

Mr Raju Ramasamy and Mr Inayet Patel

Great Wheatley Nursing Home

Inspection report

3A Great Wheatley Road
Rayleigh
Essex
SS6 7AL

Tel: 01268777281
Website: www.abc-care-solutions.co.uk

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14 March 2018

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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

The Inspection took place on 15 February and 14 March 2018 and it was unannounced.

Great Wheatley is a 'care home with nursing'. 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 is registered to provide care and accommodation with nursing for up to 21 older people some of whom may be living with dementia and/or receiving palliative care. There were 21 people living in the service on day one of our inspection and 19 people on day two.

At the last inspection, the service was rated good and at this inspection, we found the service remains good.

There was a registered manager 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 2008 and associated Regulations about how the service is run.

People received their care and support safely. Staff understood how to support people and they knew how to protect them from the risk of harm. The service recruited people safely and employed sufficient staff to meet people's needs. Where shortfalls in staffing had been identified, the service actively sought to fill vacancies.

The computerised medication system was good. People received their medication safely as prescribed and the records were of a good standard. Staff had a good understanding of infection control and had been trained. Appropriate action and precautions were taken, as advised by the GP when an infection was present. The environment was well maintained, kept clean and was hygienic.

People's care needs had been assessed and their care plans updated as their needs changed. Staff were well trained and supervised and they knew how to care for people effectively. People received a choice of fresh home cooked meals. Alternatives to the menu were available should people require them. Where people had little appetites their food and drinks were fortified to ensure they had as much nutrition as possible. Staff ensured people's healthcare needs were met. They worked well in partnership with other professionals to ensure that people received the healthcare they needed.

The service worked in line with other legislation such as the Mental Capacity Act 2005 (MCA) to ensure that people had as much choice and control over their lives as possible. The service had carried out appropriate assessments in line with legislation. Where people were deprived of their liberty, the service had made appropriate requests for authorisation. People's independence was encouraged as much as possible while minimising any risks to help keep them safe.

Kind and caring staff cared for people. They listened to what people had to say and let them know that they were important and that their feelings mattered. Staff were respectful and treated people with dignity, ensuring that their privacy was maintained. People and relatives were very complimentary and said that staff were kind, caring, respectful and compassionate.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Advocacy services were available if people needed them. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People received personalised care that was responsive to their needs. The care plans and daily notes were detailed and informative. Staff kept them up to date using the computer tablets and recorded information in real time. There was a good complaints procedure and where complaints had been received, they had been dealt with appropriately.

People and their relatives knew the registered manager well and had confidence in them. Relatives told us they knew who was in charge of the home and they felt that the registered manager would not stand any nonsense. Staff felt supported and were happy with the registered manager's management style. There were effective quality assurance systems and processes in place that identified and actioned the improvements needed. Confidential information was stored safely in line with data security standards.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 February 2018 and 14 March 2018 was unannounced and carried out by two inspectors and an expert by experience on 15 February. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection visit on the 14 March 2018 was to gather further information and to clarify we had sufficient evidence to write this report. It was carried out by one inspector and was unannounced.

Before the inspection, we received some concerning information in relation to an influenza outbreak and the quality of care at Great Wheatley Nursing Home. We reviewed information that we hold about the service such as 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.

During the inspection, 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 spoke with 11 people, 11 visiting relatives, a healthcare professional, the registered manager and eight members of staff. We reviewed six people's care files and six staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, training records, staff duty rotas and complaints records.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks to people's safety as at the previous inspection and the rating remains good.

People told us they felt safe and their relatives said that their loved ones were kept safe and secure. One person told us, "It is safe here, the staff are very trustworthy and nothing has ever gone missing from my room." A relative said, "When we are not here we do know that our relative is safe – this place has given us a certain amount of peace of mind." Another relative told us, "I do think my relative is in good hands here." There were systems and processes in place to safeguard people from abuse and safeguarding information was displayed in the hallway. Staff had been trained and demonstrated a good understanding of how to protect people from the risk of abuse. One staff member told us, "I would report any form of abuse to my manager and if they did not take action I would contact the council or CQC." We saw that people were comfortable, relaxed and happy with staff and with each other. Safeguarding records showed that the service had promptly taken action to protect people from the risk of abuse.

Risks to people's health and safety were monitored and managed to support them to stay safe and respect their freedom. For example, personal risk assessments were in place for people's mobility, skincare, nutrition and falls. Where a person used oxygen there was a detailed risk assessment on the care file and a sign on the door to advise staff of this. Staff had a good knowledge of people's identified risks and described how they managed them. One staff member showed us how they accessed up to date information about risk on one of the tablet computers. Staff had received training in first aid and fire safety and knew the procedure for calling the emergency services if needed. There were detailed fire evacuation plans in place. Staff told us, and the records confirmed that regular fire checks and drills had been carried out. There were safety certificates in place for the electrical, gas and water systems. The handyman told us, and the records confirmed that they carried out repairs in a timely way. There was a list of emergency telephone numbers available for staff to contact contractors in the event of a major electrical or plumbing fault.

People and their relatives had mixed views about staffing levels. One person said, "Staff come quickly if I call, but they will pop in and say they will be back when they can.to be fair they do always come back." Another person told us, "They don't always come very quickly if I press my call bell; I'd say night staff are better and quicker. It's worse if someone's on holiday or off sick." One relative told us they felt there were not enough staff at times and another said there was. The staff duty rotas showed that staffing levels had been consistent over the eight-week period checked. They showed that there had been one qualified nurse and three care staff working throughout the day and one qualified nurse and one care staff worked during the night. In addition to this, the service employed a housekeeper, cook and an activities co-ordinator. We saw that staff were very busy on the first day of our inspection and there were periods of time when the lounge area was unattended. This was because staff were assisting people with their personal care and the registered manager was also the nurse on duty, and was supporting us with the inspection. On day two of our visit, we saw there were staff in the lounge most of the time. The registered manager told us that the activities co-ordinator had been off work sick and there had been a shortage of qualified nurses. This meant that the registered manager had worked as the nurse on duty for two/three shifts each week. However, two

nurses had been recently recruited and were awaiting clearance to start work.

Although the service's recruitment process was generally thorough, we found one staff member's references to be questionable. This was because they had not contained a company stamp to authenticate them. The registered manager told us that they knew the person well and had given them the reference request to pass to their employer to complete. The service has since requested appropriate stamped references for this member of staff. All other staff files checked contained the relevant documentation in line with regulatory requirements, for example Disclosure and Barring checks (DBS), identification and the right to work.

The provider ensured the proper and safe use of medicines. People told us that they received their medication correctly. The service had a computerised medication system and only qualified nurses administered medicines. The records showed that people had received their medication as prescribed.

People were protected from the risk of infection. They repeatedly told us that the home was kept clean and tidy, with staff paying particular attention to hygiene levels during a recent influenza outbreak. One person said, "The place always looks nice, and clean, and they've been very hot on clearing the germs recently because so many of us were ill." A visiting relative told us, "The cleanliness here is consistently good, the home always looks tidy and pleasant." There were policies, procedures and risk assessments in place for the prevention and control of infection. Appropriate action had been taken when infection was present. The registered manager had sought advice from their GP and closed the home to visitors to ensure that the infection was contained. Staff had received training and demonstrated a good understanding of infection control procedures. We saw from our observations that the home was clean, tidy and odour free. Staff were seen using personal protective clothing such as disposable gloves and aprons. We saw these were frequently changed and disposed of appropriately.

Staff understood their responsibilities to record all safety incidents and near misses and the registered manager monitored accidents and incidents and analysed the information, which was shared with staff at regular staff meetings.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skills, experience and support as they did at the previous inspection and the rating remains good.

People's physical, mental health and social needs were holistically assessed on an on-going basis in line with legislation, evidence based guidance and other expert professional bodies. People and their relatives told us that they had been involved in their assessment of needs and the records confirmed this. The assessment process included people's likes, dislikes, their preferences in food and drink and pass times. People told us, and the records showed that their care plans were regularly reviewed and updated to reflect their changing needs.

People told us, and it was clear from records viewed, that their friends and families advocated for them when necessary. Advocacy services were available if needed. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. They help ensure that people are not discriminated against on any grounds such as their protected characteristics under the Equality Act.

People were cared for by staff who had the skills, knowledge and experience to deliver effective care and support. They told us they felt staff were well trained. One person said, "The nurses here are very competent, everything goes according to plan, they've got it all sorted." Staff told us, and the records confirmed that they received regular supervision and a wide range of training that was appropriate for their role, which had been regularly updated.

Some people currently using the service were receiving palliative care and mostly had very small appetites. Some people were supported with fortified drinks and meals to enable them to have sufficient food and drink. People and their relatives had mixed views about food. One person said, "It's not hot enough for me. It is lukewarm by the time it gets to me and I'd like it hotter." Another person told us, "The food is marvellous, I liked the curry today, not too spicy but very tasty." Other people told us the food was quite good now, had improved and was very tasty. We saw that the cook made home-made cakes and ensured that all of the meals were fresh and home cooked. Before meals were served, the temperature of food was checked and recorded, and the kitchen and equipment were spotlessly clean. The service was given a food hygiene score of five by the Food Standards Agency, which is the highest score available. This showed that the service demonstrated very good food hygiene practices.

People received appropriate support in relation to their healthcare. In addition to the nursing care provided by the service's staff some people were visited by external palliative care nurses to support them during stressful times. Where people required other healthcare support it had been provided in a timely manner. One person told us, "The doctor comes regularly to see me, he's very good." Another person said, "I wasn't well recently, they [staff] were quick to call the GP, who put me on antibiotics. I'm much better now." One healthcare professional told us, "The manager ensures people receive the health care they need. The GP visits the service weekly so any issues are dealt with quickly."

Staff worked well with others organisations to ensure that they delivered effective care and support. They knew the people they cared for well and had good communication when liaising with GP's, specialists nurses, social workers and hospitals.

People's individual needs were met by the adaptations, design and decoration of the premises. There was appropriate equipment such as hoists and wheelchairs to enable people to be moved around the service safely when they were able to. People's bedrooms were personalised with many photographs of family and friends and their individual belongings.

People told us, and we saw that their visitors were made welcome at any time. One visiting relative said, "This home is excellent. I visit regularly and all the staff are so nice and welcoming. They always have time for me and explain what I want to know." However, another relative did not share that opinion and told us that they were not always offered a drink on arrival. The registered manager explained that as it was a nursing home there were many visitors coming and going throughout the day and it was not always possible to offer drinks on arrival as staff were occupied providing care. They told us, and we saw that a kettle and teabags were provided in the lounge area, and milk was available in the kitchen fridge when required.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met.

Staff were trained and demonstrated a good understanding of how to support people to make decisions. Mental capacity assessments were carried out to ensure that decisions were made in people's best interests in line with legislation. Appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed. We saw and heard staff asking people for their consent throughout our visits.

Is the service caring?

Our findings

At this inspection, we found that people were still cared for by kind, caring and compassionate staff and the rating remains good.

People were treated with kindness, respect and compassion. They told us that staff treated them with dignity and respected their privacy. One person said, "They [staff] do a good job...they treat me with respect, they're quite kind, I can't find no fault with them." Another person told us, "They [staff] know how to make me comfortable, they care about that." A visiting relative said, "The carers are very good, extremely hard working. They are very good with my relative." Other comments included, 'staff are very good', 'Very kind to me', 'Very polite and friendly', 'Excellent', 'Nothing's too much trouble', 'Very pleasant', and, 'Respect my privacy'.

Staff demonstrated a person-centred culture where they treated each person as an individual and ensured people were comforted when needed. For example, we saw that one person was upset and crying during our visit. We observed a member of staff comforting and reassuring them. The member of staff showed great kindness and compassion and took time to talk with the person until they cheered up and smiled. This showed that people's feelings mattered to staff, and that they listened to them, and supported them when needed.

People and their relatives told us they were kept fully involved in decisions about their care as much as they were able to be. People were asked for their views on a daily basis and regular meetings had been held where a range of issues had been discussed. This ensured that people and their relatives were kept up to date about the service and were able to fully participate in decisions about their care.

People were supported to remain as independent as possible. They were encouraged to do as much as they were able to for themselves. For example, when providing people with personal care, staff would ensure they participated in washing and dressing. Staff helped people to choose clothing that was appropriate for the time of year and supported them with personal items, such as shaving, wearing jewellery and make-up. We saw that people looked well cared for, were dressed in clean, warm clothing that was appropriate for the time of year. Spectacles, where worn, were clean and smear-free. One person told us, "I always like to keep my glasses clean and I like to wear a bit of jewellery. The staff make sure I've got my jewellery on, and I'm pleased they bother with things like my scarves too."

People's personal records were stored securely on the computerised system that was password protected. The service had policies and procedures for dealing with confidential data. Staff had received training in the Data Protection Act and confidentiality and knew who they could, and could not share confidential information with. This ensured that people's confidential information was protected in line with data security standards.

Is the service responsive?

Our findings

At this inspection, we found that people still received personalised, responsive care that met their individual needs and the rating remains good.

People received personalised care that was responsive to their needs. As detailed earlier in this report, people were involved as much as they were able to be in the assessment and care planning process. People's care plans were kept on the computerised system and staff had access to tablet computers to record everyday occurrences. The records viewed were comprehensive and contained very good information about people's likes, dislikes and preferences. Where people had been unable to share information about their background due to current ill health, staff had asked their nearest relative for this information. Where background information had been gathered, it gave staff sufficient knowledge to engage with people in a very personalised way. One person said, "They [staff] know what I like as they know me well." Staff told us that the care plans contained enough information for them to provide the care that people needed. The records showed that people received safe, responsive care.

There was an activities programme in place, which was displayed on the noticeboard in the hallway. However, the activities programme was not always followed due to staff sickness or people choosing different activities. People told us they were happy to sit and watch TV or listen to music. We saw that staff offered people a choice throughout our visit. One person was reading a newspaper and another person was watching TV. We heard staff asking people what they wanted to do and we heard one person ask to listen to music. The staff member offered them a choice of music and allowed them the time they needed to answer. The registered manager told us that they had employed two activity co-ordinators but one had left recently and the other had been off work due to sickness. They said this meant that the planned activities had not always taken place, as care staff would organise any activities around people's care needs. They told us they were actively trying to recruit to this role to enable them to improve upon the activities currently offered.

People using the service were not well enough to be using new technology. The service had computerised all of their care documentation and staff recorded daily observations and monitoring charts directly onto the system. In addition to the computer tablets there were laptops available for recording medication administration.

People told us their concerns or complaints were listened to and acted upon. One relative said, "The manager is always willing to discuss issues, they are always available." There was a clear complaints procedure and the records showed that complaints had been dealt with effectively. The registered manager told us they discussed complaints at team meetings to enable them to learn from them and to make improvements to the service.

People had in place their end of life care plans and staff were clear about people's wishes. People had access to specialist palliative care nurses and were provided with effective pain relief. A visiting relative told us, "My relative came here three years ago; the hospital had said they had three weeks to live. The end of life plan was put in place quickly but thankfully we haven't needed it yet." Staff said that the end of life

information was invaluable as they provided information about people's important last wishes. One staff member told us, "I can't help but feel sad when we lose people as I get to know them and I will always do my best to make them comfortable."

Is the service well-led?

Our findings

At this inspection, we found that the service still provided people with a well led good quality service and the rating remains good.

There was a registered manager in post. People and their relatives told us that they saw the registered manager in the home most days. They said that they were always in and out of the lounge and that they were happy to talk to them, if they needed anything. One person told us, "They [registered manager] liven things up here; they come to see me every morning. They are always happy and optimistic...I can ask them anything." Another person said, "I came here through a recommendation, and I would happily recommend it to someone else." One visiting relative told us, "The manager runs a very tight ship, they are efficient but can seem a bit business-like at times." Another visiting relative said, "[registered manager's name] is fantastic, they are very helpful and always around and willing to discuss my relative's care. I am pleased to say that their health and happiness has improved thanks to the excellent care provided by the manager and staff. All of the care staff are lovely and professional." People and their relatives told us they would recommend the service to others.

Staff said they felt the service was well led. They told us that the registered manager was a good leader, a bit strict but very fair. One staff member said, "The manager is very supportive and has helped me to overcome personal difficulties. They run the home well and expect us to do our job to the best of our ability." Another staff member told us, "I feel well supported to do my work and know that I can get advice from [registered manager's name] whenever I need it." Several of the staff we spoke with had worked at the service many years and they said they had seen many changes of manager during their time there. All of the staff spoken with said they felt supported by the registered manager.

Staff shared the registered manager's vision to provide people with good quality and safe care that kept them comfortable and pain free. The registered manager told us they aimed to have good relationships with people's families and friends to enable them to offer support to them when they need it.

The service worked well in partnership with other organisations such as GP's specialist nurses, social workers and the hospital. One professional told us they felt the service was very good and provided people with good quality care. They said the registered manager and staff worked well with them to ensure people had the support they needed.

Regular quality assurance surveys had been carried out where the service had sought the views of people, their relatives and any other interested parties. The most recent survey results were displayed in the hallway together with a list of action points to address any areas of concerns. Regular audits of the service's systems and practices had taken place to ensure that quality was maintained. For example, regular observations of staff's practice were recorded showing that staff had been observed in all areas of their work. This included checks that they treated people with dignity, respect and compassion and that they respected their privacy at all times. The provider's head of compliance and monitoring was working in the service at the time of the inspection. They told us they were supporting the registered manager full time until the new qualified nurses

started work. Regular quality audits had been carried out by the provider since the last inspection. This showed that the service had an effective quality assurance system and they were continually making improvements to offer people a better service.

There were clear whistle blowing, safeguarding and complaints procedures in place and staff knew when to implement them. One staff member said, "I know about the whistle blowing procedure and how to safeguard people." They described the actions they would take and how they would record them. This meant that staff would report concerns and ensure people in their care were kept safe.