dementia friendly'. The local authority had provided information on line through their learning gateway, the Dementia Pathway.

People were supported to have sufficient to eat and drink and healthy lifestyles were promoted. People's risk of malnourishment had been assessed using the Malnutrition Universal Screening Tool. Where people were at risk of losing weight, food and fluid intake charts were completed, so that their intake could be monitored and any action taken. A staff member explained how people's nutrition was monitored and said, "I take plates and record how much people eat, so carers can follow up and get people to eat a bit more later in the day if need be". We observed people having their lunchtime meal in the dining room. People ate together at tables and staff supported people who required help or encouraged them to eat. A staff member told us that one person had an alternative dessert as they were on a low fat diet. People enjoyed the meal and we saw that most plates were empty at the end of the meal. Red plates were in use; many people living with dementia find it difficult to differentiate food items on a plate and red plates helped them in this. Wine or shandy was available to people if they wanted, in addition to soft drinks. We spoke with the chef who told us that seasonal produce was used; they demonstrated they knew people's likes and dislikes, including any special dietary needs. People were positive about the food on offer. One relative said, "The chef is absolutely brilliant. People get a cake with their name on it for birthdays. The chef is not an exception to the role, even the cleaners are marvellous". We saw that the menu was on display in the dining room in an accessible format, with pictures of each food choice, so people could easily see what they wanted to choose. Hot and cold drinks were readily available to people.

When people came to live at the home following a stay in hospital, meetings took place between health, social care professionals and staff at the home, to ensure a smooth transition. This meant that people received effective care promptly that met their identified needs. People were supported with their healthcare needs and had access to a range of healthcare professionals and services. A relative told us that when their family member had become unwell, the GP was promptly called and said, "They are right on it". Another relative told us that when their family member sustained a fall, help was sought and they were informed straight away. Care records showed the involvement of a range of healthcare professionals such as community psychiatric nurses, occupational therapists, opticians and consultants. New Tyne is situated next door to a health centre, so access to GPs and appointments was made easy.

The home and surrounding gardens had been adapted, and were accessible to, people living with dementia. Rooms were personalised. A new bathroom was in the process of being finished and people had chosen the colours. The new bathroom included a Jacuzzi, lights and music to provide a sensory experience. A tracking hoist was available for staff to use where people had mobility issues. Toilet seat covers in people's en-suite facilities were coloured red, so people could see them easily. Thought had been given in how to make the

home a dementia friendly environment. People could access the enclosed garden safely during daylight hours. Locks on the doors to the garden area could be put on a timer, so were automatically closed and locked when it got dark. The registered manager explained this was the least restrictive way to keep people safe, whilst encouraging their independence. People enjoyed the gardens, socialising with visiting cats and a resident seagull! A relative said, "I like that people can walk outside in the garden. It is really good and people are kept safe".

Good

Is the service caring?

Our findings

People and their relatives commented on the kind and caring nature of staff. One relative said, "It is like this all the time, we're very happy with things. In fact I wouldn't mind putting my name down when it is my time". One person said, "It is lovely here" and another person told us, "It's a happy home".

We observed that staff were warm and patient with people and provided reassurance when people became unhappy or anxious. Staff had time to sit with people and have a chat.

As much as they were able, people were involved in decisions relating to their care and support. One person said, "Staff encourage me to choose my own clothes and jewellery and they know my likes and dislikes". Another person told us, "It is my home. We do what we like. We have a good laugh and have good friends". People were involved in choosing what they would like to include in their memory boxes outside their bedrooms. Memory boxes are a way of helping people to remember things that are important to them by including items of significance. Relatives told us they felt informed about what was happening to their family members at the home and were immediately informed if there were any issues. They said they were involved in decisions relating to their family member's care and support.

We completed an observation of staff with people in the sitting room during the afternoon of our inspection. Staff supported people with their drinks and asked them whether they wanted to watch the television or listen to some music. Staff encouraged people to participate in activities and engaged positively with them. We witnessed staff treating people with patience, dignity and respect and heard them explaining to people what was happening. For example, a staff member said, "Come on lovely, put your hands there and push yourself up", when supporting a person to get up from their armchair. We saw another member of staff offer her hand to a resident saying, "It is good for you to walk". We observed people felt safe and comfortable when walking with staff into the dining area at lunchtime. We asked staff how they treated people with dignity and respect. One staff member highlighted the importance of closing people's doors when they received personal care. They explained one person liked to receive their injections in the office, which was private. When people needed privacy in communal areas, screens could be used.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Care plans were written in an accessible format and staff met with people regularly to discuss and review their care needs.

Care records were written in a person-centred way. People were referred to New Tyne by Social Services. Everyone either had a diagnosis of, or were being assessed for, a type of dementia. Some people had additional needs, for example, a sensory impairment such as difficulty with their hearing or sight. Care plans included information in relation to people's additional needs, for example, alterations to people's environment to assist them as they moved around their room. The garden had an area dedicated to people's sensory needs, in the use of perfumed and coloured flowers and plants. People chose whether they wanted to be looked after by male or female staff. Care plans detailed people's likes, dislikes and their interests. Daily records were kept which monitored when people had received a bath or shower or bowel movements, for example. People's personal histories provided information for staff so that staff had a good understanding of people's past lives and could develop conversations around these. Care plans provided information and guidance to staff about people's care and support needs. Dementia care plans provided information to staff about the type of dementia people were experiencing. From our observations at the time of inspection, it was clear that staff knew people well and supported them in line with their care plans. People were involved in reviewing their care plans and staff supported them in this. We were told that one person's behaviour had changed recently in that they could become upset during the evening or at night. The registered manager told us of things they had tried to calm the person down, so their behaviour could be managed in a calm and appropriate manner.

People's cultural or spiritual needs were catered for. Members of a local church came to the home and sang with people and people could join in, if they wished. Staff had completed training in equality and diversity and understood that everyone should be treated as an individual.

A range of activities was organised by staff with people and we observed staff spending time with people, looking at magazines or participating in a quiz. The atmosphere was friendly and relaxed and we heard lots of laughter from people and staff. Staff had access to iPads which helped them identify activities suited to people's needs and preferences. Wi-fi around the home was not available from the provider, but the registered manager told us they were planning to use money that had been fund-raised, so they could have a music system set up around the home with wireless speakers. A new car had been collected and was available for staff to take people out. The home also had the use of a minibus for group outings which were planned to places such as garden centres. People could also visit the day centre which was situated next door to the home. External entertainers visited and we were told that a local secondary school had visited at Christmas to sing carols with people. Magazines were available for people to have a look at. A staff member told us there were plans to set up a 'wish tree' whereby people could choose something they would

like to do, then staff could help their wish come true. People told us they were happy with the activities on offer. People's birthdays were celebrated and important events, such as royal weddings, Christmas, etc. Special menus had been planned for saint's days, such as St David's Day on 1 March, with Welsh food. A relative told us that an ice-cream van would visit during the summer and people enjoyed choosing an ice-cream. Relatives told us that people were encouraged to be as independent as possible. For example, one person enjoyed folding the napkins at meal times. Another person wanted to be in charge of their own money, so the registered manager had given them toy notes, which the person was very happy with. Their relative said, "The manager prints [legally] money for Mum as she keeps giving her money away. We say, 'We need another £200 today!'"

People and their relatives knew who to talk with if they had any concerns or complaints and told us they would report to the registered manager or deputy manager. A relative described one incident when their family member's call bell was not working and this issue was addressed promptly. The same relative told us they had looked at many homes before choosing New Tyne for their family member and were very keen for them to come to live at the home. We looked at the complaints log which showed that four complaints had been received during 2017 and none for 2018 to date. Each complaint was managed in line with the provider's policy and to the satisfaction of the complainant.

If staff could meet people's needs, they were able to live out their lives at New Tyne. Staff had completed training in end of life care from staff from a local hospice and from a dementia specialist nurse. People's end of life wishes were recorded in their care plans. One relative said, "If they lose someone, staff go to the funeral and are devastated".

Requires Improvement

Is the service well-led?

Our findings

The registered manager was aware that some staff had not received regular supervision from their line managers and had strived to ensure all staff had received formal supervision at the time of the inspection. The registered manager told us that staff should have supervision meetings with their line manager at least every four weeks. According to the supervision plan that we were given, a minority of staff had received supervision in 2018 to date. The registered manager told us that staff meetings could be used for group supervisions, but a system for implementing this had not been formulated at the time of this inspection. We discussed the issue of the lack of supervisions with the registered manager. He acknowledged that supervisions were not happening as regularly as possible and told us he would make a concerted effort to have all outstanding supervisions completed. Staff felt that the lack of formal supervision meetings was not an issue and told us they could discuss any issues freely with the registered manager or deputy manager. The registered manager took immediate action following the inspection and all staff had attended a supervision meeting before the end of May 2018. The registered manager and deputy manager observed staff supporting people since they had a regular presence on the floor.

There was a management failure in the process for monitoring staff supervisions to ensure they took place in line with the provider's policy. We recommend that the registered manager looks into setting up a robust system to monitor staff supervisions that meets the provider's policy.

We looked at a range of audits that had been completed in relation to the kitchen, fire, health and safety, shift plans and an analysis of accidents and incidents. These audits were clear and identified any actions required or steps to be taken to drive improvement. For example, the majority of incidents related to unwitnessed falls that people had sustained. Where needed, referrals had been made for advice and guidance from healthcare professionals. Notifications that the provider was required to send to us by law had been completed and sent to the Commission as needed. The Commission's rating of the home, awarded at the last inspection, was on display at the home and on the provider's website.

People and their relatives were involved in developing and reviewing the service. A survey was completed with each person to ask them about New Tyne and six surveys had been completed during 2018 to date. Comments from people included, 'Happy, lovely place' and 'Couldn't find a better place and staff are wonderful'. People were asked for their views in relation to the support they received from staff, activities, communication, whether they felt safe and whether they knew who to complain to if they had a concern or were unhappy. Comments were positive. A newsletter had been produced which kept people and their relatives in touch with what was happening at the home. Relatives were also asked for their feedback. One relative had written, 'Thank you to all of the team at New Tyne for your continued care and support for Mum. It is certainly pleasing for me to know that she is well looked after and that you do all you can to make her as comfortable as possible. She certainly seems to be content and happy living with you'. A monthly carers' group took place at which relatives and others who were involved in caring for a loved one were invited. We were told these meetings were well received and attended. The registered manager said, "Any carer can come, even though their loved one no longer uses the service. The meetings provide emotional and wellbeing support".

The home had been successful in receiving donations from a supermarket chain and a utility company and the funding was used to improve areas of the home. For example, the gardens had been planted up and gardening activities had been arranged for people to be involved with. New duvets and lamps had been purchased for rooms used for respite. Money was raised through raffles which were organised by staff and funds raised provided additional activities or were used to make improvements at the home, for example, installing wi-fi.

We looked at the provider's statement of purpose in relation to New Tyne, which stated, 'The centre's management team and the whole staff group are committed to upholding the individuality of each customer and to respecting their privacy and dignity within the centre'. This was demonstrated from out observations and evidence found at inspection. We asked the registered manager about the culture of the home and he said, "It's always caring and loving, like a family. Relatives comment on the atmosphere. It's about supporting people with dementia to live well and live liberated lives. People need to be enabled to do as much for themselves as possible". A staff member told us, "It's about the friendliness and the staff, our customers, everyone mixes in together. I like it here and I think it's a good home". Another staff member said, "It's a lovely place to work, an amazing atmosphere and great team work". We asked the registered manager about Duty of Candour and he knew what this meant and said it was discussed at team meetings. When things went wrong, relatives and professionals were contacted, care plans were updated and actions taken in response.

Staff felt well supported by the management team. One staff member said, "The managers will sort anything out. We have a good, caring staff team. I get satisfaction out of seeing people are okay for the day, dressed, have eaten and drank". They added that some people came in for short stays and said, "Some people may look extremely neglected and then you can see them looking a whole lot better when they stay here and that's good". Staff meetings were held on a regular basis. We looked at records from meetings held with staff in January 2018. These showed that staff had contributed to a discussion about the purpose of New Tyne, their involvement and what would happen if the purpose was not achieved. Processes were discussed and the responsibilities of staff. All staff agreed with the points arising from discussion. Staff were asked for their views about the leadership, organisational stability, culture, customer focus, equality and diversity monitoring through a staff survey. Agency staff were often needed to cover gaps in staff shifts and we were told that sometimes these staff did not have English as their first language. However, this was not an issue since staff could communicate effectively with people. The registered manager explained the importance of embracing diversity and the need to ensure that people were able to understand and communicate with staff, without discrimination.