Wellburn Care Homes Limited

Wellburn House

Inspection report

Main Road
Ovingham
Prudhoe
Northumberland
NE42 6DE

Tel: 01661834522
Website: www.wellburncare.co.uk

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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

This was an unannounced inspection that took place on 30 August 2018. We previously inspected this service in December 2017 and rated the service 'Requires improvement'.

Wellburn House provides care for up to 35 people, some of whom may be living with dementia.

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

The home had a registered manager. 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.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service provided structured activities for people as well as hiring entertainment. The service was developing strong community links that would broaden the range of meaningful activities for the people who lived at Wellburn House.

The staff team understood how to protect adults from situations in which they would be vulnerable to harm and abuse. Staff had received suitable training and talked to us about how they would identify any issues and how they would report them appropriately. Risk assessments and risk management plans supported people well. Arrangements were in place to ensure that new members of staff had been suitably checked before commencing employment. All new staff completed an induction.

Any accidents or incidents had been reported to the Care Quality Commission as necessary and suitable action taken to lessen the risk of further issues. Risk assessments and care plans provided guidance for staff in the home. Where possible, people in the service were involved in writing care plans.The management team had ensured the plans reflected the person-centred care that was being delivered.

The registered manager ensured that there were sufficient staff to meet people's needs in a timely manner, this included care training for both kitchen and domestic staff. Staff were suitably inducted, trained and developed to give the best care possible. We observed kind, patient and suitable support being provided. Staff knew people well. They made sure that confidentiality, privacy and dignity were maintained. Staff were suitably skilled in providing end of life care and were able to discuss good practice, issues around equality and diversity and people's rights.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary and were able to attend hospital appointments.

We saw that an assessment of needs was in place. People were happy with the food provided and we saw healthy meals that staff supported and encouraged people to eat. The home itself was clean and comfortable on the day we visited. Suitable equipment was in place to support people with their mobility.

Complaints and concerns were suitably investigated and dealt with and good records management was in place in the service. There was also a quality monitoring system in place which was used to support future planning.

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.

Medicines management had improved since our last inspection.

People felt safe and staff knew how to protect them from abuse.

The home was clean and hygienic.

Is the service effective?

Good

The service was effective.

People were supported by competent and confident staff.

Staff received appropriate supervision and appraisal.

People were not deprived of their liberty unnecessarily and their rights were protected.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff were kind and people told us they were treated well.

People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning of their care.

People were able to access the community if able to do so and a variety of activities were provided in the home.

The service had a complaints procedure.

Is the service well-led?

Good

The service was well led.

The registered manager modelled good practice to the staff.

The service was developing good links with the local community.

The manager had a clear vision about the future of the service.

There was a quality assurance system in place that was monitored by the provider.

Wellburn House

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 inspection took place on 30 August 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the local authorities who contracted people's care. 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.

During the inspection we spoke with six people who used the service and two relatives. We also spoke with the registered manager, five care staff, kitchen staff and domestic staff. We reviewed a range of records about people's care and how the service was managed. We looked at care records for four people, recruitment, training and induction records for five staff, staffing rosters, staff meeting minutes and quality assurance audits the manager had completed. We looked around communal areas of the home and with permission people's rooms.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at Wellburn House, a relative commented, "I think my husband will be safe here."

The staff protected people who used the service from abuse. Staff were able to tell us about different kinds of abuse such as physical, financial or psychological. They told us they would speak with the registered manager if they suspected abuse was taking place. This meant staff knew how to identify and report abuse. The manager knew how to report and investigate issues relating to abuse and safeguarding. We saw from our records they appropriately raised any concerns with the local safeguarding authority. The policies and procedures relating to safeguarding were accessible and included guidance on whistleblowing. Having whistleblowing guidance in place meant that staff were aware of how to confidentially raise concerns about the conduct of colleagues.

The registered manager ensured there were enough staff to meet people's needs. We saw that people did not have to wait for support. A person who used the service said, "Yes, there are enough staff." Staff we spoke with confirmed this. We looked at the duty rota and noted there were occasional gaps in it if staff were absent from work. We spoke with the manager and they told us all staff including kitchen and domestic staff were trained in care. This gave the registered manager more options for covering absent staff. The registered manager also used a dependency tool to help work out how many staff were needed to meet people's needs. The tool was based around people's dependency levels and took account of areas such as personal hygiene, mobility, health, dementia and nutrition.

The provider had effective recruitment processes in place to check new staff were suitable to work at the home. Checks carried out included requesting and receiving references and a Disclosure and Barring Service (DBS) check. Where required, such as following receipt of information from DBS, risk assessments or additional checks were carried out to assess the staff member's suitability before they started working at the home.

On our last inspection we made a recommendation about the safe management of medicines. The provider had improved systems for the safe management of medicines. Only nurses or specially trained care staff whose competency had been assessed, administered people's medicines. There were new systems in place to ensure that time sensitive medicines, such as tablets that were to be taken before food, were given at the correct times. We saw records relating to the receipt, administration and disposal of medicines were accurate. Medicines were stored safely with checks in place to review storage arrangements. For example, daily temperature checks of the storage rooms and medicine fridges helped ensure medicines remained safe to use. People told us they received their medicines when they were due. One visiting professional commented, "It's fine there's no issues around medicines."

The regsitered manager and their staff carried out risk assessments when needed to help keep people safe. Examples of completed risk assessments included the use of walking frames, the safe use of moving and handling equipment and a fire risk assessment. Risk assessments clearly identified who was potentially at

risk and the control measures in place to reduce the impact on people. Evidence was available to show these had been reviewed at least annually.

Health and safety related checks were completed regularly to help keep the premises and equipment safe for people. This included fire safety checks, fire drills and checks of electrical, gas and water safety. There were also policies and procedures for dealing with emergency situations.

The home was kept clean and hygienic by the domestic staff who we observed at work throughout our time spent at the home. The registered manager monitored this with regular infection control audits to check cleanliness was maintained to a high standard. We viewed the records of previous audits which showed effective systems were in place. These showed a good standard of hygiene was confirmed. We noted hand washing guidelines were displayed near all hand washing facilities as a reminder for staff, people and visitors.

The provider kept detailed records for incidents and accidents at the home. These were audited to check appropriate action had been taken. This was also used as an opportunity to look for any trends and patterns. It was evident the registered manager looked for ways to improve the service.

Good

Is the service effective?

Our findings

We asked people if the staff knew how to support them properly, one person commented, "Well of course they know what they are doing." A relative told us, "As far as I know they look after my relative properly." We spoke with staff and asked them if they felt confident and competent whilst carrying out their role. One member of staff told us, "We are very well trained."

Records confirmed that staff had completed mandatory training. This included moving and handling, infection control and safeguarding vulnerable adults. New staff were supported in their role via an induction programme. During this period their competencies were regularly checked by senior staff. Staff were able to access more formal vocational training such as the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviour expected of specific job roles in health and social care.

We looked at supervision and appraisal records for staff. Supervision sessions gave staff the opportunity to discuss any training requirements or to request additional training. It also allowed staff to review their performance within their roles with a senior member of staff.. When we spoke with staff they told us that they found these sessions helpful in terms of their development and performance.

The service had a system of assessment in place which helped to identify people's needs. They contained information about people's history prior to entering the home. The assessments were detailed and written in the first person. Staff told us that people were as involved as they possibly could be in the assessment process.

Assistive technology was available within the home. There were pressure sensors placed around beds to alert staff that people had risen during the night and may require support. A call bell system was in place so people could summon staff easily if required.

The provider ensured people's nutritional needs were being met. We saw everyone had support plans relating to food and fluid. The provider used an external food supplier that provided nutritionally balanced meals. There were meal options for people who required soft diets or foods that were suitable for their religion. Kitchen staff ensured that meals were heated and served. In addition they made home baked cakes, biscuits, snacks and cooked breakfasts. This helped to support people to achieve a healthy balanced diet in line with their care plans. People told us, "The food is nice." We saw that people were weighed frequently as part of physical health and wellbeing monitoring. Where people needed specialist support, the opinions of dieticians and speech and language therapists had been requested.

The home accepted transfers from other services including local hospitals. We saw staff carefully planned this and managed it appropriately. They ensured the correct documentation and information was in place in order to minimise any inconvenience or delays for the person being transferred. A 'hospital passport' system was in use which contained a summary of people's needs, risks and likes and dislikes.

Care plans were in place to ensure people's health and wellbeing were monitored. We saw that people regularly attended their GP or their dentist or were seen by visiting professionals. Care plans contained information about any long standing medical problems and people were supported to go to hospital appointments. We observed health and social care professionals visiting the home during our inspection.

Communal areas, corridors and bedrooms were clean and in a good state of repair. A dementia friendly environment was being developed that included appropriate signage and memory boxes. The grounds were extensive and contained an aviary and free roaming peacocks and pea hens.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found people who used the service were either appropriately subject to a DoLS or were awaiting authorisation for one.

Good

Is the service caring?

Our findings

We spoke with people who used the service and asked if they felt the staff were kind and caring. One person told us, "I think the staff are lovely." Another person said, "They are very helpful." A relative commented, "Our family are very pleased [our relative] is being looked after here."

The registered manager had details of advocacy services that could be contacted if people needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. We looked at people's written records of care and saw care plans were written with the person who used the service with support from their relatives or if required an advocate. This meant where possible, people were actively involved in making decisions about their care treatment and support.

When we spoke with staff they appeared to know people well. They were able to tell us about people and what kind of support they required. This information was accurately recorded in people's care plans. One member of staff told us, "It is like a big family here." Another added, "We like to get to know people."

Staff treated people in a respectful manner. During our inspection people's privacy or dignity was not compromised. Staff had received training on how to ensure all of the people who lived at the service were treated with kindness and respect. I addition they had been trained to treat people equally and account for people's diversity. A staff member told us, "Everybody deserves respect."

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep the person safe.

Care plans clearly stated what people were able to manage independently and what support staff would be required to provide. Where people were unable to manage tasks independently, staff told us they made sure people were given choices to enable them to keep as much independence as possible. We saw that some people were able to move freely around the home alone, whereas other people required staff support. All of the people who used the service were encouraged to be as independent as they were able to be.

The home had a welcoming atmosphere, we saw that family relationships and friendships were positively promoted as part of day to day life at the home.

Good

Is the service responsive?

Our findings

People's care plans were written with the involvement of people who used the service, their relatives or advocates and staff. What people could do independently and areas where they required support were included. For example, some people required help getting in and out of a chair. Staff had identified what equipment was needed and how many staff were required to provide this support. Some people needed less help than others and this was outlined correctly in people's records of care.

Care plans were comprehensive and contained information around all aspects of people's health and wellbeing. Staff had taken time to collect information about each person using a variety of sources including the person themselves, relatives and health and social care professionals. Together the staff and people who used the service had used the information to write care plans that took into account people's current needs and abilities and encouraged people to maintain their independence. People had clear ideas how they preferred to spend their day, for example some people enjoyed privacy in their rooms whereas others liked to take part in activities or go out with relatives.

People were able to access the community if they chose to do so. On the day of our inspection five people, one relative and two staff had gone to a local seaside town for fish and chips in the home's minibus. If people were unable to, or did not wish to go out the service brought entertainers or volunteers such as local school children and their teachers into the home. There were dedicated activity co-ordinators who facilitated a range of activities including quizzes, puzzles, bingo and pampering. They also spent time with people on a one to one basis.

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The service employed a number of strategies to help people communicate their wishes. this included, notice boards with pictures or photographs and written notices in large clear writing. A variety of communication strategies and procedures were outlined in the providers policies.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. The registered manager explained that wherever possible they would attempt to resolve complaints informally. We asked people if they knew how to complain if they were unhappy with the service. One person said, "I have complained about some noise at night, the manager is looking into it." The registered managers complaints record confirmed this. A relative told us, "I have no complaints and I see the manager every time I visit anyway."

The service was able to deliver end of life care. There were policies and procedures in place and the registered manager provided evidence to show that staff were well trained and competent in this area. The registered manager told us care at the end of life would be supported by a multi- disciplinary team approach which would include the GP, hospice at home and other health and social care professionals.

Good

Is the service well-led?

Our findings

We asked people who used the service what they thought of the leadership at the home. One person told us, "I have seen the manager a few times today, she is very nice." A relative added, "I see the manager regularly." Staff we spoke with were very complimentary of the manager. One staff member said, "They are always there when you need them." Another told us, "They [the registered manager] have always been good to me."

We noted that the registered manager had good experience working at the service and modelled professional behaviour to their staff.

During our inspection we discussed the future of the service with the registered manager and asked them what their hopes were for the future of Wellburn House, they told us they were keen for the service to be the 'number one' in the North East. They sent us the following statement, "We want to care for our residents, like we would care for our own family and loved ones. Rather than seeing their move into care as the last leg, I see it as another chapter in each and every one of our resident's lives...to fulfil my vision, we must all take responsibility for our own standards and those around us. For me, this means placing value on the small things too, things that cost nothing more than our time. Putting other people first, taking time out to listen, and supporting people around us, learning from our mistakes, smiling and making people around us smile. Little steps that will help us on our journey to achieving a loving, compassionate, honest, transparent and fair environment for all."

The registered manager was keen to develop a sense of 'being part of the community' in the home improving the way people were supported. They told us, "Community involvement within our homes is essential in ensuring our residents continue to feel like valued members of the community when they make the move into their new home. We have developed partnerships with the local nursery and primary schools. This aids personal, social, and emotional development. By interacting with the children, our residents see increased levels of engagement and interaction, allowing them to participate in meaningful activities which improves their quality of life. Giving the youngest and oldest in society the chance to socialise, also challenges stereotypes and breaks down some of the barriers between the generations."

"We have also developed connections with the local middle school. Our residents have enjoyed going over to the school to listen to the children read, and have even took part in an ICT lesson. Year 8 students interviewed some of our residents to find out more about which ICT skills they would like to learn before putting on a skills workshop. One group of students taught our residents how to access audio books, following feedback that some of our residents were struggling to read books because of their poor eyesight, and another group showed them how to listen to podcasts. After one of our residents had said she would like to be taught how to send an email her grandson, another group led a workshop on sending and receiving emails. Residents were also taught how to use the BBC news app on an iPad to access news specific to their interests. The students have also came over to the home for an art class and we have also developed a penpal scheme between the residents and students for the school year ahead."

"We are also work in partnership with Age UK Northumberland. We regularly support them in their

campaigns and have organised a number of events to support them in their work, including a tea party for their 'there's always time for tea' campaign, which was developed to help alleviate loneliness in the county. We have also organised a regular arts and crafts group with Age UK Northumberland and Creative Arts, which members of the community are welcome to attend as there is little happening in Ovingham for older people in the community. Groups like this are a fantastic way of giving our residents the opportunity to socialise with others in the community, whilst having a great time."

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. They were keen to identify areas where the service could be further improved. We had previously made a recommendation about auditing pressure mattresses and saw the manager now had a system in place to ensure they were set correctly. All audits and checks were shared with the provider to help them monitor the performance of the service. During the inspection, the registered manager and her team were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

There were regular staff meetings held so issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards. We observed a culture where the staff and the manager had worked hard to improve their service There was also evidence within records that people and, where possible, families, were consulted about the care and support the service provided. The service consulted with people and their relatives in a variety of ways including face to face formal meetings and written surveys.

The ratings from the previous inspection were displayed in the home as required and on the provider's website.