Great Wheatley Ltd

Great Wheatley Nursing Home

Inspection report

3a
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Great Wheatley Nursing Home is a care home providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 21 people. Accommodation is provided in one building over two floors.

People's experience of using this service and what we found
Infection control guidelines were not always being followed. People's care plans and risk assessments were not always up to date or reflective of their needs. Systems to monitor the quality and safety of the service people received were not always effective. Decisions about people's care had not always been documented. The service was not engaging people in meaningful activities.

We made a recommendation to the provider about how they provide activities.

People felt safe living at the service. Staff understood how to keep people safe. Staff recruitment and training helped to keep people safe and protect them from the risk of abuse. There were enough staff to keep people safe. Medicines were administered safely. Regular health and safety checks were completed. The service was clean, and staff were using personal protective equipment [PPE] correctly.

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 had enough to eat and drink and were supported to maintain a healthy diet. People were referred to healthcare professionals when necessary.

Staff were caring and kind and supported people in a respectful and dignified way. Staff understood how to protect people's privacy and individual choices.

People were supported to have contact with their friends and family. People and their relatives felt confident to raise concerns. People had been given the opportunity to discuss their wishes about end of life care and this was recorded.

People and their relatives were asked to provide feedback to the service. Staff felt supported by the registered manager. The service engaged in some partnership working with healthcare professionals to achieve good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection The last rating for the service under the previous provider was good, published on 4 April 2018.

Why we inspected

This was a planned inspection based on the previous rating.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection control, keeping accurate records and the systems in place to monitor the safety and quality of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe Details are in our safe findings below	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors a Specialist Nurse Advisor [SPA] 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.

Service and service type
Great Wheatley Nursing Home is a 'care home'. 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and 12 relatives about their experience of the care provided. We spoke with eight members of staff including a Director, registered manager, registered nurses, care workers, a domestic and the chef.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Improvements were required to infection control practices.
- Not all staff knew how long visitors had to wait for the result of a lateral flow test. This could put staff and visitors at risk of acquiring infectious diseases including COVID-19.
- Where COVID-19 vaccine status needed to be checked, there was no evidence of this being done. Not all staff were aware of the guidelines as we saw staff asking relatives for proof of their vaccine status which was not required. We discussed this with the registered manager who assured us they would put a process in place and make sure all staff understood the guidelines.

Assessing risk, safety monitoring and management;

- People's care plans and risk assessment were not always reflective of their current needs.
- One person's care plan had not been updated to reflect their current needs in relation to their mobility. For example, a physiotherapist had undertaken a review and advised [person] should walk daily. Their care plan recorded they could not weight bare and were nursed in bed. We discussed this with the registered manager who said they would update the care plan and risk assessment straight away.
- Records for one person showed they had a long-term catheter fitted, which had fallen out. The registered manager told us they were going to give the person a rest from the catheter, but this had not been documented and there was no plan in place to tell staff how to manage the persons needs until the catheter was replaced. We could not be assured this person was receiving safe care and treatment regarding their continence care.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reviewed several care plans and risk assessments and found some good examples of how to manage and mitigate risk. For example, A care plan for a person who was an insulin-controlled diabetic contained detailed information for staff about recognising and managing low blood sugar levels [hypoglycaemia] and how to support the person.
- The service was clean and suitable cleaning schedules were in place.

Learning lessons when things go wrong

- Incidents and accidents had been recorded and investigated. There were systems in place to share

lessons learned.

Systems and processes to safeguard people from the risk of abuse
● People were safeguarded from the risk of abuse by staff who knew how to recognise and report abuse. One staff member said, "If had a concern I would either go to manager or go to CQC depending on who it is. I would definitely say something."
● Relatives told us people were safe. One relative said, "[Person] is definitely safe. They [staff] have got [person's] medical condition back under control, they look after [person's] medicines.
● The service had safeguarding policies and procedures in place. Staff had received training and were reminded during meetings to report any concerns or injuries to people.

Staffing and recruitment
● There were enough staff to meet people's needs and staff demonstrated they were sufficiently skilled and experienced.
● There was always a registered nurse on duty and the registered manager who was also a registered nurse was also included in the rota.
● Staff had been recruited safely and the provider had undertaken all the relevant checks including obtaining references and applying for Disclosure and Barring [DBS] to ensure staff were suitable to work with people.

Using medicines safely
● Medicines were administered safely by staff who were trained and assessed as competent to do so.
● People were offered as and when required medicines such as pain relief and staff new how to recognise when people needed medicines if they were unable to communicate their needs.
● Medicines administration records [MAR] were completed accurately and the registered manager carried out regular audits.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People had access to relevant healthcare professionals however, records had not always been kept to show how the service had worked with other healthcare professionals when making assessments about people's needs and care.
- Where people had been admitted to the service with wounds, referrals had been made to the tissue viability nurse and records kept.

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

- The home was purpose built but was in need of some maintenance. Some of the radiator covers were damaged and loose in rooms and corridors. A chest of drawers in one person's room had broken drawer fronts.
- The service looks after people who have dementia. People's rooms had some personal items, but the home was not decorated in a dementia friendly way such as coloured doors and walls and there was a lack of signage to help people know where they were.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Improvements were required to ensure records showed who had been involved in people's best interest decisions. We saw there were no records of who had been involved in making best interest decisions apart

from the registered manager, however relatives told us they had been consulted. One relative said, "I am involved in reviews and able to attend meetings, I lodged the Court of Protection paperwork with the service.

● The registered manager had applied for DoLS for a number of people living at the service and kept a tracker which was up to date.

Staff support: induction, training, skills and experience

● Staff had received an induction and training suitable for their role. However, we found that training on Lateral Flow Testing and Vaccination checks for visitors was not fully understood.

● As part of their training, staff had received specialist training such as catheter care, sepsis awareness and PEG feed training.

● Staff gave us positive feedback about their training and induction. One staff member said, "The training covered everything I already knew, I did some shadowing and feel confident.

● The registered manager ensured there was a suitable skill mix on each shift. One staff member said, "There is always a nurse on duty, they are really friendly and respond well."

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

● People's needs were assessed and reviewed. As the service only looked after people with certain needs a telephone consultation took place before the person was admitted to the service. A full assessment was carried out once the person was settled which included discussing their likes and dislikes and religious preferences.

● The registered manager and staff knew people well and understood their individual needs and wishes.

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

● People were supported to eat and drink a balanced diet. One relative said, "The food is lovely there, the cooks been there for years, lovely homecooked meals."

● Most the people living at the service required support with eating and drinking. We observed staff supporting people throughout the day providing drinks and helping people to eat their meals. A relative said, "A year ago [person] struggled to eat. I'm very pleased with the staff and the way they've helped [person]."

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
● Staff knew people well, but people's care plans contained minimal evidence to show people or their relatives had been involved in decisions about their care and support.
● When we asked relatives if they were involved in decisions about people's care, we received a mixed response. One relative said, "Not specifically. I am fully aware of the plans in place." Another said, "I was able to go in when they did an assessment.

Ensuring people are well treated and supported; respecting equality and diversity
● We observed staff treated people with kindness and as individuals.
● Relatives and people we spoke with were happy with the care and treatment received. One person said, "Staff are lovely, they spend as much time as they can with you." Another said, "I wouldn't know what to do without them." A relative said, "They [staff] are all nice and I've met the new members of staff as well."
● Staff told us they enjoyed caring for the people they supported. One staff member said, "[Name of person] likes tea parties, we have a good laugh together."

Respecting and promoting people's privacy, dignity and independence
● People's privacy and dignity was respected. Staff ensured they closed doors and pulled privacy curtains when providing personal care to people.
● We observed staff speaking kindly to people, asking their permission to support them and using people's names when exchanging information with each other.
● One relative said, "When we visit, [person] is always up and dressed and looks well cared for."

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement This meant people 's needs were not always met.

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

- People did not have access to any organised activities. The registered manager told us there had been an activities co-ordinator but that they had left after a few weeks. One relative said, "There doesn't seem to be a lot going on. I've taken a radio in for [person] as they can't see the television clearly". Another said, "A few months ago there were notices up showing lists of activities, but they've gone now, and I don't know of any activities"
- People's care plans contained some information about how they liked to spend their time however, most people were looked after in bed so spent time watching TV and listening to the radio if they could. We discussed this with the registered manager who told us as people were often poorly and near the end of their lives it was difficult to engage them in activities.
- One person's care plan said staff should find time to sit and chat on a one to one basis. We did observe staff having a few conversations with the person however, staff were mainly observed using the electronic care plan system whilst in the lounge area.

We recommend the registered manager reviews their activity programme to ensure people are engaged in meaningful activities.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person centred and contained details of people's individual preferences.
- One person was a big fan of a football club. Staff had displayed memorabilia from the club in their room and ensured the person knew when the team were playing.
- Relatives told us people were getting good care, one person said, "[Person] needs intensive care. There is a care plan which I have seen. There are a number of things that have to be carried out during the day, staff carry these out exceptionally well." Another relative said, "A new male carer was going to wash [person] but they said, "I'm not having a man wash me" so they found [person] a female carer."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and documented in their care plans. One person's care plan said staff should speak slowly and clearly and make eye contact.

Improving care quality in response to complaints or concerns

● There was a complaints policy and procedure in place at the service.

● Relatives told us they knew how to raise complaints and would be happy to do this. One relative said, "I've had no problems. If I have a query, they answer it straight away."

● Surveys had been sent out to relatives to complete. The registered manager told us they used the responses to improve the service.

● There had not been any resident and relative meetings due to COVID-19 however, the registered manager spoke with relatives regularly and was available when they visited. Relatives confirmed they were able to speak with the registered manager if they needed to.

End of life care and support

● Some people had their last wishes documented in their care plan's.

● Do Not Attempt Cardiopulmonary resuscitation (DNARCPR) documents where kept in peoples care plan folders and it was recorded in the electronic care plan system.

● Staff had received training in end of life care and knew how to support people.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems and processes were in place to monitor the quality of the service. However, the registered manager did not always have documentation in place to show an accurate audit trail and audits had not identified the issues we found at the inspection. For example, in relation to infection control, risk and record keeping
- We were not assured the registered manager was following all aspects of the Mental Capacity Act 2005 and its application. For example, where people had a lasting power of attorney [LPA] in place or court of protection, the official documents had not always been provided and mental capacity assessments did not always record who was supporting people in their best interests.
- People's care plans and risk assessments had not always been kept up to date when there had been changes to their needs and not all risks had been fully assessed.
- When the registered manager was on leave staff had to contact head office if there were any changes or updates. The registered manager had been on leave so records showed no reviews had taken place in November 2021.

Systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their responsibility to submit notifications to CQC and raise concerns with other organisations.
- We received positive feedback about the registered manager from staff and relatives. One relative said, "We get on well with the manager. If I had a problem or query, I'd be happy to approach them." A staff member said, "[Registered manager] is very supportive."

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

- The registered manager understood their responsibility to be open and honest when things went wrong. Relatives told us they were contacted if there were any concerns. One relative said, "My relative had to be hospitalised. The home was very good they alerted me straight away."

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

● People living at the service, their relatives, staff and healthcare professional were all offered the opportunity to feedback their views about the service with regular surveys. The service had received mainly positive responses which showed people were happy with the care provided.

● Staff were able to speak with the manager and raise concerns if they needed to. Staff received regular supervision from the registered manager.

Working in partnership with others

● There was evidence the service worked with other healthcare professionals such as the Clinical Commissioning Group [CCG], GP's, tissue viability nurses and dietitian's.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate safety was effectively managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate good governance.