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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

About the service

Welbourn Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It provides accommodation in two wings for older people including a specialist unit for people living with dementia. The home can accommodate up to 40 people. At the time of our inspection there were 25 people living in the home.

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

There was a system in place to carry out quality checks. The registered manager had started to carry these out on a regular basis, however the checks had not identified the issues we found at inspection.

Arrangements were in place to monitor and manage medicines. However, medicine records were completed inconsistently.

There was limited activities on offer because the activity coordinator had recently left the organisation. The registered manager was in the process of recruiting to this role. Care records were personalised and had been regularly reviewed to reflect people's needs.

People said they felt safe. There was sufficient staff to support people and appropriate employment checks had been carried out to ensure staff were suitable to work with vulnerable people.

People enjoyed the meals and their dietary needs had been catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition and pressure care.

Care plans contained information about people and their care needs. People were supported to make choices and have their support provided according to their wishes.

People were supported by staff who had received training to ensure their needs could be met. Staff received regular supervision to support their role.

People had good health care support from professionals. When people were unwell, staff had raised the concern and acted with health professionals to address their health care needs. The provider and staff worked in partnership with health and care professionals.

People felt well cared for by staff who treated them with respect and dignity.

The environment was adapted to support people living with dementia. A refurbishment plan was in place to address this. The home was clean, and arrangements were in place to manage infections.

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

Arrangements were in place to involve people and their relatives in the running and development of the home. The provider had displayed the latest rating at the home and on the website. When required notifications had been completed to inform us of events and incidents.

More information is in the detailed findings below.

Rating at last inspection

Good (Report Published 31 May 2016).

At this inspection the rating remained Good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Welbourn Hall Nursing Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by a single 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.

Service and service type

The service did not have a manager registered with the Care Quality Commission in post. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of inspection, the provider was in the process of changing and the manager had also commenced their registration with the commission.

Notice of inspection

This inspection was unannounced. We inspected the service on 29 May 2019.

What we did

Prior to the inspection we examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

The provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

During the inspection we spoke with three people who lived at the service, two relatives, three members of care staff, the administrator and the manager. We also looked at three care records in detail and records that related to how the service was managed including staffing, training, medicines and quality assurance.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 'Good'. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At this inspection we found medicines were not recorded consistently. We found two medicine records did not consistently record allergies. For example, allergies on the medicine front sheet were recorded differently to those on the MAR. There was a risk people would receive a medicine they were allergic to. Additionally, records did not consistently record when a person was offered their 'when required' (PRN) medicines. Where people were prescribed variable doses of their medicines staff had not consistently recorded the amount of medicines given.
- Written guidance was in place to enable staff to safely administer medicines which were prescribed to be given 'as and when' people required them (PRN).
- Instructions for medicines which should be given at specific times were written on the MAR. This reduces the risk of people experiencing adverse effects from medicines, or the medicine not working as intended.
- Regular medicines checks were in place to ensure medicines were managed in the right way.
- Medicine administration records (MAR) contained photographs of people to reduce the risk of medicines being given to the wrong person.
- Staff told us they had received training about medicines and had been observed when administering medicines to ensure they had the correct skills.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us, "I have a button to press, and an adjustment for the air bed. They don't take long to come."
- We spoke with staff about the protection of vulnerable people. Staff knew the procedures to follow and where to access information if they suspected bad practise or observed altercations with people who used the service. They told us they had received safeguarding training. Records showed that care staff had completed training.
- Where incidents had occurred the manager and staff had followed local safeguarding processes and notified us of the action they had taken. Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm.

- We also noted that the provider had established transparent systems to assist those people who wanted help to manage their personal spending money to protect people from the risk of financial mistreatment.

Staffing and recruitment

- There were sufficient staff available to meet the needs of people. Staff told us they thought there were enough staff to keep people safe. One member of staff told us, "You have time to sit and talk to people." We asked a relative whether they thought their family member was safe, they told us, "Yes, definitely, they're so well looked after, in the special unit they've got time to sort them out."
- The registered persons had undertaken the necessary employment checks for new staff. These measures are important to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. The registered persons had carried out checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

Assessing risk, safety monitoring and management

- We found that risks to people's safety had been assessed. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks.
- People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them.
- Where people utilised specific equipment to assist them with their care appropriate checks were made regularly to ensure it was safe.

Preventing and controlling infection

- We observed suitable measures were in place for managing hospital acquired infections. Staff had access to protective clothing and we observed staff used these appropriately, for example, when serving meals.
- The home was clean, and arrangements were in place to maintain this.

Learning lessons when things go wrong

- Records showed that arrangements were in place to record accidents and near misses, and arrangement to analyse these so that the home manager could establish how and why they had occurred, were also in place. Learning from any incidents or events was shared with staff so they could work together to minimise risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has remained 'Good'. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had had access to regular updates on issues such as first aid and moving and handling to ensure their skills were up to date to provide effective and safe care. Staff we spoke with were knowledgeable about their roles and responsibilities for caring and supporting people who lived at the home. They told us they felt they had the skills for providing care to people.
- Supervision and appraisals had taken place. These are important because they provide staff with the opportunity to review their performance and training needs.
- An induction process was in place and this was in line with the National Care Certificate for new staff. The National Care Certificate sets out common induction standards for social care staff and provides a framework to train staff to an acceptable standard.

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

- Arrangements were in place to assist people with orientation around the home. For example, there were word and picture signs on toilet doors.
- Where people required specific equipment to assist them with their care this was in place and records detailed when checks had been made to ensure equipment was fit for purpose.
- People's rooms were personalised and had specific equipment and resources available to assist staff to meet their needs. For example, arrangements had been put in place to ensure Wi-fi could be accessed by staff for completion of records and for people to access social media if they wished.
- We saw the outside areas were safe and secure and people were able to access these if they wished.

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

- Care plans were regularly reviewed and reflected people's changing needs and wishes. People and relatives said they had been involved in discussions about their care plans. One person told us the manager had visited them at their home to discuss their needs, before they came to live at the home.
- Assessments of people's needs were in place, expected outcomes were identified and care and support was reviewed when required.

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

- We observed lunchtime. Tables were set with table cloths, table mats and paper serviettes. We observed people were given a choice of juice to drink and staff sat with people who required support. Staff were familiar with people's needs and likes and dislikes and where people required adapted cutlery and plates, to help them eat independently, these were available.
- A choice of meals was available to people; however, choices had been made the previous day and some people were unsure what they had chosen. There were no pictures or menu available to assist people with their choices or remind them of their meal choice.
- Where people had specific dietary requirements, we saw these were detailed in care records and staff were aware of these. When people required specific diets because of their health needs we saw these were catered for. For example, a person health condition required a specific diet to help them to manage their condition.

Staff working with other agencies to provide consistent, effective, timely care

- We saw from looking at people's care records that there was evidence all the people who lived at the service had access to health professionals, to ensure their on-going health and well-being. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner. For example, a person's condition had deteriorated, and we saw staff had called a review with the relevant professionals and changes to treatment made to improve the person's health.

Supporting people to live healthier lives, access healthcare services and support

- Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians.
- Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met

- We found that staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. People's capacity to make day to day to day decisions had been assessed and documented which ensured they received appropriate support. Staff demonstrated an awareness of these assessments and what areas people needed more support in making some more complex decisions.

- We found that arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff supported people to make decisions for themselves whenever possible. For example, a care record stated, 'explain care and gain consent'. Records showed that when people lacked mental capacity to make specific decisions a decision in people's best interests had been put in place.
- We found where DoLS were in place conditions were being met.
- Where people were unable to consent, the provider had ensured records detailed where relatives had legal responsibility to make decisions on people's behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained rated as 'Good'. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind to them. We observed staff interacting positively with people who used the service throughout our inspection. For example, when supporting a person who used a wheelchair staff chatted with them and explained what they were doing and where they were going.
- Staff gave each person appropriate care and respect while considering what they wanted. For example, when supporting a person with their meal staff checked if they were ok and happy with the support. We observed one person was slightly upset at lunchtime and staff sat beside them and reassured them stroking their arm gently to offer comfort.
- We observed staff supporting people in the dementia care unit were especially diligent in noticing if people needed support to prevent any distress.
- We noted that staff understood the importance of promoting equality and diversity and people were treated as individuals when care was being provided. We observed it was a person's birthday and staff chatted about this and explained who was coming to visit them to celebrate their special day.
- The provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender. Where people had expressed a preference in the gender of carers this was detailed in care records.

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

- We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible. For example, a care record recorded a person preferred to remain in bed and they liked to have sheets and blankets rather than a quilt. Another person was prescribed a medicine to be given at 6.00 am, however the person had stated they did not want to be woken for this. To ensure the person was safe despite their decision a risk assessment had been completed.
- Where people were unable to communicate verbally arrangements had been put in place to support them.
- People were asked if they required support before staff provided it. Records reflected the need to ensure people were happy with being supported.

- Most people had family, friends or representatives who could support them to express their preferences. Furthermore, we noted that the provider had access to lay advocacy resources. Advocates are independent of the service and can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- We found people's dignity was consistently respected. For example, people were called by their preferred names and this was documented in the care records.

- We saw staff enabled people to be as independent as possible while providing support and assistance where required. For example, when supporting a person with their meal staff also offered the person to have a spoon also.

- We found that suitable arrangements had been maintained to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained 'Good'. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care needs had been holistically assessed and regularly reviewed. Care plans provided clear guidance on what people could do alone. If people required support, then staff had clear guidance on how to support them.

- The plans were person centred and set out people's individual preferences. One person said, "The manager came to my house with the social worker and the next day I was here!"

- People had access to a limited range of activities. This was because the activity coordinator had recently left the organisation. Arrangements had been made to fill this post however these had not commenced. People told us about external visitors, for example, the local school had recently visited to sing. On the day of inspection the hairdresser was visiting. They also told us where possible they visited the local village with staff.

- Arrangements were in place to ensure staff were kept updated on people's changing needs. So, they could provide appropriate care to meet their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans and other documents were written in a user-friendly way in accordance with the Accessible Information Standard so that information was presented to people in an accessible manner

Improving care quality in response to complaints or concerns

- There were arrangements to ensure that people's concerns and complaints were listened and responded to, to improve the quality of care. Complaints had been responded to appropriately and resolved.

- A policy for dealing with complaints was in place. This was available in words and pictures to assist people with access to it. When we spoke with people they told us they knew how to complain. One person told us they had made a complaint and staff had responded by providing additional support to them.

End of life care and support

- The provider had arrangements in place to support people at the end of their life if required. Links had been made with specialist palliative care services and where appropriate records detailed people's wishes.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 'Good'. This meant the service was well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have a manager registered with the Care Quality Commission in post. At the time of inspection, the provider was in the process of changing and the manager had also commenced their registration with the commission.
- The provider had recently reviewed the management arrangements of the service and we observed these were having a positive effect on the management of the service.
- The provider had notified CQC of accidents and incidents as required.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Regular checks were in place for a variety of issues including falls, medicines and infection control. Arrangements were in place to analyse results so that trends could be identified to avoid incidents occurring again. However the checks in some areas for example, medicines had not identified the issues we found.
- Staff told us the new manager had a passion for providing quality care to people and this was evident the way they supported staff to care for people.
- The previous inspection ratings poster was displayed on the provider's website.

Continuous learning and improving care

- A member of staff said, "The manager is always checking staff are ok and making positive changes for people who live here."
- A system was in place to analyse accidents and incidents.
- A relative told us they thought there had been improvements recently. They said, "Things are changing, the manager had a relatives meeting, I went to it, she took me into her office and went through the list I had. I found her very responsive."
- Refurbishment of several areas had taken place including the clinic room and bathrooms. A programme for

further improvements was in place.

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

- We found that people who lived in the service, their relatives and members of staff had been engaged in the running of the service. For example, relative and resident meetings were held. Minutes from these meetings were on display so people who could not attend were able to see what had been discussed.
- We looked at minutes from a staff meeting and saw that staff were engaged in discussions about the proposed changes at the service and issues such as staffing.
- A relative told us they had been involved in discussions with the manager about resolving the vacant activity coordinator role and they had been responsive to their suggestions which had resulted in an appointment to the post.
- Questionnaires had been carried out with people to review aspects of the service and ensure any changes agreed with people and their relatives.

Working in partnership with others

- The service had liaised with the local authority to make improvements to the service.
- Working relationships had been developed with other professionals to access advice and support. For example, the GP and local pharmacist.