

Mr Nish Thakerar & Mr Kumar Thakerar

# 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 effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Welbourn Hall Nursing Home is a 40 bed residential and nursing care home providing personal and nursing care to people aged 65 and over. At the time of our inspection, 26 people were living at the service and 1 person was in hospital. Welbourn Hall Nursing Home has been converted into a care home and is divided into two areas; The Hall and the Willows and meets the care needs of people with nursing care needs, including people living with dementia. The accommodation is spread over two floors.

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

Medicines management systems and processes had recently changed to an electronic system and new and improved audits and checks introduced. However, people had not consistently received their prescribed medicines when required. Best practice guidance in the management of medicines needed further improvement.

Guidance for staff about people's individual care, treatment needs and risks were not consistently detailed or reflected current care needs. The registered manager was aware of this had plans were in place to make improvements.

New systems and processes had been introduced to assess, monitor, and review quality and safety. Internal quality assurance procedures were being introduced to gain feedback about people's experience of the service. Further time was required for new ways of working to fully embed and be sustained. The provider had an ongoing action plan to drive improvements.

Environmental, premises and equipment checks including cleanliness, hygiene and safety were completed. An improvement plan was in place to redecorate and change the flooring. New equipment had been purchased such as new hoists.

Staff deployment was regularly monitored and reviewed to ensure staffing levels were sufficient. Staff had been safely recruited and received opportunities to discuss their work, training, and development needs. Action was being taken to further upskill staff.

People were protected from the risk of abuse and avoidable harm. Action had been taken to further develop the staff's awareness of external agencies they can report any concerns to in addition to internal procedures.

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 were supported with known health conditions, recognised assessment tools were used. Staff worked

with external health professionals in monitoring and responding to changes in health needs. People received sufficient to eat and drink.

Staff were caring and understood and knew people's care and treatment needs, they treated people with dignity and respect.

People's communication needs and support were assessed and planned for. End of life care wishes were discussed with people.

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

This service was registered with us on 19 May 2023, and this is the first inspection.

The last rating for the service under the previous provider was Inadequate published on 26 November 2022.

#### Why we inspected

This inspection was prompted by a review of the information we held about the service.

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 Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified 1 breach in relation to medicines management.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**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 Health and Social Care Act 2008.

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

This inspection was completed by 2 inspectors, a pharmacy specialist, 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

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post who was newly registered and had been in post since 1 April 2023.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service and 3 visiting relatives and a person's friend for their experience of the service. We observed staff interaction with people, to help us understand people's experience. We spoke with 12 members of staff, this included the registered manager, the provider, deputy manager, administrator, nurse, senior care staff, team leader, care staff, domestic, the head cook and an activity coordinator. We reviewed in part, 10 people's care records, 3 staff files, 15 people's medicine records, and a variety of records relating to the management of the service, including audits and checks, staff deployment, training and supervision records.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service.

This key question has been rated 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.

### Using medicines safely

- People did not always receive their prescribed medicines. For example, we saw 1 person had not received their medicine for dementia for 4 consecutive days. Records indicated that this medicine was unavailable during this period, however we were later shown records that this medicine had been in stock. This person had also not received their laxative for 3 days as it was recorded as unavailable at the service.
- One person had a covert plan in place (medicines disguised in food or drink without their knowledge) as they had been assessed as lacking mental capacity to make informed decisions as to the implications in declining their medicine, which meant covert administration of medicines would be in their best interests. However, we saw staff had not followed this agreement and the person had not received their medicine for dementia for five consecutive days as they had declined to take it. This placed people at risk of worsening of their condition.
- Topical medicines patches, site application was not consistently recorded. This is important to ensure patches had been rotated as per manufacturers' recommendations to reduce skin site reactions.
- Staff did not consistently record the reason or outcome of when required (PRN) medicines were administered. This meant the effectiveness of the medicine could not always be reviewed.
- Care plans did not always have the guidance for staff to monitor side effects and effectiveness of medicines. Guidance for staff on the risks associated with some medicines, such as the impact on falls, were not sufficiently detailed.
- Staff did not consistently record the fridge temperatures where medicines were stored. This meant that the service could not be assured that fridge medicines were always safe to use and also highlighted gaps in training for staff.

This demonstrates a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training and their competency assessed. However, the registered manager was in the process of reassessing staff's competency.
- The registered manager was aware of improvements required and had implemented new medicine systems and processes. This included an electronic medicine management system. A staff member said, "Medicines are much improved now we have E-MARs (electronic medicine administration records).
- Although we had concerns that some people had missed doses of their medicines, other people told us that they did receive their medicines when needed. A person said, "I get it (medicine) morning and night,

they [staff] bring it, and they see me take it, before they go."

Assessing risk, safety monitoring and management;

- Risks to people's health and safety were assessed, monitored, and reviewed. However, the level of guidance for staff of actions to mitigate risks were not consistently detailed or up to date. In response to a concern about a person's catheter care plan, the registered manager took immediate action. We found staff to be knowledgeable about people's individual care needs. This was therefore a recording issue. The registered manager had plans for all care documents to be reviewed and this action had commenced.
- The registered manager had implemented a daily walk around that included checks on the environment and health and safety. Where shortfalls were identified, action was taken to mitigate risks. However, we identified an ongoing issue with the lighting in the laundry room. A person's bed position and mattress was not comfortable for them and there was an increased risk this may have cause skin damage. We discussed this with the registered manager who took immediate actions.
- Risks associated to fire and legionella a water based bacteria that can cause ill health, had been assessed and monitored. Personal emergency evacuation plans provided staff with guidance of how to safely evacuate people in an emergency.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their role and responsibilities to protect people from abuse and avoidable harm. The registered manager had recently enhanced staff's understanding of how they could escalate safeguarding and whistleblowing concerns to external organisations such as the local authority, police and CQC.
- A staff member said, "Safeguarding concerns I would report to the manager or senior, I'm confident they would act. I would attempt to contact the local authority safeguarding team if I wasn't listened to."
- People told us they felt safe living at the service. A person said, "Yes, no problem checking." This comment referred to staff checking on them to ensure they were safe and if they needed any assistance.

Staffing and recruitment

- People were supported by sufficient numbers of staff. The provider had a dependency tool that advised them of staffing required, to meet people's needs. We saw the dependency tool was reviewed in April and May 2023 and as a result, staffing had been increased.
- People gave a mixed response about staffing levels. Whilst some thought staffing levels were sufficient, others told us there were delays of staff responding to calls for assistance. We shared this with the registered manager who agreed to specifically monitor call bell response times.
- Staff were positive of recent improvements made to staff deployment. A staff member said, "Staffing is now better. The new management team are friendly and have made improvements."
- Staff recruitment checks were completed before staff commenced. This included having a face to face interview and Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Nurses were registered with the NMC (National Midwifery Council). Their registration was monitored by the registered manager, to ensure they continued to be registered and were safe to practice.
- An agency staff induction had been implemented by the registered manager. This supported agency staff to provide safe care.

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 supporting people living at the service to minimise the spread of infection.



- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

- People were supported to maintain contact with their family and friends. Visits to the service were well facilitated. People and relatives raised no concerns about visits.

#### Lessons learnt when things went wrong

- Systems and processes were in place to learn and improve people's care following an accident or incident. Accidents and incidents were consistently reported, investigated, and analysed. Themes and trends to minimise the risk of re-occurrence were identified, such as where referrals to relevant professionals were needed.
- Lessons learnt were shared with staff. As a result of recent analysis, the registered manager had arranged further training in behaviours that challenge and moving and handling to upskill the staff team.

# 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.

This is the first inspection of this newly registered service.

This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of our inspection, no person had a DoLS authorisation with conditions. Where authorisations were in place, there was an associated care plan that recorded the reason and expiry date.
- The registered manager had a system in place to monitor DoLS authorisations.
- Mental capacity assessments and best interest decisions were not consistently completed when a person lacked capacity to consent to their care. For example, a person was resistant to care at times, but there was no mental capacity assessment in relation to this. However, we saw capacity assessments for people who were unable to consent to their medicines. The registered manager was aware improvements were required and had plans to address this.
- Staff understood the principles of the MCA and had received relevant training.

Staff support: induction, training, skills and experience

- Staff received an induction and ongoing training, competency assessments and opportunities to discuss their work, training, and development.
- The training matrix showed some gaps in training and in discussion with a nurse and the registered manager, it was clear nursing staff required further training and competency assessments to upskill them. The registered manager had already identified this and had arranged clinical training for the nurses and

additional training for care staff.

- The registered manager had introduced a new supervision contract with staff and developed a supervision and appraisal plan. Supervisions had commenced.
- Staff were positive about the support from the registered manager and training opportunities. A staff member said, "Since the new manger arrived, there's such a difference. Procedures and policies have been put into place; roles are clearly defined. Such a responsive manager." Another staff member said, "The new manager is supporting us well, and supporting us to fix everything."

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

- Guidance for staff about people's dietary needs and preferences was not consistently up to date or available. Staff spoken with were aware of people's individual needs and preferences, indicating this was a recording issue. During the inspection, the deputy took action to update this information for staff.
- People were positive about the choice and quality of foods and drinks. A person said, "The new chef came down to me to discuss basic homemade traditional cooking instead of pasta. They were very good."
- People had access to a daily menu and the food options were also displayed pictorially to support people's choice making. Food and fluids were recorded to support staff to monitor people's intake. Fluids were not always totalled (checking the amount of fluid input a person had received to ensure good hydration) but the content indicated people were being offered adequate amounts of fluids to maintain hydration.
- The service had a 5 star food hygiene rating and food stocks were managed effectively, following best practice guidance.

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

- The provider had a pre assessment that considered people's care needs associated with their physical, mental health and wellbeing, including the person's protected characteristics.
- The provider used recognised assessment tools to assess and monitor people's health conditions. This included skin, nutritional, mobility care needs and risks.
- The registered manager was an experienced manager and a registered nurse. They were aware of best practice guidance and expected care standards. They had developed new systems and processes and had plans to further improve people's experience of receiving consistent, effective care and treatment.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's known health conditions had been assessed and were monitored. Oral health care was also assessed, and care plans provided staff with guidance of support required. Care records confirmed people were supported to access health services.
- The service was supported by local GP surgeries and a weekly GP visit occurred. The registered manager had introduced a useful information sharing tool they shared with the GP pre visit. This assisted the GP or other health professional, in assessing and treating people effectively.
- Information was shared with external health care professionals such as ambulance and hospital staff to ensure people received consistent care and treatment.
- People told us they were supported with their health needs. We saw a visiting chiropodist during our inspection.

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

- People had a choice of communal areas to spend their time. These spaces had good lighting and heating, were spacious and provided comfortable seating.
- People's bedrooms were personalised. The provider had plans to redecorate bedrooms, communal areas,

and change flooring. Some of this his work had commenced.

- There was a large outdoor garden that the activity coordinator said they were hoping to use as the weather improved.

# 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.

This is the first inspection of this newly registered service.

This key question has been rated 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 received care and treatment from staff that respected their individual needs and preferences.
- The provider's assessment included any equality and diversity support needs which informed people's care plans and were a guide for staff.
- We observed positive interactions of staff with people. People confirmed they were treated well by staff. A person said, "Yes, staff treat me with dignity." Another person said, "The staff call me by my first name."

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

- People and or their relative, were involved in initial discussions and decisions about care and treatment needs.
- The registered manager was in the process of reviewing people's care plans. They told us how this would involve the person and or their relative.
- The registered manager was also implementing a key worker system, where people would have a named nurse and care staff member. This role would involve coordinating aspects of care and be a source of contact for relatives and others.
- Resident and relative meetings had been introduced and planned. This information was displayed with dates. This was an additional method to involve people in discussions and decisions about their care and the service they received.

Respecting and promoting people's privacy, dignity and independence

- People received care and treatment from staff who knew them well, and treated them with care, compassion, and dignity.
- People were positive about how staff provided care and treatment. A person said, "The staff are very nice they treat me like family." A relative described staff as, "Very friendly and attentive."
- Our observations of staff engaging with people confirmed what we were told. Staff showed great care and compassion. We saw how staff provided reassurance to people at times of emotional distress. Staff were kind, comforting and patient. The atmosphere at the service was calm, relaxed, and friendly.

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service.

This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Care plans did not always accurately reflect people's needs. Information sometimes was contradictory and not clearly recorded in the correct care plan. Whilst this was potentially confusing for staff, we found staff to be knowledgeable about people's needs.
- The registered manager told us they were aware care plans needed reviewing and staff responsible for developing care plans needed training and support. The registered manager had an action plan for these improvements to be made with a timescale for completion.
- Following our inspection, the registered manager forwarded a copy of an updated care plan completed for a person's catheter care. Guidance for staff was detailed and person centred and was a significant improvement.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication support needs, including details of any sensory impairments, detailed in their care plans. This meant staff had access to information about how to communicate with individual people.

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 received opportunities to participate in activities. The activity coordinator told us about the different opportunities they provided, this included group activities and one to one support for people who were cared for in bed, showing an understanding of the risk of self-isolation.
- The activity coordinator told us how they also supported people to access the local community and were hoping to support people to enjoy the garden as the weather improved. In addition to a weekly activity timetable, future social events were displayed such as a Summer Fayre.
- We observed the activity coordinator supporting people to participate in activities, this included spending time in the garden for a singalong.

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

- The complaints procedure was displayed for people and visitors. The registered manager told us how they were in the process of developing this information in an easy read form to support people.
- We were aware of a complaint that had been received. The registered manager had responded quickly and completed an investigation, action had been taken to make improvements and they had met with the complainant to discuss their concerns and actions taken.
- People told us they had no complaints or concerns about the service provided.

#### End of life care and support

- At the time of our inspection, no person was receiving end of life care. Care plans provided staff with some information about a person's end of life care wishes, but this information was basic. However, the registered manager had plans to further discuss people's future care wishes, with the person and or their relative.
- Important information such as, Do not attempt cardiopulmonary resuscitation (DNACPR) or a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) information was recorded and known by staff.

# 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.

This is the first inspection of this newly registered service.

This key question has been rated 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff culture at the service was improving. The registered manager provided good support and leadership. A staff member said, "The manager is always asking how things are and are open for a chat. It's a good place to work."
- Person centred care was an area for continued improvement. Actions were in place to update people's care plans and records, to ensure staff had up to date guidance.
- Staff training, support, and development had been identified as an area for improvement. Plans were in place to upskill the staff team to enable them to support people effectively.

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 responsibility to keep people informed of actions taken following incidents in line with the duty of candour. They were aware of their legal duties to send notifications when appropriate to the local authority and CQC.
- The registered manager was open and honest during the inspection. They were aware of the continued improvements required at the service and had the support from the staff team to achieve this. The registered manager and staff team showed a commitment and determination to continue to improve the service.

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

- Staff performance, responsibility and accountability was an area of continued development. The registered manager had implemented new and improved ways of working to support the staff in their roles.
- Improved staff communication systems, audits and checks that monitored quality and safety, had been introduced. Whilst these were having some positive results, further time was required for improvements to fully embed and be sustained.
- Positive feedback from the local authority was received about the management style and ability of the registered manager. This included the improvements they had brought about at the service in a short time.

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



#### characteristics

- The registered manager was implementing a quality assurance process, to enable them to seek feedback from people, relatives, staff, and external professionals.
- The registered manager told us they would be sending questionnaires in June 2023 to different groups of people, inviting them to share their experience of the service. The registered manager said how feedback would be analysed and used to help develop the service.
- Staff were positive about the recent changes at the service. A staff member said, "The manager is always around and accessible. Constantly giving us feedback. They have a presence in the service and knows all the people using the service. I feel we are treated with respect."

#### Continuous learning and improving care

- The registered manager had made a positive impact at the service in implementing new and improved systems and processes. They were supported by a staff team who demonstrated a willingness to learn and develop. Regular staff meetings, a daily handover and flash meeting with heads of department and a daily walk around of the service by the registered manager were being completed. This enabled continued oversight and monitoring of the service.
- A detailed incident analysis process had identified some themes and patterns. This oversight and learning had resulted in staff training needs and a review of staff deployment being identified.
- The provider had good oversight and leadership, they regularly visited the service and was supporting the registered manager and staff to make the required improvements. An action plan was in place to drive the required improvements.

#### Working in partnership with others

- The registered manager was developing positive relationships with external health and social care professionals.
- Care records demonstrated how staff worked with external agencies to achieve positive outcomes for people.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had failed to ensure people consistently received their prescribed medicines.</p> <p>Regulation 12 (2) (g)</p>