

Welbourn Healthcare Ltd

# 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 residential and nursing care home providing personal and nursing care to 34 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

Welbourn hall has been converted into a care home and is divided into two units. The accommodation is spread over two floors.

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

People lived in a safe, well maintained environment. The risks to their safety were assessed and appropriate measures in place to support their ongoing safety. They were supported by a caring and knowledgeable staff group and the registered manager continued to work to recruit staff to ensure people's needs were met.

Staff managed people's medicines safely and in line with their preferences. Staff were knowledgeable of and practiced safe infection control and prevention practices. Staff were aware of how to protect people from abuse, and when necessary the registered manager investigated and promoted learning from events. Staff received regular supervision and training to support them in their roles. People's nutritional and health needs were well managed.

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.

People received person centred care from a group of caring staff who treated them with respect and dignity. Although people felt there could be more social activities the registered manager continued to work to address this.

There was a clear complaints process in place. There had been improvements to the quality monitoring processes which supported a good oversight of the service for the registered manager and provider.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (12 January 2021) and there was a breach of regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service was registered with us on 10 January 2020 and this is the first comprehensive rated inspection of the service.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Welbourn Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by three inspectors, and an Expert by Experience undertook telephone calls to relatives following our visit. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service. We spoke with eleven members of staff including the registered manager, the operations manager, nurse, senior care workers, care workers, the chef, housekeeping staff and activities co-ordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 13 care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We spoke with nine relatives and friends of people who lived at the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from harm as there were systems and processes in place to ensure their safety. Staff were aware of their responsibilities and raised issues to the registered manager when necessary. We saw the registered manager had recently investigated a safeguarding issue and taken learning from the incident to prevent future occurrences.
- People and their relatives said people were safe at the service and they felt able to raise any concerns to the staff or registered manager.
- The registered manager and operations manager used several ways to ensure learning from events. Staff were supported with regular supervisions, there was a ten-minute meeting each day at 10am to discuss issues and events at the service.

Assessing risk, safety monitoring and management

- The risks to people's safety were regularly assessed and appropriate measures were in place to support people. For example, people whose care plans showed they required mobility aids had these in place. Where people required support to reposition to reduce the risk of skin damage, information was in their care plans to guide staff. We saw the guidance had been followed on checking repositioning logs.
- Environmental risks had been assessed. Where issues had been raised by external professionals such as fire safety teams the provider had addressed these to ensure people lived in a safe environment. People had personal emergency evacuation profiles in place that reflected their current needs should they require evacuation from the service in an emergency.

Staffing and recruitment

- The feedback we received from people about staffing levels was mixed. Some people told us they had to wait a long time for staff to answer their bells when they rang. However, people told us staff were knowledgeable, supportive and came when they needed help.
- Some staff also felt there were times when they were short of staff and there were times when the number of staff on duty did not meet the established number of staff required. However, the registered manager worked to maintain staffing levels to meet people's needs. Another member of staff said, "We're quite lucky, the staff that work here (in other areas such as housekeeping) who are trained in care." A further member of staff said, "Historically we have been short staffed, I think things are getting better."
- The duty rosters and staff clocking in system showed majority of the time staffing levels were meeting the established needs of the service. The registered manager was in the process of recruiting more staff to support safe staffing levels.
- The registered manager undertook safe recruitment practices. The disclosure and barring service (DBS) were used to ensure potential staff had no undeclared criminal convictions that may affect their suitability

for a role in social care.

#### Using medicines safely

- People's medicines were managed safely. Where people needed support with their medicines there was guidance for staff to provide this safely.
- Safe processes for ordering, storage and disposal of medicines were in place and staff administering medicines had received training in safe handling of medicines

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- Relatives we spoke with said they had been impressed with the way the staff at the service had supported both themselves and their family member during the Covid-19 outbreak to facilitate visiting in a safe way.



# 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 our last focused inspection this key question was not inspected against. This is the first inspection to report against this key question. This key question has been rated as Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed when they moved to live in the service in line with nationally recognised guidelines.
- The measures in place following assessments had been implemented by staff to provide safe care for people. For example, the risk to people's skin integrity was assessed using the Waterlow scoring tool.
- People's protected characteristics under the Equality Act were considered and the registered provider had policies and procedures in place in line with legislation and standards in health and social care, to ensure best practice was understood and delivered by staff.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training for their roles. While we saw a small number of staff required some update training, the registered manager continued to work with them to ensure they undertook the necessary updates. The registered manager told us some staff struggled using the on-line training. She had been working to buddy these staff up with staff who were more computer confident to ensure staff could achieve their training.
- The registered nurse told us the registered manager was supportive with their specific training needs. However, the Covid-19 restrictions had meant some of the practical training they had requested had not been possible. However, the nurse went on to say the registered manager was now working to source this training as restrictions were being lifted.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported well with their nutritional needs. We received positive feedback from people on the food choices they were given.
- The chef was able to show us the information they had on people's dietary needs, they worked with the care staff to ensure people were supported safely. They discussed people who needed modified diets and how they had followed guidance from health professionals such as the speech and language therapy (SALT) team to support people who had difficulty swallowing.
- We observed mealtimes and saw people received healthy appetising choices. The mealtimes were well supported by staff who clearly knew people's choices and preferences.

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

- People lived in a pleasant environment. People and relatives commented on the work the provider had

undertaken to improve the service. One relative said, "I am really pleased to see they are doing some refurbishment. The garden is well tended. We sat outside during my visit." A member of staff said, "I like it here. I've noticed it change over my time being here. They are putting effort in to improve the place."

- The provider was working through a refurbishment plan which had made significant improvements to the building. There was a clear maintenance plan in place. Regular checks and servicing of equipment such as the lift and electrical equipment were undertaken.

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

- People's health needs were well managed by the staff at the service. Relatives told us staff were quick to inform them if their family members were ill or needed treatment. One relative said, "Yes, they always contact the doctor if there is an incident, they also keep us informed."

- There was collaborative working between the chef and care staff to monitor people's weights, and staff worked with health professionals to ensure people were supported with long term health conditions such as diabetes. Staff were able to discuss how they would recognise and manage acute illnesses such as low blood sugars in people with diabetes. There was also information on display to support staff in recognising sepsis and actions to take.

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

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

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

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

- People told us staff gave them choices and checked they were happy to receive care. Staff we spoke with were knowledgeable of people's rights to refuse care and how they needed to work in people's best interests should the person lack mental capacity. One member of staff described how they supported a person whose behaviours at times were challenging. They gave clear explanation of the strategies used, such as positive calm conversations, and the positive effect this had on the person.

# 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 our last focused inspection this key question was not inspected against. This is the first inspection to report against this key question. This key question has been rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring towards them. One person said, "Staff know what I like, it's like having another friend really." Another person said, "Staff are kind, no issues with them." All the relatives we spoke with felt their family members were in good hands. One relative said, "Oh yes, staff are so cheerful always smiling and chatting with residents." Another said, "We are so grateful. Staff are wonderful with him."
- Throughout our visit we saw some very positive interactions between all the staff at the service and the people they supported. The mealtime experience was a sociable event with care staff, housekeeping staff and kitchen staff working to support people.

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

- People were supported to express their views about their care. Their wishes and choices were considered, we saw one person preferred to sit in a small lounge by themselves during the day. One relative told us their family member had expressed a wish to have a particular gender of staff and this had been accommodated.
- There was information on advocacy services available for people when this was required. The registered manager told us two people were using this service at the time of the inspection. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their dignity maintained. Relatives we spoke with were very positive about how well their family members were treated. One relative said, "They do treat her well, very well. They show respect and give her privacy for personal care." Another relative said, "I am pleased with the care, they treat him with respect and dignity and when they give personal care, the door is always shut, and the curtains drawn to ensure his privacy."
- During our visit we saw people being treated with respect and dignity. During lunch we saw a member of staff supporting a person with their meal. They offered the person a dignity napkin and sat with the person supporting them with their meal at their pace.

# Is the service responsive?

## Our findings

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

At our last focused inspection this key question was not inspected against. This is the first inspection to report against this key question. This key question has been rated as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned in a person-centred way. Their care plans reflected their individual choices and needs. Some care plans would have benefited from more detailed information. The registered manager told us staff were working hard to ensure care plans were up to date and personalised and we could see the work was on going. People's care plans were on an electronic system and staff told us they were able to view the plans regularly.
- People told us they were happy with the way staff provided care. Their choices were always considered.
- Throughout the visit we saw staff interacting with people ensuring they listened to people's preferences.

Meeting people's communication needs

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

- The provider worked to ensure people were treated equally, considering the protected characteristics of the Equality Act.
- There were examples of how individuals had been supported. For one person, English was their second language, staff had provided the person with an electronic tablet set to their own language. This enabled them to translate their needs into English for staff. This had also enabled the person to attend a virtual religious service each week. The registered manager told us this had been very successful in supporting the person with communication and improved their quality of life.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People did not always receive consistent support with social activities.
- The feedback we received from people was they needed more activities, as there were times when they were bored. Staff also felt there needed to be more activities for people. The registered manager told us they had one activities co-ordinator who worked 24 hours a week. They had been trying to employ a second activities co-ordinator as they had recognised the need for more activities for people.
- When the activities co-ordinator was on duty, they had a comprehensive plan of activities for people this included Poetry reading, exercises, quizzes, balloon toss, puzzles, walking in the garden, gardening, bingo and darts games. One person told us they went out for walks in the village.
- People had also been supported to keep in touch with their relatives during Covid-19 via telephone, video

or more recently visits. Relatives told us they were happy with both the level of communication during Covid-19 and with the safety measures in place when they visited. One relative said, "I am pretty impressed with the precautions around infection control, the protection, the testing, everything was by appointment and safe."

#### Improving care quality in response to complaints or concerns

- People and their relatives knew who to complain to if they had any concerns. Relatives told us they were happy with the way the registered manager acted when they had concerns. They felt she was quick to respond.
- The provider had a clear complaints procedure in place and their complaints policy was displayed. The registered manager followed the complaint policy when required.

#### End of life care and support

- During this inspection no one at the service was receiving end of life care. However, we saw information in people's care plans of their basic wishes and choices of how they wanted to receive this care. Respect forms had been completed with people's choices of where they wished to be when the time came.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to have clear monitoring of systems in place which put people at risk of receiving unsafe care. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- There had been clear improvements to the quality monitoring systems in place at the service. The registered manager was supported by the operations manager and provider to ensure the systems in place worked to benefit people at the service. The operations manager undertook regular audits of areas such as fluid monitoring charts to ensure they were completed correctly so people's fluid intake was clearly monitored. People's weights and falls were monitored and where actions were needed these could be clearly seen.
- The quality monitoring system also included audits of the environment. When issues had been identified an action plan, was in place and we saw the actions were completed in a timely way.
- There had been significant challenges for the service during the pandemic in ensuring continued learning in specialist areas for the nurses at the service. However, the registered manager continued to support the staff with continued learning. The service had a membership with the local care organisation which supports services with continued learning and on-line courses were able to be undertaken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager worked with people and their relatives to provide an open, person centred approach to the care people received. She encouraged her staff to work in this way.
- The registered manager had a clear vision of what she wanted to achieve for people at the service and continued to work with staff to ensure they had the skills and support to achieve this.
- Throughout our visit interactions between staff and people were person orientated, and there were examples of how this had led to good outcomes for people. For example, on the Willows unit there were several people living with dementia. We saw how two people enjoyed spending time with one another. Staff facilitated this by making sure they had chairs together and encouraging both to join in with an activity they were doing.

- Relatives told us how their family members had improved in health and well-being since coming to the service. One relative told us their family member had an underlying health condition; staff had worked with the person's GP to manage and improve their condition. They told us how the person's mobility had improved, and staff had reduced the number of falls the person had prior to coming to the service by managing their safety. The relative said, "They have given [name] a new lease of life."
- We saw evidence of how staff worked with the local GP service, community nurses and specialist teams such as the speech and language therapy (SALT) team. To affect good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager notified CQC of events in line with their registration responsibilities.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and via their website, where ratings have been awarded. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous focused inspection was displayed on the provider's website.

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

- Relatives we spoke with all told us the communication from the registered manager was good. Relatives who had visited told us the registered manager introduced themselves and spoke with them.
- Staff told us there were regular meetings and they were able to discuss any issues they had. One staff member said, "The manager listens to issues and suggestions and when I have made suggestions, they will run with it."
- The provider sent out questionnaires to people, their relatives and staff to gauge their opinions of the service. These were followed up by displaying the feedback and what the registered manager had done about any suggestions for people living at the service.