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Welbourn Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 23 March 2016 and was unannounced. Welbourn Hall provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 40 people who require personal and nursing care. At the time of our inspection there were 36 people living at the home. The home is divided into two units, the main hall and the Willows. The Willows provides care for people with dementia.

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.

On the day of our inspection staff interacted well with people and people were cared for safely. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe from accidents.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

People's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported to eat enough to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered. Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs.

Staff received training to help them to provide appropriate support to people. The provider had a training plan in place and staff had received regular supervision.

Staff usually obtained people's consent before providing care to them. People had access to a range of leisure pursuits and activities. Staff had an understanding of people's life experiences and used this information when supporting them in leisure pursuits.

Staff felt able to raise concerns and issues with management. Relatives were clear about the process for

raising concerns and were confident that they would be listened to. Regular audits were carried out and action plans put in place to address any issues which were identified. Audits and systems were in place for areas such as falls and infection control. The provider used nationally recognised systems and processes to support the development of the service. Accidents and incidents were recorded. The provider had informed us of incidents as required by law. Notifications are events which have happened in the service that the provider is required to tell us about.

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.

There were sufficient staff.

Staff were aware of how to keep people safe. People felt safe living at the home.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and training.

People had their nutritional needs met. People had access to a range of healthcare.

The provider acted in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

People were treated with privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People had access to a range of activities and leisure pursuits. Staff were aware of people's preferences and past experiences.

Care plans were personalised and people were aware of their care plans.

The complaints procedure was on display and people were given opportunities to make a complaint.

Is the service well-led?

Good

The service was well led.

There were effective systems and processes in place to check the quality of care and improve the service.

Staff and relatives felt able to raise concerns.

The registered manager used national guidance to inform best practice.

Welbourn Hall Nursing Home

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 23 March 2016 and was unannounced. The inspection was completed by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help plan our inspection.

We also looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager, a nurse, four members of care staff, four relatives and four people who lived at the home. We also looked at four people's care plans and records of staff training, audits and medicines.

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.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and had confidence in the staff. A person said, "I feel very safe." Relatives told us that they felt their family member was safe. One relative told us, "It's made a difference to my own health having [my relative] in here, I've got peace of mind now." Another said, "I've no concerns at all. [My relative] is well looked after."

People and staff told us that there was enough staff to provide safe care to people. A relative told us, "There always seem to be plenty around." We observed staff responded to people promptly. The registered manager told us that they rarely used agency staff. They explained that where they used agency staff they would endeavour to use the same staff to ensure that they were aware of people's needs and could safely care for them. They said they had a stable team of carers which ensured that people received safe and appropriate care.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed that they had had checks carried out before they started employment with the provider. These checks ensured that only suitable people were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns both within the organisation and outside of the organisation. For example, to the local authority. They told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Individual risk assessments were completed and where there were specific risks such as a risk of falls these were highlighted to make sure that staff were aware of these and how to support the person to keep them safe. Risk assessments were also in place where equipment was used such as bed rails. Accidents and incidents were recorded and investigated to help prevent them happening again. Plans were in place to support people in the event of an emergency such as fire or flood.

We observed the medicine round and saw that medicines were administered and handled safely. Staff identified people by name and told them what medicines they were being given to ensure that they were receiving the correct medicines. Staff ensured that people knew how to take their medicines and observed that they had taken them. One person asked if they could leave the medicines with them until after their meal. We observed that the staff explained why they couldn't do this but offered to return after the meal if that suited them better.

Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. We saw that the medication administration records (MARS) had been fully completed according to the provider's policy and guidance. Where people required their medicines to be given in their meals (covert medicines) this was

documented and discussions had taken place with the GP and the pharmacist. However the provider's policy did not include guidance about covert medicines. We discussed this with the manager who told us that they would insert a section on this into the policy.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One relative said, "They seem to know what they're doing. [My relative] had spells of coughing up blood which they got investigated and it's from an acidic tum. They tell me all about it. Now [my relative] doesn't have orange juice any more, which they used to like to drink loads of." We observed that staff had the skills they needed as a result of the training to care for people appropriately.

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. Staff received mandatory training on areas such as fire and health and safety and also training on specific subjects which were relevant to the care people required such as supporting people who can become distressed. The registered manager told us that there was a system for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications. New staff received an induction which followed national guidelines. When we spoke with staff they told us that they had received an induction and found this useful. As a way of updating staff who had been employed with the provider for a while the manager had developed a shortened version of the induction in order to update their knowledge.

Staff were satisfied with the support they received from other staff and the registered manager of the service. They told us that they had received regular support and supervision and that supervision provided an opportunity to review their skills and experience. The registered manager told us that appraisals had been carried out which meant that staff had their skills and performance reviewed.

We observed that people were usually asked for their consent before care was provided. We observed on two occasions in the main hall a member of staff check out with people what they were doing was acceptable. For example, when putting a protective apron on, rather than asking before attempting to put the apron on, they checked with the person as they were putting the apron on. This meant that there was less opportunity for people to refuse this care. We observed staff in the Willows asked people if they required help before attempting to provide assistance. Staff were able to tell us what they would do if people declined care and that risk assessments and were in place where care was regularly refused. We observed a person refused to have their blood sugars tested but that staff tried a number of ways to explain to the person why it was important to have the procedure carried out before observing their wishes. Where people were unable to consent this was detailed in the care records, where appropriate best interest assessments were in place and records detailed what support people required and why.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there were 17 people

who were subject to DoLS. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. We saw that the appropriate paperwork had been completed and the CQC had been notified of this. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home. The registered manager told us that they had developed a guidance tool for staff to help them to understand the process.

People who used the service told us that they enjoyed the food at the home. The registered manager told us that all the meals were home cooked with fresh ingredients. One person said, "Yes, I like the meals." Another person said, "The food is lovely, and so are the people. I just eat what comes." We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. Staff sat alongside people and chatted as they supported them. A relative said, "[My relative] likes it. [My relative] has to be fed – they make sure [my relative] is eating up."

Staff told us if people didn't want the offered meals they were able to provide alternatives. We saw that some people had variations, for example, some people had chips with their meals and other people had potatoes. The registered manager told us that people were asked what they wanted the day before and that they also had details of what people liked and disliked in order to assist with their choice. They said that they were currently developing a bank of photographs of the meals that were on the menu so that people could be shown these on an electronic device in order to support people to make a choice.

People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. For example, people received nutritional supplements to ensure that people received appropriate nutrition. Staff were familiar with people's needs and were aware of what nutrition they had received. For example, a person who was on nutritional supplements refused their main meal at lunchtime. We observed that staff checked what they had eaten for breakfast and noted this to pass onto staff who would be available at tea time to ensure that the person received sufficient nutrition. Where people had allergies or particular dislikes these were highlighted in the care plans. We observed people were offered drinks during the day according to their assessed needs and fruit and snacks were available. Staff were familiar with the nutritional requirements of people and records of food and fluid intake were maintained appropriately.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. For example, the local mental health services visited on a regular basis and provided advice and support. A relative told us, "They get the doctor in promptly and inform me every time." Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. Staff received daily handovers where they discussed what had happened to people on the previous shift and their health and wellbeing.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. Relatives confirmed they thought the staff were kind, courteous and treated the residents with respect. All the people we spoke with said that they felt well cared for. One person told us, "They're very friendly" and another person said, "They're very helpful to us." A relative said, "It's really genuinely caring here – in fact it's too good to be true."

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example, we observed a member of staff reassuring a person who wanted to go home. We observed that they took time to explain why they needed to stay and offered them a drink of their favourite beverage. Staff took time to understand and listen to what people were trying to communicate in order to ensure that their needs were met. For example, one person was unable to speak very clearly and often the words were jumbled however we observed staff listening and picking out words to communicate back to the person in order to understand what they wanted.

We observed lunchtime in both units and saw that it was a calm and sociable experience. We observed a member of staff supported a person to walk to the dining area and asked them where they would like to sit. They also introduced the person to the other people on the table so that they were able to converse if they wished. In the main hall we observed a husband and wife who had their own table at lunchtime so that they could sit together in privacy.

Where people had behaviour that could be challenging to other people and staff we saw that staff intervened and distracted people from the issue which was distressing them. For example, one person was continually shutting the door which needed to be kept open for observation purposes. We observed the member of staff explain why the door couldn't be shut and then talk to the person about themselves and their wellbeing. We observed that they guided them away from the door and offered a cup of tea. They said, "Shall we come this way? Would you like to come this way and have a nice cup of tea?" The person was moved away from the situation calmly and kindly and avoiding any distress to them. We observed a person preferred to walk around the lounge but was at risk of falling due their physical problems. We observed that staff supported them discreetly, ensuring that they were safe and intervening when necessary in a kind manner.

When staff supported people to move they did so at their own pace and provided encouragement and support. Staff checked that they were happy and comfortable during the process. Staff explained what they were going to do and also what the person needed to do to assist them. For example, they said, "I've got you, turn around, that's it good." In addition staff ensured that people were covered when supporting them to move in order to preserve their dignity.

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. One person told us, "They call out my name when they knock." Another person said, "Oh yes, they knock and wait 'til I say hello. And they shut my

curtains too." We saw that when staff offered people support with their personal care they did this discreetly. Staff understood the need for confidentiality and records were stored appropriately to ensure people's personal details were protected. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record.

Good

Is the service responsive?

Our findings

Leisure support was provided on a daily basis including weekends. The registered manager told us that they had two members of staff who led the activities and worked across the week but that other staff also participated in activities and we saw photographs of previous events such as cake making and parties. We observed staff carrying out leisure pursuits with people such as reading a newspaper with a person and playing dominoes. One person said he would like to go in the garden and we observed staff responded and supported them to access the garden area. When he returned staff continued to chat with them and another person about their gardens and what they liked doing in the garden.

We saw that where staff were engaging people in activities they also chatted with them about day to day issues and the atmosphere felt very relaxed and homely. For example when playing dominoes the member of staff also talked with the person about the recent England rugby match. A staff member told us that they tried to build a relationship with the person and their family so that they could understand their past and support them with their future care. People's care records detailed people's past life experiences in order to help inform staff about people's interests. We observed staff using this information to support people with leisure activities. One person enjoyed looking at photographs of their past life and we observed staff sat with them and talked with the person about the photographs and their memories of the events depicted on them. Another person had been in the RAF and we observed that they had a shirt on with a military motif which staff commented on and chatted about the meaning of it with them. In addition staff offered to look at a book with the person about military vehicles and we observed them talking to the person about the machines and whether or not they had experienced them. Another person was interested in chemistry and staff spent time with them reading and discussing articles in a chemistry based magazine which was provided for them.

A relative said, "They do giant floor games. We're trying [my relative] with music things as they can't see to join in much else. They take them out a lot in the village." People told us that they went into the local village to feed the ducks and go for walks. We saw that there were trips out to the local theatre and that local community groups and entertainers also visited the home. For example one person was supported to attend the local choir on a weekly basis.

Relatives and people who used the service told us that they were aware of their care plan. We looked at care records for four people who lived at the home. Care records included risk assessments and personal care support plans. Care plans had been reviewed and updated with people who used the service. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment or support was required. This helped staff to respond to people's needs. One person had poor eyesight and the care plan stated, "Explain clearly before carrying out any intervention.' In addition to the care plans each person had a personal profile which was kept in their bedrooms. This detailed how they liked their care to be provided so that staff were always aware of what care people wanted to meet their needs. For example, residents were given the choice as to what gender carers they preferred to provide care to them. A relative said, "It's good that both are here, as maybe some men prefer a man to take them to the toilet."

Two people required additional support on a one to one basis in order to keep them safe. We saw that care records detailed what support people required and how staff should provide this. We observed staff providing one to one care in a sensitive manner which did not interfere with their choices and wishes. For example, one person did not want to sit down to have their drink and staff ensured that they supported them to have a drink without having to sit down.

The registered manager told us that they had introduced a system of resident of the week to ensure that staff were aware of people's needs and that they were updated on a regular basis. During this period staff spoke with people about all their care and reviewed what care they were receiving. This also included a review of their bedroom by the maintenance man and a discussion about meals and their likes and dislikes as well as care reviews. One person as part of this process had expressed a wish for an ice cream van to visit the home. Unfortunately as it was winter the registered manager had not been able to achieve this but had instead discussed this with the person and arranged for ice creams to be available.

Bedroom and bathroom areas were clearly marked with pictures and written labels in order to help people to orientate themselves around the building. In addition we saw that the use of colours for areas had also been used. Information was available to staff about people's past lifestyles, for example what work people had done. This helped staff to understand peoples past and provide a reference for staff to have a conversation with people about. Visual aids are important to people with dementia because they prompt people to remember and helps to orientate people to time and space.

Relative's told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. We observed staff offering visitors a drink and chatting with them and their family member.

A complaints policy and procedure was in place and on display in the foyer area. Relatives and people who lived at the home told us they would go to the manager or person on duty at the home. At the time of our inspection there were no ongoing complaints. The complaints procedure was only available in a written format however people were given opportunity to raise concerns and complaints at reviews and as part of the resident of the week process. Complaints were monitored for themes and learning.

Good

Is the service well-led?

Our findings

Systems and processes were in place to ensure the delivery of a quality service within the home. There was an internal audit system in place to check the current service and drive improvements forward. For example the registered manager told us that they were working to reduce falls and following regular audits had taken a number of actions, including obtaining falls prevention training for all staff and running a specialist exercise class for people who lived at the home. Monthly audits were also carried out on the meals and the special diets to ensure that the consistency was correct and outcomes fed back to staff at their relevant meetings.

The registered manager had a good understanding of people's needs and personal circumstances. In the PIR it stated that the registered manager regularly worked a shift as the nurse in charge. They said that this helped to understand the needs of people who lived at the home and the issues that staff faced on a day to day basis.

Members of staff and relatives told us that the registered manager and other senior staff were approachable and supportive. Staff said that they felt able to raise issues and felt valued by the registered manager and provider. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. We looked at minutes of a staff meeting held on and saw that discussions had taken place about safeguarding, dignity and working as a team.

The registered manager told us that they were keen to involve people and relatives in the running of the service. A relative told us, "She [the registered manager] has asked me about suggestions and any comments we've got." We saw an information board was available which informed relatives and visitors about how the home was doing. For example it included information about infections, falls, good comments and complaints in order to prompt involvement. Relatives' meetings had been held but the registered manager told us they were poorly attended. However in order to encourage attendance the registered manager told us that they tried to link them to an event. We saw that there had recently been a coffee morning as part of the 'hydration and nutrition week' where discussions took place about nutrition and meals.

Surveys had been carried out with people and their relatives and positive responses received. Surveys had been carried out to gain people's opinions, for example, a survey had been carried out to understand whether or not people and their relatives felt that they were safe in the home. We saw that as a result of the surveys an action plan had been developed and the registered manager was working with people to address any concerns or recommendations. The registered manager told us that if possible they tried to discuss the issues with the relatives who raised them before implementing any changes. The registered manager had also introduced a survey to be used following people's death in order to understand whether or not they had met people's and relatives' wishes. The registered manager told us that it was important to understand if there was anything else the home could have done to support people and their relative's at this difficult time.

The registered manager also told us that they encouraged people and staff to come and speak with her at any time and that she had an 'open door' policy. They said that they tried to resolve any issues of concern at an early stage to prevent undue stress to people and staff. A relative told us, "I see her most times when I'm here. I could talk to her easily. She always lets me know any problems. We had a chat about funding the other day." Another said, "She's absolutely lovely. Just the right person for the job. She suggested changing his type of bed for him so that he felt safe"

The registered manager had introduced nationally recognised tools to support the care of people, for example NEWS, which is a tool which assists nurses to decide when they need to access further support and intervention in an emergency situation. They told us about a situation where staff had been concerned about a person's physical health and had used the tool to successfully support their decision for assistance by other health services. They had also developed a number of bespoke resources based on national guidance to assist staff to implement high standards of care. For example, guidance relating to the use of DoLs and a flow chart for verifying death. We saw that these tools assisted staff to provide appropriate and quality care because they were aware of the process to follow. As part of their management of safeguarding the registered manager had completed training to a nationally recognised standard as a trainer and were in the process of training all the staff to the equivalent level.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager. We observed that the registered manager had a good knowledge of the people who used the service and the staff.