

# Cantonfield Limited

# Windsor Rest Home

## Inspection report

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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 

### Overall summary

Windsor Rest Home is a residential care home which is registered to provide accommodation for 13 older people, some of whom were living with mild dementia. The registered provider is Cantonfield Limited. The home provides accommodation over two floors and there is a lift available to access the first floor. There were a total of 18 care staff, two domestic staff and the registered manager who provided support for people. On the day of our visit 12 people lived at the home and the home was full as a double room was being used by a single person..

The last inspection was carried out in July 2014. The registered provider was found to be in breach of the

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 relating to; Cleanliness and infection control (Regulation 12), staffing (Regulation 22) and assessing and monitoring the quality of service provision (Regulation 10). The provider sent us an action plan stating they would be compliant with these regulations by October 2014. At this visit carried out on 21 July 2015 we found that improvements had been made.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

# Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe with the home's staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Care records contained risk assessments to protect people from any identified risks and help keep them safe. These gave information for staff on the identified risk and gave guidance on reduction measures. There were risk assessments in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely. People told us there were enough staff on duty and staff also confirmed this.

People told us the food at the home was good. They were involved in planning meals and staff provided support to help ensure meals were balanced and encouraged healthy choices.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to DoLS, we found the registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. There were no restrictions imposed on people and they were able to make individual decisions for themselves. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

Each person had a plan of care which provided the information staff needed to provide effective support to people. Staff received training to help them meet people's needs. Staff received an induction and there was regular supervision including monitoring of staff performance. Staff were supported to develop their skills by means of additional training such as the National Vocational Qualification (NVQ) or care diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. All staff completed an induction before working unsupervised. People said they were well supported and relatives said staff were knowledgeable about their family member's care needs.

People's privacy and dignity were respected. Staff had a caring attitude towards people. We saw staff smiling and laughing with people and offering support. There was a good rapport between people and staff.

The registered manager operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who said that communication in the home was good and they always felt able to make suggestions. They confirmed management were open and approachable.

A visiting professional told us that the registered manager and staff were very approachable and had good communication skills; they said the home was open and transparent and worked well with them to meet people's needs.

There was a policy and procedure for quality assurance. The registered manager completed weekly, monthly and quarterly checks and audits to monitor the quality of the service provided to ensure the delivery of high quality care.

People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular meetings with staff and people took place. These meetings enabled the registered manager and provider to monitor if people's needs were being met.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe. There were enough staff to support people and staff received training to help keep people safe.

Where any risks had been identified risk assessments were in place to help keep people safe.

Medicines were stored and administered safely by staff who had received training and had been assessed as competent.

Good



### Is the service effective?

The service was effective.

People told us staff were skilled and knew how they wanted to be supported. People had access to health and social care professionals to make sure they received effective care and treatment.

Staff were provided with the training and support they needed to carry out their work effectively. The provider, registered manager and staff understood and demonstrated their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink. They were involved with the planning of menus. Staff supported people to maintain a healthy diet.

Good



### Is the service caring?

The service was caring.

People said they were treated well by staff. Relatives said the staff were caring and respectful in how they treated people. Staff supported people to maintain regular contact with their families.

We observed care staff supporting people throughout our visit. We saw people's privacy was respected. People and staff got on well together

People were supported by staff who were kind, caring and respectful of their right to privacy.

Good



### Is the service responsive?

The service was responsive.

People received care and support that was personalised and responsive to their individual needs and interests.

Care plans gave staff information to provide support for people in the way they preferred. Plans were regularly reviewed and updated to reflect people's changing preferences and needs.

People were supported to participate in activities of their choice.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

There was a registered manager in post who was approachable and communicated well with people, staff and outside professionals.

The registered manager was open and shared information with people. There were management systems in place to make sure a good quality of service was sustained.

People and relatives confirmed the registered manager and staff were approachable and they could speak with them at any time and they would take time to listen to their views.

# Windsor Rest 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 checked 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 21 July 2015 and was unannounced, which meant the staff and provider did not know we would be visiting. One inspector carried out the inspection.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and the action plan sent to us following our last inspection. We reviewed notifications of incidents the registered manager

had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at plans of care, risk assessments, incident records and medicines records for two people. We looked at training and recruitment records for two members of staff. We also looked at a range of records relating to the management of the service such as complaints, records, quality audits and policies and procedures.

We spoke with five people and three relatives to ask them their views of the service provided. We spoke to the registered manager and four members of staff. We also spoke with a hairdresser who was a regular visitor to the service.

# Is the service safe?

## Our findings

People felt safe at the home. They confirmed there was enough staff to provide support. One person said “The staff are very good I feel safe and secure here”. Relatives said they were confident the management and staff would deal with any safeguarding concerns appropriately. One relative said “I am very happy with the way my relative is treated I know she is kept safe”.

The registered manager had an up to date copy of the West Sussex safeguarding procedures to help keep people safe and understood her responsibilities in this area. There were notices and contact details regarding safeguarding on the notice board. Staff showed an understanding of safeguarding, were able to describe the different types of abuse, how they would recognise the signs of abuse and knew what to do if they were concerned about someone's safety.

Risk assessments were in place to keep people safe and risk assessments were kept in people's plans of care. These gave staff the guidance they needed to help keep people safe. For example one person who was being cared for in bed had been assessed as being at risk of developing pressure areas. The risk assessment described how staff should monitor the person's skin integrity, what signs staff should be aware of and included details of the action to be taken to reduce the risk. Staff were instructed to ensure the person was not left in the same position for long periods by regular turning. Staff were also instructed to apply barrier cream twice a day. Records confirmed that this was taking place. The home also had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks. CRB and DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with a newly appointed member of staff who told us their recruitment had been thorough.

At the last visit to the Windsor Rest Home in July 2014 we found that there were not enough qualified, skilled and experienced staff to meet people's needs. The provider sent us an action plan to tell us how they intended to rectify this and at this visit we found that improvements had been made. Since the last inspection additional staff had been employed and the registered manager told us about the staffing levels at the home. There were a minimum of two members of staff on duty at all times. In addition the provider employed two domestic staff who carried out cleaning duties. The registered manager told us that she worked at the home most days and was available for additional support if required. At night two members of staff were on duty, one of whom could sleep between 10pm and 6am. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. Observations showed that there were sufficient staff on duty with the skills required to meet people's needs. The registered manager told us that staffing levels were based on people's needs. The provider did not have a dependency tool to help in assessing staffing levels but the registered manager said that staff knew people well and with only 12 people it was a case of monitoring people's well-being and care needs and responding accordingly. The registered manager and staff said that additional staff were organised as and when required to support people with appointments or for social events. Staff said there were enough staff on duty to meet people's needs. Relatives said whenever they visited the home there were always enough staff on duty.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure and were in accordance with appropriate guidelines. Medicines Administration Records (MAR) were up to date with no gaps or errors which documented that people received their medicines as prescribed. Staff had completed training in the safe administration of medicines and staff we spoke with confirmed this. People were prescribed when required (PRN) medicines and there were clear protocols for their use. MAR's showed these were not used excessively and the dosage given and time they were administered were clearly recorded. Medicine procedures at Windsor Rest Home helped to ensure that people received their medicines safely as prescribed.

## Is the service safe?

At the last visit to the Windsor Rest Home in July 2014 we found that people were not cared for in a clean, hygienic environment and systems were not in place to reduce the risks and spread of infection. The provider sent us an action plan to tell us how they intended to rectify this and at this visit we found improvements had been made. Since the last visit the home had employed domestic staff to ease the burden on care staff of carrying out cleaning duties. We toured the home to check on the standards of cleanliness. We found that people's bedrooms were clean and well kept and the communal areas of the home were clean and tidy.

The provider had systems in place to reduce the risk and of spread of infection. These included an infection control audit, infection control policy and clinical waste policy. Cleaning staff said that they had a cleaning schedule to follow each day and that this included day to day tasks and also some deep cleaning tasks for certain areas. They told us they had sufficient equipment and materials to enable them to carry out their role. People were protected from the risk of infection because appropriate guidance had been followed and routine cleaning tasks had been carried out.

# Is the service effective?

## Our findings

People got on well with staff and the care they received met their individual needs. They said the staff arranged healthcare appointments for them and supported them to attend appointments if they asked them to. Relatives said people were supported by staff who were trained and knew what they were doing. One relative told us, “All the staff know the people who live here very well, they know how people want to be supported and provide people with the care and support they need”. Another said, “I am so pleased we found Windsor Rest Home for mum, it meets all her needs”.

A training and development plan enabled staff and management to identify their training needs and skills development and monitor their progress. Training was provided through a number of different formats including on line training and practical training. This helped staff to obtain the skills and knowledge required to support people effectively. A certificate was awarded to evidence that the training had taken place. The registered manager told us she worked alongside staff to enable her to observe staff practice. However this was not documented but observations were used in supervision sessions and for annual appraisals. She was confident that staff had the skills and knowledge to support people effectively.

The manager had a training plan which was kept in the office and this showed what training each staff member had completed, the dates for future training and the dates when any refresher training was required. The training plan provided evidence that staff training was up to date. Staff had completed training in the following areas; first aid, manual handling, nutrition, food hygiene, safe handling of medicines, care practices and health and safety. This training helped staff to develop their skills and staff confirmed the training provided was good and helped them to give people the support they needed. Staff knew how people liked to be supported and were aware of people's care needs.

All new staff members completed an induction within the first three months of starting work. The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 18 care staff. Of the 18 staff, 11 had completed additional qualifications up to National

Vocational Qualifications (NVQ) level two or equivalent. Four members of staff were currently undertaking additional qualifications such as NVQ or care diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications. One staff member said “If I identified a training course that would be beneficial to people who live here I am sure the provider would enable me to attend so I could support people more effectively”.

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew that, if a person lacked capacity, relevant people needed to be involved to ensure decisions were made in the person's best interest. There was information on the noticeboard explaining people's rights under the MCA and included contact details for independent advice and support. The registered manager told us all people at the home had capacity to make their own decisions and these decisions were respected by staff. Members of staff confirmed they had received training and it helped them to ensure they acted in accordance with the legal requirements.

People's healthcare needs were met. People were registered with a GP of their choice and the home arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians and this helped them to stay healthy. For example one person was unwell and was being cared for in bed. The registered manager had discussed this with the community nurse team and they had arranged for a hospital bed and an airflow mattress to be supplied to enable the person to be kept as comfortable as possible. Staff said appointments with other health care professionals were arranged through referrals from their GP. One relative told us ‘if my relative needed to visit a health care professional I would support them, however if I was unavailable I know the staff would accompany them to attend the appointment because they would be unable to attend on their own. One staff member said, “Everyone's health care needs are looked after, we call the GP or nurse if we have any concerns”.

People were supported to eat and drink sufficient amounts to meet their needs. We saw that drinks were freely available throughout the day. We observed people were



## Is the service effective?

asked if they wanted a drink at various intervals throughout the day and also at meal times. People said they could ask for something to eat or drink at any time. Care plans clearly documented people's food likes and dislikes and whether they required assistance to eat their meals. For example, one care plan explained that the person liked tea with no sugar and that they had breakfast in their bedroom at 8.30am. We asked people for their views on the food

provided and everyone said the food was good and they always had enough to eat and drink. On the day of our visit the choice for lunch was corned beef hash. We asked people if they had sufficient choice and they said if the main meal was not to their liking then they could always have something else. People were provided with suitable and nutritious food and drink.

# Is the service caring?

## Our findings

People were happy with the care and support they received. They told us they were well looked after and said all the staff were kind and caring. Comments from people included, “I am very happy here” and, “I can’t fault it, the staff are really nice and do what you ask”. Relatives said they were happy with the care and support provided to people and were complimentary about how the staff cared for their family member. Comments included, “I am very happy, the staff are really good” and, “There is a lovely atmosphere, the staff are always cheerful and laughing and joking with people”. One relative said, “The staff are always very attentive to mums needs, knocking at her door asking if she needs anything drinks etc , as mum likes to spend a lot of her time in her room. Mum’s nice homely comfortable room is always spotlessly clean, bed made with clean sheets. She says, at bath times, she is treated with respect and dignity”.

Staff respected people’s privacy and dignity. They knocked on people’s doors and waited for a response before entering. When staff approached people, staff would say ‘hello’ and check if they needed any support. Staff chatted and engaged with people and took time to listen, showing people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. Staff said they enjoyed supporting the people living in the home. There was a good rapport between staff and people. Throughout our visit there was frequent, positive interactions between staff and people and there was a relaxed atmosphere. People were confident to approach staff and any requests for support were responded to quickly and appropriately.

One person told us they were quite happy with their own company. They said, “I like to keep myself to myself but the staff are always popping in to check on me” The person

said they had regular visitors and the staff made them most welcome. People were able to move into the shared area of the home if they wanted to for meals or activities. People who preferred to preserve their privacy were able to do so.

Everyone was well groomed and dressed appropriately for the time of year. We observed that staff spent time listening to people and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff used people’s preferred form of address and chatted and engaged with people in a warm and friendly manner.

A regular visitor to the home said, “I go into quite a few different homes, but this is one of the better ones. The staff are very caring and are always around to support people”. A relative said, “Whenever I visit there is always warmth, care and friendliness.

Staff understood the need to respect people’s confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual’s care notes. This helped to ensure only people who had a need to know were aware of people’s personal information.

People had regular meetings to discuss any issues they had and these gave people the opportunity to be involved in how their care was delivered. Minutes of these meetings, which were facilitated by a member of staff, showed people were involved in planning activities, meals and decoration of the home.

We saw that there was information and leaflets in the entrance hall of the home about local help and advice groups, including advocacy services that people could use. These gave information about the services on offer and how to make contact. This would enable people to be involved in decisions about their care and treatment. The registered manager told us they would support people to access an appropriate service if people wanted this support.

# Is the service responsive?

## Our findings

People knew they had a plan of care and were aware of its contents. One person said “My plan tells staff what help and support I need”. Another said, “My granddaughter deals with this but I know there is a plan in place so they to keep me well”. Relatives said they were invited to reviews and said staff kept them updated on any issues they needed to be aware of. One relative said “(X) needs support with mental and emotional issues and if outside help is required the staff make any relevant calls ,make appointments etc,or call for advice”. People enjoyed a range of activities. One person told us, “I like to keep myself to myself but can get involved if I feel like it”.

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file. People told us staff helped them to keep in contact with their friends and relatives.

Before people moved into the home they received an assessment to identify if the provider could meet their needs. This assessment included the identification of people's communication, physical and mental health, mobility and social needs. Following this assessment care plans were developed with the involvement of the person concerned and their families to ensure they reflected people's individual needs and preferences.

Each person had an individual plan of care. These plans guided staff on how to ensure people were involved and supported in the planning and delivery of their care. There was information about the support people needed and what each person could do for themselves. Plans of care contained a brief history of the person which included their previous employment and hobbies and interests. This was information that staff needed to be aware of so they could respond and support people in a person-centered way. Care plans also contained information on people's medical history, mobility, diagnosis and essential care needs including: sleep routines, personal care, communication, continence, care in the mornings, care at night, diet and nutrition, mobility and socialisation.

The registered manager and staff told us people were able to make decisions about their own care and these were respected. Staff said people needed different levels of

support with personal care tasks and the care plan gave details of the support each person needed. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs. Staff were able to tell us about the people they cared for, they knew what support they needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night.

Daily records compiled by staff detailed the support people had received throughout the day and this followed the plan of care. Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. We saw changes had been made to people's plans of care as required. For example one person's health needs had changed and the care plan had been amended to reflect this. It provided staff with updated information about the support needed to maintain this person's health. Records showed the home had liaised with healthcare and social care professionals to ensure people's needs were met. For example, we saw that relevant healthcare professionals had been contacted to help meet people's needs. These included; a chiroprapist, optician, dentist, community nurse and GP. We saw the daily diary had people's health appointments in, and messages to remind staff to arrange and follow up appointments as required. This meant people's needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover held at the beginning of each shift. During the handover the senior staff member updated staff on any information they needed to be aware of and information was also placed in the staff handover file. This ensured staff provided care that reflected people's current needs.

The provider employed an activities co-ordinator who organised activities for people. They worked three days a week and activities included; quiz, bingo, target games, bowls, reminiscence box, films, card making, dominoes, a trip down memory lane, cooking, gardening and board games. When the activities co-ordinator was not in attendance, volunteers who were relatives of people living at Windsor Rest Home organised other activities such as

## Is the service responsive?

knitting and sewing clubs. A record of activities that people took part in were recorded and this included comments and feedback on how people had enjoyed the activity. This helped the registered manager and activities co-ordinator to arrange activities that people enjoyed.

People, their representatives and staff were asked for their views about their care and treatment through surveys which were sent to them. One question asked: Does the home involve you fully in making decisions about your care and treatment and involve you about reviews of your care? Eight people strongly agreed with this statement and two people agreed. The registered manager told us they looked at all responses and took appropriate actions to address any issues raised. For example one response mentioned that the commode they used was stained. The registered manager ensured this was replaced.

The service responded to peoples changing circumstances. One person said they had been well supported when they

moved to the home from another home in the area. They said staff explained everything to them, helped them with paperwork and took time to be with them to help them settle into the home.

There was an effective complaints system available and any complaints were recorded in a complaints log. There was a clear procedure to follow should a concern be raised. People and relatives told us they were aware of the complaints procedure and knew what action to take if they had any concerns. No complaints had been recorded. However the registered manager said that any complaints would be fully investigated and the results discussed with the complainant. Relatives said they felt able to raise concerns or complaints with staff and were confident they would be acted upon. One person said, "I have never had to make a complaint, but if I did I am sure it would be quickly sorted out". The provider's complaints policy and procedure helped ensure comments and complaints were responded to appropriately and used to improve the service.

# Is the service well-led?

## Our findings

People said the registered manager was good and they could talk with her at any time. Relatives confirmed the registered manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run by completing a questionnaire. One relative said “They send you a questionnaire from time to time, but I talk with the manager over the phone and can meet with the manager whenever I want. The manager and staff are completely open”.

The provider aimed to ensure people were listened to and were treated fairly. The registered manager told us she operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. The registered manager said she would make changes if necessary to benefit people. She said there was a good staff team and felt confident staff would talk with her if they had any concerns. Staff confirmed this and said the registered manager was open and approachable and said they would be comfortable discussing any issues with her. Staff said that communication was good and they always felt able to make suggestions. They said she was approachable and had good communication skills and that she was open and transparent and worked well with them.

The registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. Staff and people confirmed this and said they could discuss issues openly with the registered manager. She said she regularly worked alongside staff to observe them carrying out their roles. It enabled her to identify good practice or areas that may need to be improved. The registered manager showed a commitment to improving the service that people received by ensuring her own personal knowledge and skills were up to date. She had NVQ level 4 and monitored professional websites to keep herself up to date with best practice. She told us she then passed on information to staff so that they, in turn, increased their knowledge.

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

At the last visit to the Windsor Rest Home in July 2014 we found that the provider did not have effective systems in place for assessing and monitoring the quality of service provision. The provider sent us an action plan to tell us how they intended to rectify this and at this visit we found improvements had been made.

The provider had a policy and procedure for quality assurance. The quality assurance procedures that were carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved. The registered manager carried out weekly and monthly checks. Checks and audits that took place included; medicines, food hygiene, health and safety, fire alarm system, fire evacuation procedures and care plan monitoring. The registered manager also carried out regular audits to see if any trends were developing in areas such as communication and falls. If audits identified any shortfalls then the registered manager would meet with staff so that improvements could be made. A recent audit had been carried out regarding staff retention. This showed that in the past 18 months two staff members had left, one was due to retirement and the other was due to starting a family. The audit also identified that two staff members were on long term sickness but this was not work related.

Staff told us that they had regular staff meetings and a recent meeting had identified that handovers could be improved by holding them in the office so that oncoming staff were not distracted. The registered manager had put this in place and staff said that this had improved the handover process. Staff had also suggested that a wet room would be beneficial for people. The registered manager had arranged for a firm to visit the home and survey one of the bathrooms to see if this was a viable option. She told us if this was feasible she would canvas the views of the people who lived at Windsor Rest Home before making any decision.

We saw that the registered manager had introduced a ‘near miss’ file and this recorded any incidents that although minor, could have had more serious consequences. One incident was recorded where a staff member had put out the wheelchair ramp to assist a person who was going out.

## Is the service well-led?

However the ramp had not been positioned correctly and this caused the person using the ramp to be jolted as the ramp locked into position. Although no injury was sustained staff were reminded about the importance of checking that the ramp was properly in position and locked in place before anyone was permitted to use the ramp. The near miss file was a reminder for staff on the potential consequences.

Records were kept securely. All care records for people were held in individual files which were locked away when not in use. Records we requested were accessed quickly, consistently maintained, accurate and fit for purpose.