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# Great Wheatley Nursing Home

## Inspection report

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Date of inspection visit:  
12 October 2016

Date of publication:  
07 November 2016

## 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 12 October 2016 and was unannounced.

Great Wheatley Nursing Home is registered to provide accommodation and personal care with nursing for up to 21 older people who may be living with dementia. There were 21 people living in the service at the time of our inspection.

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.

At our last inspection in October 2015 we found that the provider had taken steps to mitigate the risks to people and address the shortfalls found at the previous inspection in March 2015. This included implementing systems to monitor the quality and safety of the service. However, these measures needed to be embedded and sustained over time to ensure people were provided with a consistently safe quality service. The overall rating of the service was not changed.

At this inspection we found that the improvements made in October 2015 had been sustained. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines. There were sufficient numbers of qualified nurses to meet people's assessed needs. There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

People were cared for by well trained and supported staff who had been safely recruited. Staff knew how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure that people were cared for safely.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications when needed.

People received enough food and drink to meet their individual needs. People's care needs had been fully assessed and their care plans provided staff with sufficient information to meet people's needs holistically and to care for them safely. People's healthcare needs were monitored and staff sought advice and guidance from healthcare professionals when required.

Staff knew the people they cared for well. They were kind, caring and understanding and always ensured people had the privacy they needed and that their dignity was respected at all times. People expressed their views and opinions and participated in their choice of activities. People were able to receive their visitors at

any time and their families and friends were always made to feel welcome. Advocacy services were available where people did not have family members to support them to have a voice. People were confident that their concerns or complaints would be listened to and acted upon.

## 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 was safe.

People were protected from the risk of harm. Staff had been safely recruited and there were sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was very good and ensured that people received their medication safely as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were cared for by well trained and supported staff. The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

### Is the service caring?

Good ●

The service was caring.

People were cared for by kind and caring staff who knew them well. Staff respected their privacy and dignity and cared for people in a holistic way.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

### Is the service responsive?

Good ●

The service was responsive.

The assessment and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure in place and people

were confident that their complaints would be dealt with appropriately.

**Is the service well-led?**

**Good** ●

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 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 12 October 2016 was unannounced and was carried out by two inspectors 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other 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 eight people, five visiting relatives, the registered manager, the nurse in charge, the chef and five care staff. We reviewed four people's care files and four staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staffing rotas and complaint records.

# Is the service safe?

## Our findings

We found that the service had maintained good medication practice since our previous inspection in October 2015. The registered manager had implemented a new improved system to ensure that the risk of mistakes was minimised and that people received their medication safely. The new system consisted of individual blister packs and bottles of medication. Each pack or bottle was clearly labelled with the person's name, the date and the time the medication should be given. Medication administration record sheets (MARS) provided a high level of detail including, when, why and how as and when required prescribed medication should be given. The (MARS) had been completed to a good standard and regular audits had been carried out. Staff had a good knowledge of people's medicine needs and their individual medical history and they gave people their medication appropriately. Staff had been trained and had received regular updates to refresh their knowledge and their competency to administer medication had been regularly checked. There was a good system in place for ordering, receiving, storing and the disposal of medication. People received their medication safely and as prescribed.

Since our last inspection in October 2015 the service had maintained the level of qualified nurses. People said they did not have to wait too long for staff assistance. We heard that call bells were answered promptly during our visit. One person told us, "If I pull my buzzer someone will always come to see what I need." A visiting relative said, "Although staff are busy they find time to attend to my relative's needs if I call them." The duty rotas showed that staffing levels had been consistent over the six week period checked and during our visit we observed that there were enough staff on duty to meet people's needs.

People were protected from the risk of abuse. They told us that they felt safe and secure and throughout our visit they were seen to be comfortable, relaxed and happy when interacting with staff and with each other. One person said, "I feel safe here as there are always staff around who I can talk to if I feel sad." One visiting relative told us that they felt their relative was safe and that they had no worries. Another visiting relative said, "My family member is very safe here and well looked after." The registered manager and staff demonstrated a good knowledge of safeguarding procedures and how to apply them and there was guidance available for staff to refer to when needed. Staff had received training in how to safeguard people and knew what actions to take if they suspected or witnessed abuse. One staff member said, "We care for people safely with a holistic approach. If I had any concerns about their safety or well-being I would alert the manager." Other staff told us that their safeguarding training had been regularly updated and they described the actions they would take to safeguard people from abuse.

Risks to people's health and safety were well managed. Staff had been trained in first aid and fire safety and they knew to call the emergency services when needed. There were fire evacuation plans in place which were displayed in people's rooms for easy access to staff in an emergency. Staff told us, and the records confirmed that regular fire drills had taken place. There were risk assessments and management plans in place for people's mobility, skincare, nutrition and falls. Staff had a good knowledge of people's identified risks and was able to describe how they managed them. People were supported to take every day risks and to maintain their independence as far as they were able to.

People were cared for in a safe environment. Other risks, such as the safety of the premises and equipment had been regularly assessed and there were safety certificates in place. The maintenance person told us, and the records confirmed that minor repairs had been carried out swiftly. Other work, such as building repairs was carried out by contractors as and when needed. There was a list of emergency telephone numbers available for staff to contact contractors in the event of a major electrical or plumbing fault.

The registered manager had robust recruitment processes in place to ensure that people were supported by suitable staff. They had obtained all of the appropriate checks in line with regulatory requirements, for example Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that they had not been able to start work until all of their checks had been carried out.



## Is the service effective?

### Our findings

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that the service continued to apply the MCA and DoLS appropriately and have consistently ensured that people's rights and choices were protected. There were mental capacity assessments in place where necessary and DoLS applications had been made where required. Staff had been trained and their knowledge had been updated and they demonstrated a good understanding of MCA and DoLS. One staff member said, "We all work together here and have people's best interests at heart." A visiting relative told us, "My relative is unable to make decisions for themselves so I am always kept involved." This showed that where people were not able to make every day decisions the service made decisions in their best interests in line with legislation.

Staff told us that they felt supported and valued. They said, and the records confirmed that they had a good induction that included working with more experienced staff until they felt confident. They had received regular supervision and told us they felt well supported by the registered manager. One staff member said, "The manager is really good, I feel I can speak to them at any time and they listen to me." Another staff member told us, "Our manager is very supportive and easy to talk to."

Staff had the knowledge and skills to care for people effectively. People told us that they felt the staff were well trained. One person said, "I think the staff know what they are doing because I have problems with my mobility and I can have a bed bath if I prefer." Another person told us, "The staff know what they are doing. They are all very good." Staff told us, and the records confirmed that they had received a wide range of training appropriate for their role which had been regularly updated. One staff member said, "We have regular dementia training. I have just completed a six week course." Another staff member told us, "I did manual handling training as part of my induction. You can ask for extra training when you want it and we are always offered training when it is available." Staff told us they had completed a national qualification in care and were encouraged to take more qualifications. One staff member said, "I have just completed my NVQ level 3 and have been encouraged to do my level 4." Another staff member said, "I have just completed my NVQ level 4 and am now going to do a level 5." This showed that people were cared for by well trained and supported staff.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. They told us that the food was good. One person said, "The food is lovely, I never leave any on my plate." Another person told us, "I never go hungry. There is always plenty of food on your plate and they give me enough to eat." Another person said, "Staff help me with my meal and they make sure I get enough food; they never rush me."

Several relatives said that the food was always good and that it looked very nice. They told us that they were able to stay for a meal if they wanted to. One relative said, "My partner never complains about the food and their plate is always cleared." We observed the lunchtime meal and the food looked appetising with home cooked quiche and coffee cake for dessert. Where it was necessary people's dietary intake had been recorded and their weight had been monitored to ensure that they had sufficient nutritional intake to maintain their health.

People's healthcare needs had been met. They told us, and the records confirmed that they saw a range of healthcare professionals such as the chiropodist and the GP. The registered manager told us that people were also attended by specialist nurses, such as for tissue viability, dementia and Macmillan nurses. People told us, and the records confirmed that they got the support they needed to help them to maintain their health. The outcomes of healthcare visits and any follow up actions had been clearly recorded and showed how and when people had received the support they needed.

## Is the service caring?

### Our findings

People told us that all of the staff were kind and caring. They said that they were understanding and took their time when supporting them with personal care. One person said, "The staff are all very good. They are kind to me and treat me respectfully." Another person told us, "The staff always help me to dress nicely." We observed that people looked neat and tidy and well dressed. Their hair was tidy and some people had polished nails. People said that the hairdresser visited regularly which made them 'feel better'. Visiting relatives were very complimentary about the service and one said, "The care here is 100% and more." Another said, "Other people who come and visit my relative tell me how wonderful it is and that they would love to put their name down to live here." People were relaxed and happy throughout our visit and we saw good staff interaction. Staff clearly knew the people they cared for well and had built up positive caring relationships with them.

People were treated with dignity and respect. They told us that they never felt rushed and that staff always treated them respectfully. We heard staff speaking clearly with people in a communication style that suited the individual's needs, allowing them the time they needed to respond. One staff member said, "If a person cannot communicate with me I pick up what they want from their body language and their facial expressions." We observed staff spending time with people on a one to one basis and saw that they had a holistic approach towards them. One person told us, "My care is very good here. I can have a bath or shower when I want to." Another person said, "The staff know that I like my legs massaged so they will try and do them for me every day and they [staff] will often just sit and talk with me." People told us that all of the staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms. This showed that people were cared for in a way that maintained their dignity and respected their privacy.

People told us that they were able to practice their faith and that they had access to religious services when required. Regular visits from local pastors had taken place and people said they enjoyed the visits. One person said, "I go out to church some Sundays, or they come into the home." People's religious faith was respected and their cultural needs had been met. Staff supported people to maintain their independence as much as was possible. Where people were able they had been actively involved in making decisions about their care and support. People told us that they decided what they wanted to do and when they wanted to do it. They chose when to get up and when to go to bed. On the day of our visit people got up at a time of their choosing and nobody had been rushed. One person told us, "I can get up and go to bed when I like. Staff always ask me what help I need." Other people said they made choices about what they wanted to wear and where they wanted to be. The care files contained good information about people's likes, dislikes and preferences to enable staff to care for people in a way that they preferred.

Staff had access to good information about people's past lives, their interests and their hobbies. The care plans included life histories to help staff to care for people in a way of their choosing. Staff knew the people they cared for well and were able to tell us about individual's likes and dislikes. For example one staff member said, "I know people well and I know what they like and don't like so I care for them in the way each of them prefers." Another staff member told us, "I know the people who prefer their own company so I do my

best to accommodate them while making sure they are not isolated." This showed that staff knew the people they cared for well and their individual needs were catered for.

People told us that their visitors were made to feel welcome at any time. One person said, "I can have visits when I want but we try to avoid mealtimes." Visitors told us that they were free to visit whenever they wished. One told us that they tried to avoid visiting at mealtimes as the service had what they called 'protected mealtimes'. Protected mealtimes are periods when people are allowed to eat their meals without unnecessary interruptions, and when staff are able to provide people with safe nutritional care. There was a notice displayed by the visitors' book explaining why the service had protected meal times. Visitors' said they were always made to feel welcome by the registered manager and staff.

Advocacy services were available where people did not have family members to support them to have a voice. There was advocacy contact details displayed in the hallway. 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.

## Is the service responsive?

### Our findings

When we last inspected in October 2015 we found the service had made improvements to the available information regarding people's care records and that care staff had access to all of the information on their computer tablets, this needed to be consistently maintained over time. At this inspection we found that the service continued to record all of the relevant information and it was made available to care staff.

People had received a full assessment of their needs prior to moving into the service and together with their families had been fully involved in the assessment and care planning process. Their pre service assessments covered all aspects of their individual personal circumstances. For example, one person's interest in knitting and another person's preference to have regular exercise had been recorded in their assessments and was catered for. People told us that the service met their needs. There was good information in people's care plans to help staff to care for people in a way that they preferred. One person told us that they exercised their legs and feet daily and we saw this in practice on the day of our visit. Staff told us that the care plans were very good. One staff member said, "I always look at people's care plans in case there have been any changes and I need to do things differently."

There were detailed end of life plans describing individual's wishes for their end of life care. The care plans that we viewed had been regularly reviewed and updated to reflect people's changing needs. A relative told us that the service was quick to respond to their relatives skin integrity needs. They said, "My relative came out of hospital with big pressure sores but within a few months of being cared for here they had gone." People told us, and we saw, that the service provided them with suitable equipment such as hoists, walking aids and wheelchairs to support them with their mobility needs. People told us that staff were quick to respond when they used their call bells. They also said that the staff never rushed them when giving them support and we saw this in practice throughout our visit. People received a service that was responsive to their needs.

People told us that they had enough to do to occupy their time. One person said, "We have recently been to a knitting group and now we have one in the home. The knitting group is really good as we can talk to each other about it." Other people told us about their sing-a-longs and said they enjoyed it when the music was on. Staff told us that they frequently had sing-a-longs as most people joined in. A relative said, "My relative is very happy here and there is usually some type of activity going on when I visit." People were supported to follow their own interests and hobbies as far as they were able to.

People and their relatives told us that they were asked for their views and opinions on a daily basis and we heard and saw this in practice. Staff checked with people to see if they wanted anything done differently. People said that they and their relatives had taken part in meetings where they had discussed the food, activities, staffing and the running of the service. This gave people a sense of being fully involved with their care and support and how the service was run.

People knew how to complain and they said that they would tell the staff or registered manager if they had any problems. One person said, "I have nothing to complain about here, but if I had I would know how to

complain." Another person told us, "I have nothing to complain about. My room is always kept tidy." Visiting relatives were all aware of the complaints procedure and how and who to complain to if they had any concerns. One visiting relative told us, "I have never had anything to complain about because the care is so good." Staff said they would support people if they wanted to complain about anything. One staff member told us, "If a person was unhappy and wanted to make a complaint I would sit and try to discover what the problem was and then I would speak to the manager." Another staff member said, "Our manager is very easy to talk to and they will listen and act on any concerns."

There was a clear complaints process in place which fully described how any complaints or concerns would be dealt with and it included the contact details of CQC, the local authority and the Local Government Ombudsman. The complaints procedure was displayed by the visitors' book in the hallway so that people could access it easily. The complaint records showed that concerns had been responded to appropriately and that they had been fully considered and resolved. People were confident that their complaints and concerns would be dealt with appropriately and in a timely manner.

# Is the service well-led?

## Our findings

When we last inspected in October 2015 we found that quality monitoring records had improved. However, we did not change the overall rating for the service because the measures taken by the provider needed to be embedded and sustained over time. At this inspection we found that the provider had continued to assess and monitor the quality of the service and record their findings appropriately to ensure that people were safe and received good care.

People's views and opinions had been sought. The registered manager had undertaken regular audits of their systems and processes such as for health and safety, medication, recruitment and pressure area care. The most recent audit for pressure area care showed that nobody currently using the service had pressure ulcers. It showed that some people had been admitted with them and that they had been healed in the care of the service. The registered manager had improved the medication system as a result of their medication audits. The system now included individual doses of liquid medicine to minimise the risk of medication errors and to aid auditing of the medication system. People told us that they were very happy with the quality of the service. The quality monitoring system was effective.

There was a registered manager in post and people and their relatives knew them well. People told us that the registered manager often walked around the service speaking to them and their relatives and checking that everything was to their liking. One person said, "I know who the manager is, they are always walking around and speaking with you." Another person told us, "The manager is very kind here. I see them a lot and they always talk to me. The manager frequently asks how I am and if I have any worries." Relatives were confident in the registered manager. One relative said, "You could not ask for a better manager." Another said, "You will frequently see the manager walking around and they will always ask you if everything is alright." All of the people we spoke with, and their relatives were complimentary about the registered manager. Their comments included, "The manager will always stop and speak with you." And, "You can tell how caring the manager is when you speak with them."

The service operated an open door policy where people, their relatives and staff could speak with the registered manager whenever they wanted to. Staff told us that they felt well supported. They said that the registered manager acted quickly if they had any concerns. One staff member said, "I speak to the manager if there are any concerns about people's well-being." Another told us, "We all have a holistic approach to people's care and we help and learn from each other and the manager is very supportive." Staff said they felt valued and they shared the registered manager vision to provide people with the best quality of care that met their needs holistically.

The service had clear whistle blowing, safeguarding and complaints procedures in place. Staff had confidence in using the procedures. One staff member said, "I know the whistle blowing policy and would not hesitate to use it if I had to. It is for reporting any concerns that you may have." Other staff told us they would make sure that people were kept safe and protected from the risk of harm.

People had been kept actively involved in making decisions about how to improve the service. They told us

that they and their relatives had regular meetings with the registered manager and staff. One visiting relative said, ""If there are any new issues that arise I am always involved in discussions with the manager." Another said, "We are given a lot of updates on what is going on with my relative's care. We also have regular meetings with the manager." One relative told us that they felt the meetings were good as they also got to know other people's relatives.

Staff communicated well with each other as they had a handover between each of the shifts and a communication book was used to record important information about people's care needs. The whiteboard in the office clearly displayed essential information such as the last time people saw their GP, if they had a do not attempt resuscitation (DNAR) order in place or if they were diabetic. People told us that the staff worked well together and one person said, "It's a good team of staff here, some have been here a long time." Staff also told us that teamwork was good and that they communicated well with each other. Regular staff meetings had been held where staff had the opportunity to discuss their role, care practices, risk assessments and training. This showed that there was good teamwork and that staff were kept up to date about changes to the service and people's care needs.

Personal records were stored in a locked office when not in use but they were accessible to staff, when needed. The registered manager had access to up to date information on the service's computer system and shared this with staff to ensure that they had the knowledge to keep people safe and provide a good quality service.