

Mr Raju Ramasamy and Mr Inayet Patel

Great Wheatley Nursing Home

Inspection report

3A Great Wheatley Road, Rayleigh, Essex, SS6 7AL
Tel: 01268 882700
Website: www.abc-care-solutions.co.uk

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection of Great Wheatley Nursing Home took place on the 04 March 2015. Great Wheatley is a purpose built nursing home for up to 21 older people who may also have care needs associated with living with dementia.

At our last inspection in July 2014 we had concerns about the care and welfare of people using the service and staffing.

At this inspection we found that the service had improved in care and welfare of people and there were enough qualified staff to care for people and meet their needs.

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

Summary of findings

people's capacity and to consider people's best interest when supporting them to make decisions. However, people's capacity and ability to make informed decisions were not always assessed and recorded clearly.

People's needs had been assessed and they were cared for by kind and caring staff. Staff respected people's privacy and dignity and worked in ways that demonstrated this. Staff asked for permission before providing any personal care or any activity. The social and daily activities provided suited people and met their individual 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, although this training was not always appropriate.

People were able to complain or raise any concerns if they needed to. Where people had raised issues these were taken seriously and dealt with appropriately. People using the service and their families were consulted with. The service used a variety of ways to assess the quality and safety of the service that it provided although this was not always effective. The management team at the service were well established.

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.

People told us that they felt safe. Relatives told us that they had no concerns about the care people received or the way they were treated.

Staff understood their role in safeguarding people from harm.

People received their medications safely, there were enough staff to care for people and meet their needs and the service had a robust recruitment process in place.

Good



Is the service effective?

The service was not consistently effective.

Staff had knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) but it had not always been applied appropriately.

People's healthcare needs were met. The service worked with other professionals to ensure that people received on-going support with any healthcare needs.

Requires Improvement



Is the service caring?

The service was caring.

People's comments relating to the quality of care received was positive.

Staff were friendly and caring in their approach to people and their families. Staff demonstrated good practices and worked in ways that ensured that people's dignity and privacy were maintained.

People had the opportunity to comment on the service and their individual care. People told us that staff listened to them and acted on what they said.

Good



Is the service responsive?

The service was not consistently responsive.

People's care records were not always planned and recorded in a person centred way. Staff did not have access to all information regarding people's support needs.

People enjoyed social pastimes and activities that suited their individual needs.

People were able to raise any concerns or issues about the service. We saw that issues raised were acted on. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not consistently well-led.

The process in place to assess and monitor the quality of the service people received was not always effective.

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.

Requires Improvement



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 04 March 2015 and was unannounced. The inspection team consisted of two inspectors.

Before we visited the service we checked the information that we held. We also looked at the Provider Information Return (PIR). This information is about the service submitted from the provider to explain how they are

meeting requirements of the key questions. We reviewed other information that we held about the service such as notifications. These are events which have happened in the service that the provider is required to inform us about.

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 also completed informal observation to see how the staff interacted and supported people.

We spoke with six people who use the service and four relatives. We also spoke with the service's registered manager and four members of staff.

We reviewed the care records for six people and records about how the service was managed which included medication audits.

Is the service safe?

Our findings

At our inspection of July 2014 we had concerns that there were not enough qualified, skilled and experienced staff to meet people's needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us how they were going to improve.

At this inspection we found that there were sufficient numbers of staff on duty to ensure people were safe and had their needs met. Staff told us that there were enough staff on each shift to ensure people received the support they required. Comments received included, "We have a good team here and we are able to look after people safely." Call bells were answered promptly and people did not need to wait long periods of time for assistance.

The registered manager told us that staffing levels were reviewed on a regular basis. We looked at staffing rotas and these confirmed that staffing levels were maintained. The manager informed us that if there were unforeseen shortfalls in the staff numbers and cover could not be provided from employed care staff, they would contact an agency.

People told us that they felt safe living at the service. Comments received included, "They [staff] are good, they look after me." Relatives told us they were very happy with the care that their relatives received and had confidence that they were kept safe. One relative told us, "I can't thank this place enough; my [relative] is safe and happy."

People were protected from the risks of potential abuse or harm. Staff had received training in the protection of people from the risk of abuse. Staff we spoke with were clear about how to recognise and report any suspicions of abuse. The service had policies and procedures in place, and information was on display to guide practice and understanding. Staff were also aware of the whistleblowing policy which meant they knew how to access the appropriate agencies outside of the service if required.

Staff were recruited in an appropriate and safe way. Staff files contained records of interviews, references, full employment histories, and Disclosure and Barring Service (DBS) checks. This meant that people were supported by staff that were deemed suitable to meet their needs.

People's medication was managed by trained staff to ensure that they received it in a safe and timely manner. Medication was stored safely. We observed medicines being given to people and saw that this was done in line with people's wishes. The nurse checked people's medication before dispensing and communicated with people throughout the process.

We reviewed medication administration records and found these to be in good order. Medication was clearly prescribed and dated. We reviewed 'as required' medication and saw there were clear explanations as to when these should be administered within people's care plans. Regular quality audits were taking place to ensure people's medication was managed safely.

Is the service effective?

Our findings

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). They demonstrated an awareness of the issues around people's capacity and to consider people's best interest when supporting them to make decisions. However, people's capacity and ability to make informed decisions were not always assessed and recorded clearly. Although the manager knew how to make an application for consideration to deprive a person of their liberty in accordance with DoLS, this was not always completed in a timely way. For example, we found that one person's DoLS had expired; the manager informed us that a new application had been completed and sent to the Local Authority but this had not been completed before their previous DoLS had expired. The service had policies and guidance available to support practice but it was not always followed by the management of the service. This meant that there was a risk of people's rights and choices not being respected and taken into account when decisions were made to support them if they lacked capacity and when depriving them of their liberty.

People we spoke with told us that they were cared for by staff that understood their needs. One comment we received was, "The staff know what I like and what I need." Relatives we spoke with were happy with the care that was being provided to their family members.

People were supported by skilled staff that were well supported in their role. Staff told us that they felt supported at the service and they attended on-going training on a regular basis. One staff member of the care team told us, "We have training quite a lot; we either have training face to face or on the computer."

We found that staff received an induction when they started working in the service. Staff told us that their induction had been good and informative. Staff told us that they were encouraged and supported to achieve further qualifications.

The manager told us that staff received regular supervision and an annual appraisal to discuss their practices and skills to ensure they had up to date knowledge to meet people's needs.

People had enough to eat and drink. One person we spoke with told us, "The food is lovely." A relative we spoke with told us, "The food always looks and smells lovely." We observed the lunchtime meal. People were relaxed, staff were socialising with people. Staff supported people with their dietary needs. For example, staff sat with people who required assistance with their meal. People were given the choice of where to eat their meals, such as to eat in the dining room, communal lounge or in their bedrooms. This meant the service was flexible in its approach to mealtimes to ensure people's choice was recognised.

Where people had complex nutritional needs the service engaged with other organisations that could offer guidance with people's nutritional support needs. For example, we saw that staff had contacted the local Speech and Language Team (SALT) for guidance on one person's dietary and fluid intake due to their medical condition. We saw guidance and recommendations from the SALT team which staff had followed and recorded in the person's care records.

People's healthcare needs were well managed. People were happy with the way their healthcare needs were met. One person told us, "They [staff] get the doctor if I need them." One relative told us, "I know they [staff] know when to call outside help in, they called the doctor straightaway when my relative wasn't well." The GP visited people regularly. Staff referred to other health professionals if required. For example, Dentists and Chiropractors.

Is the service caring?

Our findings

At our inspection of July 2014 we had concerns about people's care and welfare. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us how they were going to improve. At this inspection we found that people were being cared for safely and to a good standard.

People told us staff were caring. One person told us, "Staff are very caring, they really are kind to me" A relative told us, "We are so happy with the staff here, my [relative] is always happy and that makes us feel safe too." Another relative said, "I cannot tell you how much we are thankful to this place [service], she has come on leaps and bounds since being here."

It was not always clear from people's records how they were involved in making decisions about their care, although people we spoke with told us that staff had asked them how they wanted to be cared for. One relative told us, "They always involve us when it comes to any changes to [person's name] care." People had the opportunity to comment on the service and their individual care. People told us that staff listened to them and acted on what they said.

Staff interacted with people in a kind, respectful and compassionate way. People were seen to hold good relationships. We saw one person laughing with a member of staff, this showed us staff knew the person's personality and were able to respond in a positive way. Staff spoke to people at eye level and allowed them time to respond. We saw people responded well to staff's engagement.

The service encouraged staff to develop relationships with individuals and understand their support needs better. This included the person's preferences and personal life history although this were not always recorded on the electronic files, for example, a member of staff was having a discussion with a person and they were encouraging the person to speak about their life history, the staff member had a very good knowledge of the person prior to the conversation but when looking on the person's care records, the life history had not been recorded. This might mean that a staff member unfamiliar with the person would not be able to engage with them so positively without the detailed information within their records, which could result in a poor welfare outcome for the person.

We observed people's privacy and dignity being respected, for example, we saw staff knocking on people's bedroom doors before entering and staff ensured people's bedroom doors were closed when personal care was being provided.

Is the service responsive?

Our findings

There were pre-admission assessments on the handwritten care files and on the main computer system. However, the tablets used by care staff did not contain any pre-admission, medical, health or medication information. This meant that staff had to access the main computer system to check these areas of people's care. Staff told us that it would be helpful to have this information on the tablets so that it was to hand when needed. The manager 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.

The care records were electronically stored. They had completed risk based assessments for people; these were around people's individual needs whilst within the service. These assessments were not always completed fully and did not reflect risks for people, for example; one person's records showed a risk assessment for 'client moving and handling', the outcome of the risk assessment stated that person required 'maximum assistance' although the 'overview of care' record contradicted this information as it stated that the person only required 'with minimal assistance'. Therefore people's needs and risks were not recorded clearly and this could mean that staff would not be aware of the risks associated to people's care needs.

Each person had a care plan in place; these were recorded and stored electronically. The records were not clear or easy to understand, they did not always provide good information to enable staff to care for people in ways that supported their individual needs and preferences. People's

care needs were not always regularly reviewed and recorded to ensure their changing needs were met. The care records were not always person centred and we found many entries where people's needs were recorded on other people's care files. For example; One person's care records showed information for another person who was not even the same gender.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to take part in activities that interested them and they enjoyed past times of their choosing.

People, their relatives and staff were given the opportunity to contribute to care review meetings. This showed us that the service sought to involve people and ensure that they experienced a good quality and safe service. People and their families felt that the service was responsive. Most relatives told us that they were consulted with and kept informed of any changes to their relative's wellbeing. A relative told us, "We are always kept up to date with what is happening with [relative's name]."

The service had a complaints procedure in place. People were encouraged to express their views and raise concerns if needed. One relative told us that they could have discussions with the manager or staff at any time. Complaints were recorded, investigated and responded to appropriately.

Is the service well-led?

Our findings

The service undertook a range of quality monitoring and areas such as health and safety and medication were regularly audited to continually improve the service for people. However, improvements were needed to some of the quality assurance processes to assess and monitor the service as these had not been recorded regularly. The lack of these records could mean that governance of the service was not robust enough to ensure people's on-going safety and wellbeing. The electronic recording system was not being used to its potential and therefore people's care records were not always reviewed and updated to reflect people's needs. The manager acknowledged this shortfall.

The manager told us that the transferring of information onto the electronic system from the paper files had been difficult at times and therefore there were still paper files with information being held within them. This had caused governance concerns for the manager when trying to

assess different aspects of the service, for example; it was difficult for the manager to clearly see which members of staff's training was due to be refreshed, however we did not find any shortfalls in staff training during the inspection.

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.

The manager was fully accessible to people. They spent time out and about in the service, seeing what was going on, talking to people and supporting staff. Most staff felt supported by the manager. We received many positive comments about the service and how it was managed and led. One person's relative told us, "I find the manager very supportive." A staff member told us, "The manager has made this a better place to work." Staff we spoke with told us, "Things are a lot better than it was here, everyone seems to be a lot happier." Staff morale was good and they were very positive about their role.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Records.</p> <p>The registered person must ensure that people are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by maintaining accurate records in respect of each person and by the management of the regulated activity.</p> <p>Regulation 20 (a) (b) (ii), which corresponds to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>