

Welbourn Healthcare Ltd

Welbourn Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Welbourn Hall Nursing Home is a residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The care home can accommodate 40 people in one building. The building is divided into two areas one of which provides care to people living with dementia.

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

Staff had access to personal protective equipment and followed national guidance around donning and doffing. However, we found staff were not consistently wearing masks in a safe manner. The service was clean and there were effective cleaning schedules in place being followed by the housekeeping staff.

Quality monitoring arrangements were in place, however these did not identify issues we found at inspection. Documentation and care plans were not consistently updated.

People's medicines were not consistently managed in a safe manner.

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 did not support this practice.

The risks to people's care were assessed and measures were in place to mitigate these risks.

People were supported with adequate numbers of staff who had received training for their roles. Staff were recruited safely. Staff knew how to keep people safe from abuse and were confident to raise concerns with the registered manager or external agencies. When required, notifications had been completed to inform us of events and incidents.

People and their relatives knew how to raise a complaint and would feel confident to do so if needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was Good, published on 4 July 2019.

Why we inspected

We received concerns in relation to people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. We have found evidence that the provider needs to make

improvement. Please see the safe and well led sections of this full report.

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 coronavirus and other infection outbreaks effectively.

Follow Up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

Welbourn Hall Nursing Home 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

We visited the service on one occasion. We gave the provider 18 hours' notice of the inspection. This was due to the COVID-19 pandemic to ensure we had prior information to promote safety.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority team who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 briefly with one person, a nurse, and registered manager. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at a variety of records relating to the management of the service including policies and procedures.

After the inspection

Following our visit we spoke by telephone with the relatives of three people, who used the service, about their experience of the care provided. We also spoke with three members of care staff and two nurses. We continued to seek clarification from the provider to validate evidence found. We looked at care records and staffing rotas.

Is the service safe?

Our findings

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

At this inspection this key question was rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The registered manager told us they were now fully recruited and did not have to use bank and agency staff to cover shifts. During the inspection we saw no evidence of people waiting for care or of staff being unable to respond to people's needs. However, when we spoke with staff, they told us there were occasions when they felt there was a shortage of staff.
- People were supported by staff with up to date training to support them in their roles, to keep them safe. However, we saw that training for some night staff had not yet been delivered. The registered manager informed us that some staff had received training with the previous provider, however, there were not any records of this.
- The provider used a dependency tool to help them calculate the number of staff required to support people safely. The rosters we viewed showed most of the time the provider was meeting their established numbers of staff.
- There were safe recruitment processes in place to ensure people were supported by suitable staff. Checks such as references from previous employers and checks through the disclosure and barring service (DBS) were made. This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.

Using medicines safely

- We looked at the medicine administration records. We saw where people required special arrangements to support them to take their medicines, for example thickening agents, to aid swallowing, supporting documentation such as care plans and guidance were not in place. There was a risk staff would not know how to administer people's medicines.
- Medicines were administered in a timely manner.
- Guidance for 'as required' medicines (PRN) was consistently in place.
- Medicines which required specialist arrangements for storage were stored correctly.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. We found that risks to people's safety and the environment 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 had personal emergency evacuation profiles in place.

Preventing and controlling infection

- People were protected from the risks of infection. Staff had access to personal protective equipment (PPE). When we spoke with staff they were able to tell us how they used the equipment. However, we observed two occasions when a staff member moved their mask to speak with a person, this presented a risk of cross infection.
- The home was clean and well maintained. Regular checks had been carried out to ensure cleaning regimes were effective.
- Staff had received training with reference to preventing infections and working within the pandemic.

Systems and processes to safeguard people from the risk of abuse

- Where the registered manager had been made aware of any safeguarding concerns, they had worked with the local authority safeguarding team to investigate and learn from events. Using supervisions, handovers and external training providers to support ongoing learning.
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns and information available in the office supported them to raise concerns with external agencies.
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

Learning lessons when things go wrong

- Incidents were identified, recorded and action taken to keep people safe. The registered manager ensured that all accidents and incidents were recorded. This allowed the registered manager to monitor the action taken to keep individuals safe.
- The registered manager monitored the trends in areas such as falls. This allowed them to identify if there were any patterns which could be addressed through a change in people's care plans.

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 this inspection the rating was requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Where people were unable to consent, capacity assessments were not consistently in place. For example, a person had bed rails in place to keep them safe but was unable to agree to these, an assessment to ensure this was in the persons best interest was not in place.
- The provider had installed an electronic recording system for care plans. However, despite regular reviews care plans were not always updated to reflect people's needs or consistently in place to ensure people's needs were met.
- Audits were in place, however, we observed that audits had not picked up some of the issues identified at inspection. For example, gaps in records and incomplete records.
- Monitoring and analysis of issues such as people's weights and falls were undertaken each month, and actions staff needed to take to support people were communicated to them. However, we found fluid charts were not totalled and there was a lack of evidence of oversight of these. There was a risk people would not receive adequate fluids.
- Staff did not follow best practice guidelines, for example guidance around PPE was not consistently followed.

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

- The provider had put in place arrangements to ensure staff had appropriate responsibilities for their skill set. For example, arrangements were in place to ensure staff worked in teams and daily allocations were provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Most relatives we spoke with felt the communication between themselves and the staff team about their family member could be improved and they should not have to ask for information.
- Relatives we spoke with, felt able to raise issues. We observed where issues were identified at the inspection the registered manager had addressed these in a timely manner.
- Of the staff we spoke to they told us there were arrangements in place to update them and facilitate discussion. The registered manager had put in place arrangements to have regular meetings with staff.
- Relatives told us they were aware of the changes to visiting their family member and staff worked with them to ensure they could safely visit their relation

- Staff told us they felt supported by the registered manager.

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 was aware of their responsibilities to inform us of significant events at the service as they are required by law to report to us.
- We saw that complaints and concerns had been responded to in line with the provider's policies and procedures.

Working in partnership with others

- We saw evidence of referrals being made to external agencies including doctors, dietitian and the falls team.
- The registered manager told us they worked collaboratively with other agencies, for example, the local GP practices and pharmacy.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes were not in place to ensure quality improvement. Good practice guidelines were not followed.