

Great Wheatley Ltd

Great Wheatley Nursing Home

Inspection report

3a
Great Wheatley Road
Rayleigh
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Tel: 01268777281

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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

About the service

Great Wheatley Nursing Home is a residential care home providing personal and nursing care to 21 people at the time of inspection 17 people were using the service.

People's experience of using this service and what we found

People and their relatives gave us positive feedback on their experience of using the service.

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for people.

People were supported to follow their interests and participate in social activities. Complaints were responded to in a timely manner. People were supported to make plans for the end of their life.

The registered manager had been successful in driving improvements at the service. Systems had been put in place to monitor the service and improve outcomes for people.

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 April 2022). The registered manager completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Great Wheatley Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by two inspectors.

Service and service type

Great Wheatley Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Great Wheatley Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from health and social care professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 3 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, chef, activity person and care workers.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection in December 2021, we found the service was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to risks not always being updated promptly and infection prevention control guidance not being followed. At this inspection we found improvements had been made and the service was no longer in breach.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place to assess people's needs and mitigate risks of harm to them.
- Risk assessments and care plans provided guidance to staff to support people who were at risk of falls, pressure sores, malnutrition and moving and handling safely.
- Risks were managed safely and updated when required so that staff had the most relevant and up to date information.
- One member of staff said, "If a person looked unwell, I would tell the manager or get a nurse to review them."
- The registered manager shared lessons learned with staff through regular meetings and handovers of people's care needs before each shift started.
- Fire risk assessments had been completed and emergency evacuation plans were in place. Following a recent fire risk assessment where issues had been highlighted action had been taken to address these. Staff had undergone fire warden training and had participated in fire drills.
- The provider employed a maintenance person to address day to day issues at the service and when needed sourced specialist contractors.
- General checks on equipment and the environment were maintained and issues addressed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "The nurses give me my medicines mornings and evenings." Another person said, "I kept being sick and the nurse gave me an injection and that has helped to stop my sickness."
- Nursing staff had been trained to administer medicines and their competency to do so had been checked.
- We found systems in place to audit the use of medicines to ensure all medicines could be accounted for needed to be improved. Following the inspection the registered manager was able to show us the new system they had implemented to make audits of medicines more robust.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person said, "It is a safe place, there is always staff around and staff come and check you are alright."
- Staff had received training in safeguarding and knew how to raise concerns. One member of staff said, "If I had a concern I would go to the manager and if they did not deal with it I could escalate the concern higher."
- The registered manager had guidance and policies for staff to follow on safeguarding and 'whistle blowing' these were clearly visible around the service for staff to see.
- The registered manager had worked with the local authority to investigate safeguarding concerns and worked with them to keep people safe.

Staffing and recruitment

- The registered manager told us they had recruited enough staff and did not use agency staff.
- People told us they felt there was enough staff to support them. One person said, "Definitely well looked after here." Another person said, "It feels like there is enough staff."
- Appropriate checks were in place before staff started worked including providing full work histories, references and a Disclosure and Barring Service (DBS) check. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Visiting in care homes

- The registered manager had followed guidance on visiting and people were able to receive visits from their relatives and friends safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People needs were assessed before they came to the service. Care plans were developed that were individual and person centred to support their needs.
- Staff followed best practice guidance to support people and provide positive outcomes for care.

Staff support: induction, training, skills and experience

- The registered manager accessed a number of training resources to help support staff learning and practice. External trainers supplied by the NHS had recently been supporting staff with training on dysphagia and sepsis awareness.
- Qualified nurses were supported to keep their training up to date to help with their revalidation on to the nursing register.
- Staff new to the service were given a full induction. One member of staff said, "When I started, we did training, I went around and met people and got to read their care plans, then I shadowed another member of staff."
- Staff were supported with meetings and regular supervision.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a well-balanced diet to maintain their nutrition and hydration. One person said, "The food is lovely, nice comforting food. The staff come around and make sure we have drinks and bring tea and biscuits."
- Nutritional assessments were completed, and people's weight regularly monitored. Any issues were referred to the GP and where needed, people were referred for specialist advice and assessment with speech and language therapist.
- We spoke with the chef who told us they cooked food fresh daily and knew who required special diets such as textured food, diabetic diets or fortified food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support from other healthcare professionals when needed at the service such as GPs, dietitians and the palliative care team.
- One person said, "The GP comes every week to do reviews and if we need to see him before then the staff call him in."

- We spoke with one of the GPs that visited the service and they gave very positive feedback about the care staff provided.

Adapting service, design, decoration to meet people's needs

- Since our last inspection the provider had carried out refurbishment of the service including redecorating and replacing carpets. One person said, "Everywhere has been painted and new carpet put down. They moved me to another room while they did it, but they were really quick."
- We noted a number of rooms were shared rooms. To support people's privacy there were curtains in place to provide separation if required.
- People we spoke to about sharing rooms were all positive about this experience and told us they did not mind sharing rooms. One person said, "That person is my buddy I would be lonely on my own if I didn't have them to talk to." Another person said, "If I feel like I want a bit of privacy I just get the staff to pull the curtain around."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager understood their responsibilities under MCA and had made appropriate referrals when needed. Records were kept up to date and where reviews were needed the registered manager had applied for these.
- Staff understood how it was important to support people to make choices for themselves and continued to support people to do this where possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about their experience at the service. One person said, "I like the staff they are all nice people." A relative said, "We love it here, all the staff are very helpful."
- Care plans were person centred promoting positive outcomes for people. One person told us, "I don't have much of an appetite but if I fancy something I get a food delivery and the chef will make anything I want."
- People told us staff were caring. One person said, "I was restless last night, and staff asked me if I was cold. They went and got me this lovely blanket and I was able to settle."
- Staff respected people's equality and diversity needs.

Supporting people to express their views and be involved in making decisions about their care

- People's views and decisions were respected. Staff discussed with people the care and support they would like, and this was recorded in care plans.
- Care plans were discussed with people and their relatives or representatives to ensure the service was meeting their needs. One person said, "My daughter went through my care plan."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. We observed staff closed doors and pulled curtains when supporting people with personal care.
- One member of staff said, "We support people's privacy and dignity. We want to make their everyday life better."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care was planned in a person centre way individualised to each person's specific requirements. Care planning documentation contained 'This is me' and preferred priorities of care so that staff could really get to know and understand how people wished their care to be delivered.
- Care documentation was regularly reviewed and updated so that staff had the most relevant information to support people.
- Since our last inspection the registered manager had employed an activities member of staff. They were very knowledgeable of people and what they wished to participate in to boost their well-being. One person showed us their nails and told us how nicely the staff had cut and shaped these for them. Another person told us how they planned to make pom poms today and we discussed how these were made.
- Due to people's health conditions, they mostly stayed in bed or in their rooms and the activity person did one to one activity with them. We asked people if they felt they had enough to keep them occupied and they told us they did.
- The activity person used a website called 'Golden Carers' to get ideas of activities to do with people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered. Staff knew how to support people with glasses, hearing aids and to speak clearly to people.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place to promptly respond to any issues. People we spoke with said they knew how to make complaints. One person said, "I would talk to a nurse, I feel confident to make complaints."
- The registered manager told us where there were minor issues they would attend to these immediately. The service also received a number of compliments one said, 'Heartfelt thanks and appreciation for everything.'

End of life care and support

- People were supported at the end of their life. Their wishes were respected and where appropriate recorded in preferred priority of care documentation.
- Staff had received training in supporting people at the end of their life. The registered manager also worked closely with the community palliative care team to ensure people received the treatment they required at the end of their life.
- We did note that do not resuscitate documentation for one person had not been updated since their return from hospital. The registered manager informed us they would have this updated by the GP.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in December 2021, we found the service was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to good governance systems not being effectively in place. We found at this inspection improvements had been made and the service was no longer in breach.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff told us they felt well supported at the service. One member of staff said, "We have a good team and we all work well together." There was always a nurse on duty to provide care and support to people with their physical healthcare needs.
- The management structure at the service was clear and staff understood their roles, in relation to regulatory requirements. Notifications for notifiable events were sent to the commission as required.
- The registered manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found there was a positive culture at the service. People we spoke with and their relatives were very positive about the care being provided. One person said, "I am happy living here."
- A relative told us, "Everyone here is lovely."
- Staff followed the registered managers vision to provide good outcomes for people. One member of staff said, "I like caring for people, helping them to feel better."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager engaged with people daily and got their feedback. People spoke very positively of the care they received from staff and the registered manager.
- Care plans were reviewed regularly, and relatives were asked for their input and feedback on care plans.
- Staff were involved in regular meetings to provide their opinion on the running of service.
- People's equality characteristics had been considered and people were supported with their cultural and religious beliefs.

Continuous learning and improving care; Working in partnership with others

- Quality monitoring systems in place to maintain a good oversight of the service.
- Staff were supported with regular training to maintain their skills.
- The registered manager had developed good working relationships with other healthcare professionals such as the palliative care team, tissue viability nurses and GP services.