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Great Wheatley Nursing Home

Inspection report

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Overall summary

The inspection took place on the 1 October 2015.

Great Wheatley Nursing Home is registered to provide accommodation and care with nursing for up to 21 people some of whom may be living with dementia. There were 18 people living in the service on the day of our inspection.

At our last inspection in March 2015 we had concerns about the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), the care planning and the quality assurance systems. We had also recently received some concerning information about medication practice, moving and handling practice and qualified nurses staffing levels. This report only covers our findings in relation to these requirements and the information of concern. You can read the report of our last comprehensive inspection by selecting the 'all reports' link for Great Wheatley Nursing Home on our website at www.cqc.org.uk

At this inspection we found that the service had improved in the application of MCA and DoLS, in care planning and in their quality assurance systems.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were supported by staff that understood them. Staff had undertaken training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated an awareness of the issues around people's capacity and to consider people's best interest when supporting them to make decisions. People's capacity and ability to make informed decisions were assessed and recorded clearly. Staff asked people for their consent before providing any personal care and support.

People's needs had been assessed and their care plans provided staff with sufficient information to meet their needs. Staff clearly knew how to support people in ways that they wished to be supported.

There were sufficient numbers of staff provided to meet people's needs. Staff had the knowledge and skills that they needed to support people. They received training and on-going support to enable them to understand people's diverse needs.

Summary of findings

The management team were well established. People and their families were consulted with and the service used a variety of ways to assess the quality and safety of the care provided.

The provider had taken steps to mitigate the risks to people and address the shortfalls found at the last

inspection. This included implementing systems to monitor the quality and safety of the service. However, these measures need to be embedded and sustained over time to ensure people are provided with a consistently safe quality service. The overall rating of the service will not change at this time.

Summary of findings

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 safe.

There was a qualified nurse on duty at all times and there were enough staff to care for people and meet their needs.

Risk assessments had been carried out.

People received their medications safely.

Is the service effective?

The service was effective.

Staff had been trained in moving and handling people and their practice was appropriate.

The manager and staff had knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and it had been applied appropriately.

Is the service responsive?

The service was responsive.

People's care records were planned and recorded in a person centred way. Staff had access to all of the information in regard to people's support needs and assessments and reviews had been carried out appropriately.

Is the service well-led?

The service was well-led.

There was an effective system in place to assess and monitor the quality of the service people received.

Records were now of a satisfactory standard.

The service had a stable management team in place. People knew who the manager was. They told us that the manager did a good job and was approachable. People were happy with the quality of the service and provided many positive comments.

Great Wheatley Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider had met the

Legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

This inspection took place on 1 October 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience and knowledge about similar services.

Before our inspection we reviewed information that we held about the service such as previous inspection reports, safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with six of the people using the service and seven of their relatives and friends, the manager and nine members of staff. We reviewed four people's care records and staff's training records. We also looked at a sample of the audits and staff rotas.

Is the service safe?

Our findings

We had received information of concern about staff's medication practice and the levels of qualified nurses working in the service.

At the inspection we found that medication practices at the service were appropriate and people received their medication safely. We observed a complete medication round with two different qualified nurses. They washed their hands prior to administering medication, were fully prepared and had appropriate equipment such as cups, spoons and fresh water available on the medication trolley. They asked people for their consent before administering any medication and showed patience and understanding when giving people their medication.

People told us that they received their medication when needed. There were appropriate medication care plans in place. One person said, "I get my medication when I need it, they [staff] are all very good here and will ask if I need any pain relief."

The medication administration record sheets (MAR) had been appropriately completed and any refused medication had been recorded using the appropriate codes on the reverse of the MAR. Where people refused medication or it was soiled, for example, the nurse dropped one tablet on the floor and appropriate steps were taken to store it safely and recorded in the medication returns book.

Where people had been prescribed one or two tablets the amount had not always been recorded on the MAR which

made it difficult to audit. The registered manager told us that they would ensure that staff recorded whether one or two tablets were given in future for this type of prescribing. The monitored dosage system in place provided staff with clear information of what was in each pack as it was written on each individual medication pot. Opened packets and bottles were signed and dated to show the date of opening to ensure that medicines were not used that were out of date. The temperature of the room where medication was stored had been regularly monitored and recorded and within recommended guidelines.

We checked the staff duty rota over an eight week period and it showed that a qualified nurse had been on duty at all times. One relative told us, "It is fantastic here. They look after my relative so well. The nursing care has been great and my relative's health has improved as a result of this. They have nursed them well and are so caring."

Staff told us that there was always a qualified nurse on duty. There were many occasions when the qualified nurse was the registered manager. They had worked very long hours, for example in one week they had worked over a six day period from eight in the morning until eight in the evening. There was no provision on the rota for the registered manager to carry out their management duties. The registered manager told us that they had support for two days each week from two administrators from the provider's head office. They said that they were happy to work these hours and to fill the qualified nurse's shifts as they felt they could monitor the service more effectively.

Is the service effective?

Our findings

At our last inspection in March 2015 we found that people's capacity and ability to make informed decisions were not always assessed and recorded clearly. We also recently received information of concern about moving and handling practices.

At this inspection we found that improvements had been made and the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) assessments had been appropriately carried out where required. Staff had received recent training in MCA and DoLS. The manager and staff demonstrated an awareness of the issues around people's capacity and to consider people's best interest when supporting them to make decisions. The manager had made appropriate DoLS applications and renewal requests in a timely way.

People told us that they were cared for by staff that understood their needs. One visiting relative told us, "All the staff here are lovely and they look after my relative really well, they are very supportive to my relative. The care here is first class."

Staff had received recent training in moving and handling people and this involved both e-learning for the theory and practical training. Staff told us that the training was very good and that it informed them how to move people safely. We observed staff practice throughout our visit and found it to be appropriate to individuals' needs. One staff member said, "I have had lots of training and I like working here and doing things with people to make their lives better."

Is the service responsive?

Our findings

At our last inspection in March 2015 we found that risks to people's health and safety had not always been recorded. Staff did not have access to people's pre-admission, medical, health or medication information on the computer tablets that they used. The manager had told us that there were plans to incorporate more information in the tablets in the near future to ensure that staff had the information when required.

At this inspection we found that improvements had been made and the information had been transferred onto the computer tablets. This meant that information was now accessible to staff when needed. The risk based assessments had now been fully completed and reflected risks to people's safety. People's needs and risks were now clearly recorded so that staff had access to the information to care for people safely. One relative told us, "The staff really look after my relative well. Every time I visit they are always clean, tidy and smartly dressed. It is always clean and bright when I visit."

There were electronic care plans in place and they were now clearer and easier to understand and were more person centred. They now provided good information to enable staff to care for people in ways that supported their

individual needs and preferences. People's care needs had been regularly reviewed and recorded to ensure their changing needs were met. One person said, "They look after me well here, they've got lovely smiles and I am very happy with my care."

Most of the staff said they were happy with the new computerised care planning system. One staff member said, "It is much better than trying to read other staff's handwriting and it is quicker." Another staff's opinion differed and they told us, "I don't like it because it can sometimes be quite slow. I much prefer writing it down as I think it was so much quicker."

In addition to the information on the computer tablets staff had access to the whiteboard in the manager's office. This was a visual aid of people's details such as their GP and there were codes to show health conditions such as diabetes. The whiteboard was kept up to date with information such as when people were admitted to hospital and was used as part of the handover process. Staff told us they felt this was a very good system that made it extra quick to access up to date information about people. One relative said, "They are well looked after, it is brilliant and it is safe. Every time I leave here I know they are being well looked after, it's so nice."

Is the service well-led?

Our findings

At our last inspection in March 2015 we found that some of the quality assurance processes to assess and monitor the quality of the service had not been recorded regularly. The manager told us that they intended to make all records available electronically.

At this inspection we found that improvements had been made as the service had carried out a range of quality monitoring and areas such as health and safety and medication were regularly audited to continually improve the service for people. Care records had been reviewed and updated to reflect people's needs. One relative told us, "The care here is first class. The staff are lovely and look after my relative really well. I spoke up at the relatives meeting and said how nice everybody was."

The manager had been supported by two staff from the company's head office to carry out administration duties

and information had been transferred to the electronic system. One staff member said, "The manager does check everything here, they are ok. If I had a problem I could speak up as they are approachable."

We saw that people and staff were comfortable and relaxed with the manager. The manager demonstrated a good knowledge of all aspects of the service, the people using the service and the staff team and they were fully accessible to people. During our visit we received many positive comments about the manager and the service from people using the service, their relatives and friends and staff and these included, "The manager very often checks on my relative and the staff come round continuously with a drink. When I leave I know they are being well looked after. The family are so happy with the care and how the home is run", "I think we have a good manager. She is approachable and does a good job here in the home" and "I am very happy with the home and the support being given to my friend."