

St. Martin's Care Limited

# Windermere Grange Care 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 ●

# Summary of findings

## Overall summary

### About the service

Windermere Grange Care Home is a residential care home. The service accommodates up to 64 people over two floors divided into four wings. Two wings provide care and support to people living with a dementia. People living with learning disabilities are supported in the other two wings. At the time of inspection 56 people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

At our last inspection medicines were not always managed safely. Risks to some people's health were not fully assessed. People living in the learning disability service lacked choice and control over their lives and had limited inclusion in meaningful activities. Care and support plans were not always person-centred and did not reflect people's specific needs and future goals. Infection control measures were not always followed. Some staff needed specific training to support people with learning disabilities. The service's quality assurance processes were not robust.

At this inspection we found medicines were managed safely. However, some improvements were needed in the management of topical creams. Risks to people were recognised and actions were taken to reduce any risks identified. Staff knew what to do if they suspected anyone was at risk of abuse. They were confident the management team would act on any concerns raised. The providers recruitment procedures reduced the risk of unsuitable staff being employed. Infection control measures were followed by staff.

Care and support plans were comprehensive, person centred and regularly reviewed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received the induction, training and support to carry out their roles well.

People and relatives told us staff were kind and caring. People's independence was promoted. People were able to take part in a range of activities. Positive feedback was received about the management team. A system of audits and checks were in place to monitor the quality and safety of the service.

The learning disability service was situated off the main residential home with its own secure entrance. At the time of the inspection there were 16 people with learning disabilities living in the service. The size of this service is larger than current best practice guidance. However, this did not have a negative impact on people

due to its design and how it was discreetly positioned away from the main residential care home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 March 2019). There were breaches of regulation related to person centred care, safe care and treatment and good governance. The provider 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.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Windermere Grange Care 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

This inspection was carried out by two inspectors, a medicines team inspector 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

Windermere Grange Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who 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 requested feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of

the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people and six relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, a unit manager, one senior care worker, four care assistants, the activities coordinator, the cook and three members of the housekeeping team. We spoke with a representative of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and 12 people's medicine records. We looked at four 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. The provider sent us additional information covering a range of areas looked at during and after inspection.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely but some improvements were needed in the management of topical medicines. We discussed this with the management team who took immediate action to address the issues identified.
- Senior staff received training in medicine management and had their competency checked regularly.
- People told us they received their medicines as prescribed. One person said, "Yes I get them regularly every morning and every night."

### Assessing risk, safety monitoring and management

At our last inspection care and treatment was not always provided in a safe way for people. The provider had failed to robustly assess and manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were comprehensively assessed and regularly reviewed. Staff knew how to reduce risks to people.
- Regular checks of the building and equipment in use took place.
- Plans were in place to maintain support to people in an emergency situation.

### Systems and processes to safeguard people from the risk of abuse.

- People were protected from the risk of abuse. The provider had safeguarding policies and procedures in place.
- Staff knew what to do if they suspected someone was being abused. They were confident any concerns

they raised would be dealt with appropriately.

- People and relatives told us they felt people were safe at the service. One relative told us, "They [staff] seem to be very attentive and there are always people around."

#### Staffing and recruitment

At our last inspection we found staffing levels did not always meet people's needs. Recruitment processes were not always safe. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staffing levels met people's needs. Some staff told us they were very busy at times but managed to carry out their roles. People told us call bells were usually answered quickly. One person said, "They help me anytime I want. Generally pretty quick."
- Recruitment procedures reduced the risk of unsuitable staff being employed. Checks were carried out before new staff began work to help ensure staff were suitable for their role.

#### Preventing and controlling infection

At our last inspection the provider failed to prevent and control the spread of infections by staff who did not follow procedures and use of personal protective equipment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected, where possible from the risk of infection spreading. Staff received training in infection control and followed safe practices. Gloves and aprons were available to staff.



# 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 requires improvement. At this inspection this key question has now improved 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

At our last inspection we found people's support needs were not always met. Care plans were not always comprehensive and/or up to date. This was a breach of regulation 9 (Person -centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's plans of care were comprehensive and reviewed regularly. Individual's preferences were included in the planning of their care. Assessments were made of people's needs before they moved into the service. Relatives told us they were involved in the care planning process.
- People's skin integrity and weights were monitored appropriately.

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

- People's nutritional needs were met. Catering staff understood people's specialist requirements in this area. The service had completed a 'Focus on Undernutrition' programme and was supporting people who were underweight effectively.
- The mealtime experience for people was pleasant. People told us they got a choice of food and drink. One person said, "The cook here does their best to please us all." The management team carried out weekly 'Dignity in dining' audits.

Staff support: induction, training, skills and experience

- Staff were suitably trained and experienced to carry out their roles. New staff completed an induction which included training and the shadowing of experienced staff.
- Staff received support through regular supervision meetings and an annual appraisal with management.

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

- People were supported with their healthcare needs. Staff ensured they had access to a range of healthcare professionals. People living in the learning disability unit had health action plans.
- Where needed people were supported by staff with their medical appointments.

- People had oral health care plans in place.

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

- The requirements of the MCA had been met. DoLS applications had been made appropriately. Where decisions had to be made in a person's best interest these had been recorded.
- People told us staff asked permission before carrying out tasks.

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

- The building met the needs of people supported. Bedrooms contained personalised items such as pictures and soft furnishings. One person told us, "It is a lovely room, I can see the birds."

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection staff did not always respect people's privacy and dignity. This was a breach of regulation 9 (Person -centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff were very respectful in their interactions with people. They knew how to respect people's privacy and dignity. This included knocking on doors before entering and making offers of assistance in a discreet manner.
- People were encouraged to be as independent as possible. We observed some people in the learning disability service making their own breakfast and drinks. One person told us, "I made curry yesterday, I did all of it, cutting vegetables and everything."
- People were supported to maintain their relationships with family and friends. Visitors told us they were made welcome.

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

- Staff were kind and caring with people. One person told us "Oh they are lovely, absolutely lovely. They are brilliant." A relative said, "Oh they are very nice. They work their socks off."
- Staff were very patient with people. One person told us, "They know I am prone to falling and they always reassure me they won't let me fall."
- When people started to become anxious and distressed staff knew the action to take to support them.

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

- People were encouraged to make day to day decisions about their care.
- Staff ensured people's voices were heard and they were able to make choices about their care. They knew people very well including their life history.

## 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 requires improvement. At this inspection this key question has now improved 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

At the last inspection people's care and support records did not always reflect their current needs or provide sufficient guidance. This was a breach of regulation 9 (Person -centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Plans of care and support were person centred. Consideration had been given to meeting people's individual preferences. Within the learning disability service care plans included information on 'this was me' and 'this is me now' as well as 'what makes me happy' and 'how best to support me.'
- People's care needs were reviewed each month as a minimum to ensure staff were aware of any changes.
- Handovers took place between staff shifts to ensure staff were kept updated of any relevant information.

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 were able to follow their hobbies and interests and take part in a range of activities if they chose to do so. On the day of inspection people in the learning disability service were going bowling as well as being involved in activities related to an environmental month and vegan day. Staff engaged people by talking about their life histories, for example their childhood experiences.
- People's spiritual needs were assessed and representatives of faith groups visited the service where people wanted this to happen.
- The provider had implemented a scheme where people were able to make three wishes which staff did their best to fulfil. This had included people having parties and visiting local restaurants.

Improving care quality in response to complaints or concerns

- Complaints were managed appropriately. The provider had a complaints procedure in place. A record was kept of complaints received. Outcomes were documented.
- People and relatives told us they knew how to complain. They told us that issues were usually dealt with quickly and informally.

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.

- A range of information was provided in an easy read format. The registered manager told us information would be provided on a bespoke basis to individuals as needed. Staff had completed British Sign Language training in the learning disability service to meet one person's needs.

#### End-of-life care and support

- The provider's end of life procedures supported people and their loved ones at this important time. Staff knew how to support people and relatives sensitively.

- Some people had chosen to have 'Do Not Attempt Cardiopulmonary Resuscitation' (DNAR) forms completed so staff knew the action they should take in an emergency.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider failed to ensure suitable arrangements were in place to provide a good quality of care and assess and monitor the quality the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- Regular audits were carried out by the provider and management team to assess and monitor the quality of the service.
- People and relatives spoke positively of the registered manager. One relative said, "She is wonderful."
- Most staff told us they felt supported by the management team. They said they could raise any concerns they might have.
- The registered manager had submitted notifications of accidents and significant events to the relevant bodies in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture within the service. One relative said, "The atmosphere is good."
- Staff meetings took place to keep staff updated with any changes to the service.
- Meetings were scheduled for people and relatives where they could talk about the issues important to them.
- Surveys were sent out to people, relatives and staff to gather their feedback. Feedback received was analysed and action plans were put in place to address the areas of improvement identified.

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; Continuous learning and improving care

- The management team understood duty of candour responsibilities. Where mistakes had been made appropriate apologies were given.
- The registered manager and operational manager were keen to develop the service and shared their plans

in this area with us.

Working in partnership with others

- The service worked with a range of outside agencies to fully meet people's needs.
- The registered manager had developed positive links with the local community.