

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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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

Whorlton Grange provides accommodation for up to 51 people with residential care needs. At the time of the inspection, 46 people were using the service. Some of the people were living with dementia.

People's experience of using this service and what we found

People felt safe and were cared for by kind and compassionate staff. People and relatives praised the staff team. People felt safe and personal belongings, including finances were looked after well.

People received their medicines in a safe way and on time.

The environment was clean and tidy and people had signage to help them find their way around the service. Visitors to the service did not always sign in/out and we have made a recommendation about this.

People's care records and risk assessments were regularly reviewed to make sure people's needs were met. We did find a small number of gaps which were updated.

Staff were suitably skilled to meet people's needs and there was a robust recruitment procedure in place. There were enough staff to support people and call bells were answered within suitable timescales. Staff said it was busy at times. The management team were going to further monitor this.

People's diet needs were fully met and any issues arising were reported to health care professionals for additional support.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

Activities were in place and a new activity coordinator was being sort to further enhance this.

There were systems in place to check the quality and safety of the service and learn from any issues arising. The deputy operations manager was providing day to day management cover to the service as they recruited to the post of manager with the support of a deputy operations manager.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 20 February 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of

regulations. The service has improved and is now rated good.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The team consisted of, one inspector, a specialist advisor in nutrition 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.

Service and service type

Whorlton Grange Residential 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, although they no longer had daily oversight of the service. A new manager was being recruited and a temporary application and cover arrangements were in place. 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 was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We 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.

During the inspection

We spoke with 10 people who used the service and gained the views of 15 relatives. We spoke with the deputy operations manager, deputy manager, a regional support manager, two kitchen staff, four team leaders and seven members of care staff. We also communicated with a community nurse, a GP and two social workers.

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. This included six people's care records and multiple medicines records. We looked at four staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider did not have robust systems in place to manage medicines well. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection improvement had been made and the registered provider was no longer in breach of this regulation.

- Medicines management had improved since our last inspection and now were managed well. A small number of recording issues were addressed straight away.
- People received their medicines on time and they were administered how they wished, for example, on a spoon or into their hands.
- Storage of medicines was good. The medicines room was secure, clean and tidy and monitored for its temperature. The storage of disposed medicines was in line with best practice guidance.
- Staff had received training to ensure they could administer medicines correctly.

Assessing risk, safety monitoring and management

At our last inspection the provider had not always addressed all risks identified. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection improvement had been made and the registered provider was no longer in breach of this regulation.

- Risks to people's health and wellbeing were proactively recognised, assessed and managed.
- Safety checks on the building and equipment were carried out.
- People's finances were monitored and checked to ensure they were correct. We sampled financial records and counted people's actual monies held by the provider to confirm this.
- Staff demonstrated an awareness of what to do should a fire occur in the home. People's care plans included personal emergency evacuation plans to ensure they were given the correct support in the event of an emergency. Some visitors to the service had not signed in or out. We brought this to the attention of the management team who said they would address this.

We recommend a review of signing in/out procedures in line with best practice.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe. Concerns, such as incidents between people, had been reported to the relevant authorities. Staff had received training in safeguarding vulnerable adults and told us they would report any concerns. One relative said, "They keep her safe as she used to wander at home and then fell, but she has had no falls here and they are great with my her."

Staffing and recruitment

- There were enough staff employed to meet people's needs. We reviewed call bell response times and found suitable timescales in responses. Some staff commented it was busy at times. The deputy operations manager told us they would continue to monitor this.
- Suitable recruitment procedures were in place, including checks prior to employment to confirm if potential staff were suitable to work with vulnerable people.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored to ensure there was opportunity for lessons learned to help prevent reoccurrence and keep people safe. Appropriate reviews took place of all incidents and any patterns or emerging trends were highlighted for discussion with relevant professionals. A small number of incidents had not included a full outcome. We discussed this with the management team who said they would ensure this was included in future.

Preventing and controlling infection

- The service was clean and free from unpleasant odours.
- Staff had received training in infection control and followed safe working practices. Staff wore gloves and aprons when supporting people with their personal care, to protect them from the risks of infection.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff yearly appraisal were carried out. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection improvement had been made and the registered provider was no longer in breach of this regulation.

- Staff were inducted, supported, trained, and suitably skilled to meet the requirements of their role. Staff told us they felt supported and could ask for additional help when needed. Staff had either received an appraisal or had one planned. One person was complimentary and said, "They are brilliantly trained. I was ill with flu, they called the doctor and I was rushed into hospital and I was there for weeks. The nurse at the hospital said that I was on 'deaths door' especially due to my age, so yes...excellent training."

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

- People's physical, mental health, social and emotional needs were holistically assessed. Evidence based guidance, such as those in relation to nutrition and pressure damage were used to measure risk to people.
- People's oral health was assessed and monitored. Staff were knowledgeable about supporting people with their teeth and supported them to attend dental appointments.
- People's assessments considered people's strengths and how best to support people to make choices.

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

- People were supported with plenty suitable food and fluids to maintain a healthy diet, including those on more specialist diet plans. Staff were observed gently holding one person's hand while they explained what type of food they were supporting them with. One relative said, "The meals are fine, (person) can't eat eggs and they know this, (person) was so thin when they came in from hospital but now (person) is getting back to normal."
- People were referred to health care professionals, such as the Speech and Language Therapist Team when there were any concerns about their eating or drinking. Staff followed advice and guidance, such as providing fortified diets or pureed meals.

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

- People were supported with their healthcare needs and had access to a range of healthcare professionals, including dieticians and dentists. A weekly health call was made to the service by a local GP, this was reported to be working well. One person said, "One of the good things about here is they check on me regularly, they even checked my teeth the other day. We have a chiropodist and a hairdresser, I would

recommend here. My daughter works for the NHS and she picked here, if it's good enough for her it's good enough for me!"

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

- The service was welcoming, pleasantly decorated, and people were encouraged to personalise their own rooms.
- Signage was in place to help people orientate around the building.
- People had access to a secure outdoor area for them to gain fresh air at any time. The service was close to a golf course and had a number of pathways to allow people to walk safely in better weather.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed staff always asked their consent before providing their care.
- The provider had applied to deprive people of their liberties appropriately and applications were recorded and monitored for timely renewal.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care or help health and social care professionals to make best interest decisions about people's future care.
- Some relatives had lasting power of attorney (LPA) in place. The provider did not always have details of which LPA was in place, for example, finances or health. This was immediately reviewed, and additional information gathered, including ensuring that copies were held.

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 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

- Staff were observed to be caring, kind and patient with people. People comments included, "They are kind. I wasn't feeling too grand yesterday and was a bit down, so they brought me a coffee and sat with me until I felt better"; "Yes, they are very caring. They work hard, have a great sense of humour, which is important in here" and "The staff are lovely. They will do anything for you and help you were they can."
- Staff took pride in people's progress and spoke positively about the people they cared for. One staff member said, "They were not eating well, but due to the staff team have started to come round and are gradually improving."
- Equality and diversity policies were in place at the service and staff had received training in this topic. People had access to religious groups if they so wished. One person told us they attended church regularly.
- People appeared relaxed and comfortable in the company of staff.

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

- People's preferences were documented in their care records and were able to make decisions for themselves. A relative said, "They get (person) up and ready, and hold up two different items of clothing to see what they want to wear."
- Relatives were involved in their family members care. One relative said, "There was a review of their care plan last week. They get good care here, they shadow them when walking. (Person) points to some of the carers and says 'she is a canny lass'. They all respect (person)!"
- Meetings took place with people and families to allow them opportunities to express their views. The management team said these meetings were being increased and would occur more regularly.
- People had access to advocacy services when required.

Respecting and promoting people's privacy, dignity and independence

- People's rights to confidentiality and privacy were respected. Staff were discreet when speaking with people. Records were kept securely to protect their confidential information.
- People's dignity was maintained. Toilet and bedroom doors were closed when staff were supporting people with personal care. One person told us, "They always think of my dignity, they are good lasses."
- Staff supported people to remain as independent as possible. We observed staff encouraging people to support themselves. One relative said, "They tread a fine line between giving residents' freedom and keeping a 24/7 eye on them."

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 good. At this inspection this key question has remained the same. This meant 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

- People's records were tailored to their individual needs. Hospital passports were provided to other health care professionals during appointments or hospital stays. These provided full and clear details on how to support people, including likes and dislikes.
- Care records were in the process of being updated. One record was updated straight away in light of some missing information reported to the management team.

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

- Staff supported people to avoid social isolation. Activities took place both within the service and outside in the community. People told us, "I like the dancing and singing, especially Elvis Presley and going in the bus to the Museum for Life" and "I do chair exercises, balloon games; we went to water world in Redcar, (and play) bingo, knitting and crafts."
- Some people did not wish to participate in activities and staff made sure they regularly engaged in conversation with them to reduce the risk of social isolation.
- The provider was in the process of further improving activities by advertising for an additional activity co-ordinator to support this.

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.

- The management team were aware of the AIS. Communication needs were fully assessed and detailed in people's care records. Larger print and other options were available to people as required.
- Staff understood each person's individual ways of communicating. Some people had limited verbal skills, but staff understood their communication styles and made sure their choices and preferences were met.
- Some people used technology such as an internet-based electronic device which responded to verbal instructions and questions. This included, for playing music and asking what the weather was today.

End of life care and support

- People were suitably supported at the end of their life. End of life care plans documented people's wishes and included evidence that family members had been involved.

Improving care quality in response to complaints or concerns

- Complaints policies were in place and published within the service. People and their relatives told us they would complain if they needed to and knew how to. One relative said, "It's always nice and civilised in here. Any complaints, I would knock at the office and I am certain they would sort it."
- Complaints were recorded and responded to. Acknowledgement to complainants was not always available on file, but we were able to establish the providers complaints policy had been followed. The management team said they would ensure that all documents were fully recorded with the complaint in the future.
- A range of compliments were recorded which had been received from a range of relatives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider did not have robust systems in place to monitor the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection improvement had been made and the registered provider was no longer in breach of this regulation.

- A range of quality assurance checks were in place to monitor the service provided to people. Staff performance, learning and development was monitored through observations, team meetings and supervisions. The service used weekly food and drink diary analysis to check and monitor issues arising with people's food and fluid intake. Actions were taken when issues were identified.
- The management team understood their regulatory requirements to report incidents and events to the CQC.
- Certificates of registration and the ratings from the last inspection were on display in the entrance areas to the service and on the providers website.

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

- The service had a relaxed atmosphere and staff valued the people they cared for.
- Family members were involved in planning their relative's care and support which promoted the achievement of good outcomes for them. Relatives were complimentary on how effective the staff team were in helping their family member.
- Communication between the staff was good. A handover was completed at each change of shift. A new 'flash' meeting had been implemented with representatives from all departments within the service. This made sure staff were up to date with any changes in people's needs.
- Over the last year there had been a number of changes to the management team. The one constant was the deputy manager who had supported service delivery throughout. One relative said, "It's very good with a friendly atmosphere here. I would recommend here now as I know (person) is safe and well cared for."
- Morale within the service had improved since the last inspection. Staff appeared happy and content in their roles. One staff member said, "I love working here. We just need a decent manager to come and stay."

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 provider had acted on their duty of candour regarding incidents and accidents. Families, the local

authority and CQC had been notified when needed.

- The management team acted in an open and transparent way and took on board feedback given during the inspection and acted quickly to address any minor issues discussed.

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

- People and other visitors to the service were provided with opportunities to provide feedback. This was done via surveys, review meetings and regular discussions with managers and senior staff.

Working in partnership with others

- The service worked in partnership with external agencies to deliver a good quality of care to people and to help them stay as independent as possible. This included a recently established GP weekly visit to the service to see people in need of additional health care.
- The service had good links with the local community. Schools, and local groups visited the home to maintain links.