

# Wellburn Care Homes Limited

# Wellburn House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection took place on 28 January 2016 and was unannounced. This meant that the provider and staff did not know that we would be visiting.

We carried out an inspection in December 2012 and found they were not meeting the regulation relating to infection control. We undertook a follow up inspection in May 2013 and found that improvements had been made and the service was meeting this regulation.

Wellburn House is a two storey detached home situated in Ovingham, Northumberland which offers residential accommodation. The service can accommodate up to thirty five people, some of whom were living with dementia. Nursing care is not provided. There were 28 people living at the home at the time of the inspection.

There was a registered manager 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.

People told us that they felt safe. We found however, that a safeguarding concern had not been reported to the local authority. In addition, four safeguarding incidents which had been reported to the local authority had not been notified to the Care Quality Commission (CQC).

We passed our concerns to the local authority's safeguarding and contracts teams.

Most people, relatives and staff told us there were enough staff to meet people's needs. We saw that people's needs were met by the number of staff on the day of the inspection. However, staff rotas did not always evidence how many staff were on duty to ensure adequate staff were deployed. Night staff told us and rotas confirmed that sometimes there were only two staff on duty at night due to last minute sickness. There was no evidence that these reduced staffing levels had been assessed in case people needed to be evacuated in the event of an emergency. We have made a recommendation that staffing levels are assessed to ensure that people can be evacuated safely in the event of an emergency. We passed our concerns to the local authority's fire safety team.

We found that safe recruitment procedures were followed.

Some of the fitted radiator covers were not suitable and would not protect people from the risk of injury. Medicines were generally managed safely. 'When required' medicines care plans were being formulated to inform staff when these should be administered. We have made a recommendation about the management of some medicines.

There was a training programme in place. Staff were trained in safe working practices and to meet the specific needs of people who lived at the service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals." The registered manager had submitted DoLS applications to the local authority to authorise in line with legal requirements.

People were supported to receive a suitable nutritious diet. We looked in the kitchen and food storage areas and observed that there was a wide variety of fresh fruit and vegetables.

People and others with whom we spoke were complimentary about the service and staff. One person said, "I've been all over, but this is the best place. The food is the best." A relative described it as "outstanding."

Feedback was obtained from people in the form of surveys. Complaints were recorded and people knew how to complain if they needed to. Accidents and incidents were documented, reported and analysed.

The registered manager carried out a number of audits and checks to monitor all aspects of the service. Staff told us they enjoyed working at the home and morale was good.

The provider had not always submitted notifications to us in line with their responsibilities and legal requirements. We have taken this into account when deciding upon the rating for the well led domain.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment with regards to the premises and good governance. You can see what action we asked the provider to take at the back of this report. We also found a breach of the Care Quality Commission Registration Regulations 2009. This related to the notification of other incidents. This is being followed up and we will report on any action once it is complete.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

Not all aspects of the service were safe.

A safeguarding concern had not been reported to the local authority or CQC. In addition, four safeguarding incidents which had been referred to the local authority had not been notified to CQC.

Staff rotas did not always evidence how many staff were on duty to ensure adequate staff were deployed. Safe recruitment procedures were followed.

We found that that some of the fitted radiator covers were not suitable and would not protect people from the risk of injury.

Medicines were generally managed safely. 'When required' medicines care plans were being formulated to inform staff when these should be administered.

### Is the service effective?

**Good** 

The service was effective.

Staff told us that they felt well supported and supervision and appraisal arrangements were in place.

Staff were following the principles of the Mental Capacity Act 2005. Deprivation of Liberty Safeguard applications had been sent to the local authority to authorise in line with legal requirements.

People's nutritional needs were met and they were supported to access healthcare services.

### Is the service caring?

**Good** 

The service was caring.

People, relatives and visitors told us that staff were caring. We observed that care was provided with patience and kindness.

People were treated with privacy and dignity.

Records evidenced that people and relatives were involved in people's care and treatment.

### Is the service responsive?

**Good** ●

The service was responsive.

Care records documented people's likes and dislikes so staff could provide personalised care and support.

An activities programme was in place to help meet people's social needs.

There was a complaints procedure in place and people knew how to complain. Feedback systems were in place to obtain people's views.

### Is the service well-led?

**Requires Improvement** ●

Not all aspects of the service were well led.

The provider had not always submitted notifications to us in line with their responsibilities and legal requirements.

A number of audits and checks were carried out to monitor the quality and safety of the service. However, these did not always highlight the concerns which we found. Some of the fitted radiator covers were not suitable and would not protect people from the risk of injury; rotas did not always reflect staffing levels and a safeguarding allegation reported by staff had not been referred to the local authority safeguarding adults team in line with the service's procedures.

Staff told us that they enjoyed working at the service and morale was good.

# 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.

The inspection was carried out by an inspector and a specialist advisor in dementia care. We visited the service on the 28 January 2016. The inspection was unannounced. This meant that the provider and staff did not know that we would be visiting.

We spoke with six people who were living at the home. We also spoke with two visitors on the day of the inspection and a beautician who was visiting the service. We contacted three relatives by telephone following our visit to obtain their views of the service.

We spoke with the registered manager, the deputy manager, a team leader, three care workers and two domestic staff. We examined four care records and staff recruitment and training files. In addition, we checked records relating to the management of the service such as audits and surveys.

We consulted with a Northumberland local authority safeguarding officer and a local authority contracts officer. We also spoke with a social worker and a reviewing officer from the local NHS Trust. We used their comments to support this inspection.

We checked information which we had received about the service prior to our inspection. This included notifications which the provider had sent us, relating to deaths, safeguarding incidents and DoLS authorisations. The manager completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

# Is the service safe?

## Our findings

People told us that they felt safe. One person said, "I feel lovely and safe." A relative said, "I feel happy knowing that [name] is safe." The beautician said, "I have never heard a raised word – just kindness, gentleness and caring."

We read the minutes of a recent staff meeting which was held in December 2015. Some staff had raised concerns of a safeguarding nature. Although the registered manager told us that she was investigating these issues, a referral had not been made to the local authority's safeguarding adult's team or the Commission in line with the home's safeguarding procedure. The registered manager immediately contacted the safeguarding adult's team whilst we were at the service and a safeguarding meeting with the local authority has been arranged. Safeguarding adults meetings are held so that information can be shared on a multi-agency basis about concerns of abuse, neglect or exploitation of vulnerable adults. It is a joint responsibility of all those in attendance to share all relevant information and participate in assessing risk.

We read that staff had appropriately referred other safeguarding issues to the local authority. However, these had not been notified to the Commission.

We checked staffing levels at the service. People, relatives and staff told us that there were generally sufficient staff deployed to meet people's needs, although some said that more would be appreciated. One person told us, however, "They could definitely do with more staff." A relative said, "You can never have enough staff." One member of staff thought that more bank staff should be employed to cover any shifts which permanent staff were unable to work.

The registered manager told us that there were usually four staff on duty through the day and three at night. We checked the last four weeks of staff rotas and noted that rotas did not evidence that these levels were always maintained. Sometimes there were only three staff on duty through the day and two staff on at night. This was confirmed by staff who stated that sometimes staffing levels were reduced due to last minute sickness. Staff informed us that although they were busy, they were able to meet people's needs and could contact the registered manager or team leader for support. Although there appeared to be enough staff on duty at the time of our inspection, it was not clear, whether these staffing levels had been assessed. For example, in case people needed to be evacuated in the event of an emergency. We passed our concerns to the local authority's fire safety team.

The registered manager told us that domestic staff who had carried out care training often covered care shifts. We noted however, that this was not reflected on the staff rotas.

We recommend that staffing levels are regularly assessed to ensure that people's needs continue to be met and people can be evacuated safely in the event of an emergency.

Staff told us and records confirmed that appropriate recruitment checks were carried out prior to starting work at the service to help ensure that staff were suitable to work with vulnerable people. These included

Disclosure and Barring service checks (DBS) and obtaining references. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions.

The building was set out over two floors with access via stairs and a passenger lift. We observed that most areas were well maintained. We saw however, that different types of radiator covers had been fitted. We noticed that some were not safe. Several radiator covers had wide spaced bars which would not protect people against the risk of injury and entrapment should someone fall against them. The maintenance man told us that these were being replaced with more appropriate covers.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Safe care and treatment.

We checked the communal bathrooms. We noticed that there was peeling paint work under one bath hoist seat and the lap belt was discoloured. Baths were fixed to the floor and did not rise or lower which meant that staff had to bend down to assist people to wash. The registered manager told us that all bathrooms were due to be refurbished with new rise and lower baths.

There were no offensive odours in any of the areas we checked. This was confirmed by people, relatives and the visitor with whom we spoke. The visitor said, "There's no smells – it's good."

We observed that there was an open staircase. The registered manager told us and staff confirmed that no one tried to access the stairs unaccompanied. A general risk assessment was in place to document the risk. A visitor told us and our own observations confirmed that one person had a sensor mat which alerted staff if they got up through the night as they were at risk of falling. Night staff told us that those people who were at risk of falls or injury had door alarms fitted which immediately alerted staff if people got up through the night.

We read the minutes of the last residents and relatives meeting. These stated, "The overall opinion was that the current lounge looked very glum at this moment. [Name of person] does not think the chairs are very practical – they are very low down and hard to get in and out of." This was confirmed by our own observations when we saw one person requiring assistance to sit down on one of the leather sofas. The registered manager told us that much of the communal furniture was being replaced to ensure that it was appropriate and met people's needs.

We noted that a number of checks had been carried out to ensure that the premises were safe. This included, gas, electrical and water temperature and quality tests. Fire safety checks had also been undertaken.

We looked at the way medicines were managed. Medicines were transported to people in a locked trolley when they were needed. The staff member checked the medicines administration record (MAR) and medicine label, prior to supporting people, to ensure they were getting the correct medicines.

The registered manager told us that they were developing "when required" medicines care plans. These would describe when and how these medicines should be administered to people who needed them, such as for pain relief. This meant that there would be a consistent approach to the administration of this type of medicine. She also told us that they were going to use topical medicines application records. These would include body maps which highlighted where staff should apply the topical medicine. This meant that more accurate and specific records would be in place for the administration of topical medicines such as creams



and ointments. One person self-administered their medicines and this was reviewed and evaluated on a weekly basis.

We recommend that 'when required' and topical medicines are managed in line with current best practice guidelines.

We found that risk assessments were in place, as identified through the assessment and care planning process. This meant that risks had been identified and minimised to help keep people safe. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction. Individual risk assessments included measures to minimise the risk of falls whilst encouraging people to walk independently and the risk of developing pressure ulcers or malnutrition. We read that one person had an accident during a trip out. A risk assessment had been put in place to help ensure the safety of the person on any further outings.

## Is the service effective?

### Our findings

People were complimentary about the skills of staff. One person told us, "Oh yes, they know what they are doing." We read a compliment which stated, "As relatives, we have been amazed by the care, expertise and competence of the whole staff. They, without exception, are an amazing group of people and an absolute credit to your organisation."

All staff we spoke with informed us that they felt equipped to carry out their roles and said that there was sufficient training available. The registered manager provided us with information which showed that staff had completed training in safe working practices. This included safeguarding adults, health and safety, first aid and moving and handling. Most staff had also completed training in dementia care. We observed that some staff were more confident and skilled at communicating with people who had dementia related conditions. The registered manager told us that dementia care training for new staff had been organised.

A visitor informed us that on one occasion they had found an inappropriate method used to secure the person's catheter bag. We read that there had been an issue with another person's catheter. We spoke with the registered manager about these issues. She told us that catheter care training had been carried out by the district nurse, she said that she would organise update training for staff in this area. We did not observe any issues or concerns with catheter management during our inspection.

Staff told us that they felt well supported. We noted that regular staff supervision sessions were held and an annual appraisal was undertaken. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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. The application 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. Records showed that assessments had been undertaken to check whether people's plan of care would amount to a deprivation of liberty and whether written applications needed to be submitted to the local authority. We noted that three people's applications had been authorised in line with legislation.

Records confirmed that where necessary, assessments had been undertaken of people's capacity to make particular decisions. We saw records of best interests decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions. This meant people's rights to make particular decisions had been upheld and their freedom to make decisions maximised, as unnecessary

restrictions had not been placed on them.

We checked whether people's nutritional needs were met. People and relatives were complimentary about the food. One person said, "The meals here are lovely – very good." However, one relative said that they sometimes found that meal times were regimented. They said, "The other day, a resident asked for a cup of tea before lunch, however, the member of staff said, it's nearly lunch time and you'll be able to get one then."

We sat with people over the lunch time period. The tables were attractively set with tablecloths, napkins and condiments. There was a menu card on the table with at least two choices for each course at lunchtime and choices at tea time. The cook told us "We make whatever they want if they didn't want what was provided."

Staff encouraged people to eat and drink. They provided assistance in a calm unhurried manner. We heard staff interact and encourage people as follows, "I've got a little bit more if you need a bit more", "Would you like any more orange juice, blackcurrant juice, water" and "Would you like some help cutting up your sausage? This meant the risk of weight loss was minimised.

We saw that different coloured crockery was in place for people who had a dementia related condition. Staff explained that the contrast in colours helped people identify the food on their plate more easily. The cook explained that the yellow coloured crockery was particularly effective for those who had problems with their eyesight. She said, "Yellow is apparently the last colour people lose, therefore it's good for those who have problems with their vision."

We looked in the kitchen and food storage areas, and observed that there was a wide variety of fresh fruit and vegetables. The cook informed us that all food was locally sourced, she said, "All the meals are homemade, we don't use processed food. The fish comes from North Shields for our Fishy Fridays, it's a little bit more expensive, but Wellburn want the best." She was knowledgeable about people's needs. We saw that she was able to cater for a range of special dietary requirements including diabetic and fortified diets.

The cook told us and our own observations confirmed that she assisted staff serve out meals. She said, "We help serve out the meals so we can monitor and see the food that's coming back and make changes to the menu." Records were sent to the kitchen of people's likes, dislikes and dietary needs. This meant there was good communication between care and catering staff to support people's nutritional well-being.

Where people were identified as being at risk of poor nutrition staff completed daily 'food and fluid balance' charts. The food charts accurately documented the amount of food a person consumed each day. Fluid intake charts were completed, however, there was no record of fluid intake goals and the total fluid intake was not recorded. Without this information the registered manager could not audit these records to help ensure people had received adequate fluids. We spoke with the registered manager about this and they told us that they would speak to staff about this issue.

People told us that staff supported them to access healthcare services. Records showed details of appointments with and visits by healthcare and social professionals and we saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed, for example GP's, district nurse teams, social workers and chiropodists. One person received a visit from a GP on the day of the inspection which we were told was part of an ongoing treatment and care plan.

Care plans reflected the advice and guidance provided by external health and social care professionals. This

meant that staff worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

## Is the service caring?

### Our findings

People and relatives were complimentary about the attributes of staff. One person said, "They are always very kind." Other comments included, "They look after me well" and "They are lovely." We spoke with a social worker who said, "They are always very welcoming...It is a lovely home and it feels very comfortable." The beautician told us, "The staff are absolutely wonderful, very caring. They treat each person as though it is their mum or relative."

We read compliments which had been received from relatives. These included, "In the time she was there she was very happy and contented and full of praise for the wonderful staff" and "I must say on behalf of all of my family, how sincerely grateful we all are for the wonderful loving and tender way in which [name of person] was cared for in her stay at Wellburn. To all of us Wellburn is not the run of the mill care home we often hear about. It is a deeply caring and homely place."

We looked at the minutes from the last 'residents and family' meeting. The manager had stated, "[Name of person] said she had lived here for seven years now – she saw the girls as family and thought they showed remarkable kindness to her and others. [Name of second person] said it was very much appreciated – the girls were genuine and sincere. [Name of third person] agreed and added that she personally felt like everything had lifted off her shoulders since coming here – she now does not have to worry about anything. [She] then spoke about how much Wellburn House means to her – she used to work here and there was a picture on one of our walls that her husband had painted."

Interactions between staff and people were friendly, respectful, supportive and encouraging. We heard kind, polite and caring comments from staff such as, "Take your time, be careful, nice and slow, I'll get you another tissue, there we go now no problem," "I'll get you a nice comfy seat," "Are you managing hinny? [term of endearment]," "Oh don't get upset [name of person], we'll get it sorted soon" and "I've got your favourite seat here in the sun." We observed staff asked people what they wanted to do and they listened. Staff explained what they were doing and bent down as they talked to individuals, so they were at eye level. Maintaining eye contact helps enhance effective communication.

Staff knew people well and were able to describe their needs to us. One staff member told us, "There is a lady who came in on Friday. I have been sitting talking to her, spending time with her just to calm and reassure her" and "That's the most important thing, spending time with people. [Name of person] likes to go out for walks; it helps him relax, so I take him out." Another staff member said, "[Name of person] travelled a lot, so I spend time chatting with her, looking at her photographs. When she has a bath, she will say, 'Where are we going today?' and we will talk about a country she has visited. It's important to make them happy and smile."

There was a keyworker system in place. We read the minutes from a staff meeting which was held in November 2015. The role of the keyworker was discussed. The minutes stated, "All care assistants will be allocated residents in which they are keyworkers for, [name of manager] explained that the role of the keyworker is to ensure they have sufficient toiletries and arrange reviews when these are due." This system

meant that people had a designated staff member to oversee their care and ensure their individual needs were met.

We observed that some staff were more confident and skilled at communicating with people who had dementia related conditions than other staff. This was confirmed by one relative with whom we spoke. We considered that this was a training and support issue rather than a shortfall in their caring nature.

People's privacy was promoted by staff. We saw they knocked on people's bedroom doors before they entered. We observed care staff assist people when required and care interventions were discreet when they needed to be. One member of staff told us, "I helped [name of person] to the toilet; she did not want me to leave so I stayed in with her. I always ask though whether they want me to stay or leave."

People and relatives told us that they were involved in people's care. One relative said, "They are very good. There are no issues - they keep me involved." Another relative told us however, that they had to prompt staff to carry out a review of their family member's care.

Records we viewed showed people and relatives had been involved in care planning on a six monthly basis. This meant that people were consulted about their care, and thus the quality and continuity of care was maintained.

We read compliments from relatives about the end of life care which was given to their family members. We saw however, that there were limited end of life care plans in place for people. The registered manager told us that they were addressing this issue and acknowledged the importance of information being available to inform staff of the person's wishes at this important time, and to ensure that their final wishes could be met.

## Is the service responsive?

### Our findings

People told us that staff were responsive to their needs. Comments included, "They look after me well" and "I just have to say something and it's done." Relatives told us that they were kept informed of any changes and incidents. One relative said, "They always let me know if the GP has been." We spoke with a reviewing officer from the local NHS Trust. She told us that none of the four people or relatives that she was involved with had raised any concerns.

Care plans were in place which aimed to meet people's health, emotional, social and physical needs. They gave staff specific information about how people's care needs were to be met, instructions for the frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. They also detailed what the person was able to do to take part in their care and to maintain independence. People therefore had individual and specific care plans to ensure consistent care and support was provided. The care plans were regularly reviewed to ensure people's needs were met and relevant changes added to individual care plans. Overall, care plans were detailed and provided us with evidence that people received skilled, empathetic care, to enhance their wellbeing.

Continence assessments were completed and care plans detailed the recommended incontinence products that people should use. We read one person's catheter care plan which gave staff guidance about the importance of a good fluid intake, the frequency of emptying the catheter drainage bag, together with the planned change of the catheter by the district nurse. This meant that staff had information on the safe and effective management of catheters.

The guidance of the specialist behavioural team had been sought. Assessments and care plans were in place to provide guidance to staff so that they managed situations in a consistent and positive way. This helped reduce any anxiety and distressed behaviour and protect people's dignity and rights. We read one person's care plan which included the advice of a specialist behavioural clinician. This stated, "Try and give [name of person] the choice to sit in a quiet area away from other people as they spent most of their life in a quiet place".

Hospital passports had been compiled. These included details of the person's needs and their likes and dislikes. The aim of the hospital passport is to provide hospital staff with important information about the service user and their health needs when they are admitted to hospital.

An activities coordinator was employed for 20 hours a week to help meet the social needs of people. The registered manager told us however, that all staff were involved in the activities programme. We read the PIR which stated "Staff are actively involved in all activities that are ongoing at the home which encourages good rapport between the residents and a better understanding of the residents' likes and dislikes and how to encourage participation to enrich the residents' quality of life while at the home." One relative informed us however, that more activities would be appreciated.

On the day of our visit, a classical music session was held. A visitor attended the home each week and

played pre-recorded classical music. The visitor gave people an overview of each composer prior to playing their work. People informed us that they appreciated these sessions. One person said, "It's the highlight of my week." Another said, "We look forward to our Thursdays." A pet therapy dog also visited with their owner. She told us that people enjoyed their visits and said, "Everybody seems very happy." A beautician visited on the afternoon of our inspection and carried out hand and arm massages. People responded well to these sessions and the lovely fragrances from the essential oils they used. The beautician told us that she also carried out arts and crafts sessions because she was a qualified occupational therapist.

The registered manager told us and records confirmed that the service had a complaints procedure. The complaints policy and procedure clearly identified the people who had been nominated within the company to manage and investigate complaints. It confirmed the expected timescales for responses and advised people of the process if they were dissatisfied with the outcome. Records were available of the investigation process and outcome. We noted that all complaints were documented and information about the actions taken to address the concerns were recorded. We read that one person had complained because there was, "No fruit for her room." The registered manager had recorded, "Talked to cooks to order more fruit."



## Is the service well-led?

### Our findings

There was a registered manager in place. She had worked at the home for a number of years as a care worker, team leader and then deputy manager. She registered with the Commission as a registered manager in November 2015. She had completed a Level 3 vocational qualification in health and social care and was undertaking her Level 5 National Diploma in Leadership. People and relatives spoke positively about her. One relative said, "[Name of registered manager] always goes out of her way to speak to me."

The registered manager carried out a number of checks to monitor the quality and safety of the service. These included health and safety, medicines and care plan audits. Accidents and incidents were documented, reported and analysed. Feedback was obtained from all people in the form of surveys and complaints were recorded.

The regional manager also carried out checks of the service. An action plan was formulated following her latest visit when we read that she had identified that 12 staff members required supervision. The registered manager had addressed this and staff supervision was now up to date.

We did however find several concerns with the service. Some of the fitted radiator covers were not suitable and would not protect people from the risk of injury. Rotas did not always reflect staffing levels. This meant that it was not clear whether there were consistently sufficient staff on duty to meet people's needs. In addition, a safeguarding allegation reported by staff had not been referred to the local authority safeguarding adult's team in line with the service's procedures.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Safeguarding incidents were analysed. However, we had not been notified of five safeguarding issues. The submission of notifications is required by law and enables us to monitor any trends or concerns and pursue any specific matters of concern with the provider.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

People, relatives and staff informed us that they were involved in the running of the home through 'Residents and family' meetings. We read the minutes of the last meeting which was held in November 2015. These stated, "The mood boards were shown to everyone at the meeting. These are possible ideas for different colours and fabrics planned for our renovation. Overall everyone likes the colours on the corridors and preferred the laminated flooring... [Name of person] suggested a clock next to the visitors' book in the entrance. [Name of person] suggested a dementia clock in the dining room and recliner chairs." These meetings helped ensure that people and relatives were consulted about the service and involved in decisions about the home.

The cook told us and records confirmed that people were asked for their opinions about the meals provided. She said, "We did a consultation with the residents last Monday – it was very interesting. A lot of the ladies like a roast, so we are going to have two roasts a week."

Staff told us that they enjoyed working at the home and morale was good. Comments included, "I love working here," "It's a lovely place to work. You can be as creative as you want" and "We're a good team, it's like a happy family." The beautician said, "They [staff] work together well as a team. There is laughter, banter and a happy atmosphere."

Staff meetings were carried out. We read the PIR which stated, "These are an effective communication tool which allow staff to air any views they may have and to ensure that staff are aware of any changes to procedures and updates." We confirmed that meetings reflected what had been written in the PIR.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Some of the fitted radiator covers were not suitable and would not protect people from the risk of injury. Regulation 12 (1)(2)(d).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Accurate records were not always maintained with regards to staffing levels to evidence that adequate staff were deployed to meet people's needs. There were concerns regarding certain aspects of the premises which had not been identified or acted upon in a timely manner. Regulation 17 (1)(2)(a)(b)(d)(ii)(f).</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had failed to notify the Commission of certain safeguarding incidents

### **The enforcement action we took:**

We issued a fixed penalty notice