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Waxham House

Inspection report

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Date of inspection visit: 28 August 2015
Date of publication: 13/10/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Overall summary

We carried out a focused inspection on 28 August 2015 to check whether action had been taken following our last inspection. At that inspection we found serious concerns around the safe care and treatment of people living in the home. This report only covers our findings in relation to this topic.

We undertook an unannounced comprehensive inspection at Waxham House on 18, 20, and 25 March 2015 at which breaches of regulation were found. You can read the report from our last

comprehensive inspection, by selecting the 'all reports' link for 'Waxham House' on our website at www.cqc.org.uk.

Waxham House is registered to provide accommodation for persons requiring nursing or personal care. Waxham House is a residential care home for up to 20 people. At

the time of our inspection 17 people were living at Waxham House some of whom had physical disabilities or were living with a diagnosis of dementia. The home did not have a registered manager at the time of our inspection. 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.

Risks to people's health and wellbeing were assessed and mitigating action was taken to reduce the risk. Medicines were managed safely and people received their medicines appropriately. The home was clean and action had been taken to ensure infection prevention and control measures were in place.

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.

Risks to people's health and wellbeing had been assessed and staff knew how to assist people to reduce risks. People had the equipment they required to remain safe.

Medicines were managed safely. The home was clean and systems were in place to ensure people were protected from the risk of infection.

We could not improve the rating for this key question from 'Inadequate' to 'Good' because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Waxham House

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 took place on 28 August 2015 and was unannounced. The inspection was carried out to check that improvements had been made to meet legal requirements, identified in a warning notice served after our comprehensive inspection on 18, 20, and 25 March 2015.

The inspection was carried out by an inspector and a specialist advisor in the care of frail older people, especially

those living with dementia and people with end of life care needs. We spoke with five people living in the home and one visitor. We also spoke with the provider, the deputy manager and three members of staff. We reviewed care records for seven people, medicines administration and infection control records. We observed care being provided in all communal areas.

The team inspected the service against one of the five questions we ask about services: Is the service

safe? This is because the service was not meeting some legal requirements.

Is the service safe?

Our findings

At a comprehensive inspection undertaken on 18, 20 and 25 March 2015, we found the service was not safe. We served a warning notice on the provider as appropriate arrangements were not in place to

ensure that people were protected against the risks of receiving unsafe care and treatment. The provider had not undertaken an assessment of people's individual risks and taken action to manage these to ensure their welfare and safety. Medicines were not managed safely and some parts of the home were not clean. The provider was required to take appropriate action by 2 June 2015.

At this inspection significant improvements had been made and people now experienced care that was safe. People said they felt safe. One person said, "the carers make you feel safe". They added that even when using the bath hoist they felt safe because care staff, "know what they are doing". People said staff reacted promptly when they were unwell. One person who had recently returned from an emergency admission to hospital said, "[the staff] acted really quickly; they took one look at me and called an ambulance. I was very happy with that". Another person said they had hurt their leg and had been told it would be best to sit with their leg raised. They had their leg resting on a footstool and said, "it's healing now".

Risks to people's health and wellbeing had been assessed and action recorded to reduce the risk. These were assessed as low, medium or high and how probable the risk was. Appropriate action for staff was recorded. For example, one person's mobility was a medium risk. Staff were directed to remind the person frequently to use their call bell to summon staff assistance and to make 'regular and discreet checks, day and night'. Where people had difficulties swallowing this had been assessed and action taken to support them to eat and drink safely. One person required their drinks to be thickened to prevent them choking. This was recorded in their care plan and staff we spoke with knew the required level of thickening to use. Where people had diabetes, target levels for their blood sugar were recorded with specific action to take if the levels were low or high. For example, one person's care plan stated they should be given 'a drink sweetened with 2 heaped teaspoons of sugar; biscuits; yoghurt or a banana'. Further action was recorded to guide staff including what

to do if the measures to increase the blood sugar were not successful. Staff were familiar with this and knew what to do if the person was experiencing either high or low blood sugar.

The provider had introduced a new system for monitoring people's health and wellbeing following a head injury. The form required staff to monitor the person's condition every 15-30 minutes for 24 hours following the injury to assess whether they were experiencing complications following the injury. This had been discussed with staff and they had signed to confirm they understood the new process.

Where people required equipment to move around the home safely this was in place and people knew why they needed it. People who were at risk of pressure injury had pressure relieving equipment in place. Where necessary the input of district nurses was sought and recorded in people's care plans. People used equipment to help them move around safely. One person referred to their walking frame as their "old faithful", and said, "I don't go anywhere without it".

People's bedrooms and all communal areas were clean and hygienic. People said they were satisfied with the standard of cleanliness in the home. They commented, "I help out where I can, but [staff] change my bedding for me. The cleaner was in here hoovering yesterday", and "My bed is changed twice a week; it's all clean; I'm happy". A visitor said, "I am in here every day and I've never smelt anything unclean; the staff are very attentive [to cleaning]; they are brilliant".

New procedures were in place to prevent and control the spread of infection. The provider carried out daily visual checks on cleanliness and staff use of personal protective equipment (PPE). At the beginning and end of each shift, the senior member of staff checked that all areas of the home, and equipment, were clean. If any part needed attention they would ensure this was communicated to relevant staff before they left the building. PPE was available in every toilet and bathroom facility. New procedures were in place to ensure staff dealt with soiled linen appropriately and we observed these being used. Domestic staff followed a colour-coded system to ensure specific cloths and equipment were used to clean each area of the home so that germs would not be spread around the home. One of them said, "I am very meticulous about my cloths".

Is the service safe?

'How to clean' was now included on each new member of staff's induction to the home and staff had been booked for refresher training in infection prevention and control. Each area of the home had a specific cleaning schedule including the frequency and method of cleaning and a record was made when the cleaning had been completed. In addition each room was 'blitz cleaned' monthly. This involved moving furniture, washing paintwork and washing curtains. Equipment such as commodes were cleaned after each use and bleached once a week.

Medicines were managed safely. The deputy manager had a good understanding of medicines management and had implemented this in the way medicines were managed in the home. They had carried out a medicines audit in May 2015 and had identified several small issues which were in the process of being rectified.

People received their medicines from staff in a patient, kind and competent manner. For medicines required 'as and

when', a specific care plan was in place which was written clearly and in a personalised manner. We observed staff administering medicines asking people in a discreet manner whether they would like pain relief and assessing the level of pain the person was in. This was recorded and the deputy manager said this enabled staff to understand if people had pain and also to track whether their pain was getting worse. A more detailed system for recording the application of topical creams was shortly to be put in place. This would enable staff to see and record more accurately where and when people's creams were applied.

Medicines were stored safely. A separate fridge was used for storing medicines that were required to be kept cool. The temperature of the fridge was monitored and recorded daily. Controlled drugs (CD) were kept securely in line with national guidance and a stock check showed the recording of CDs was accurate.