Runwood Homes Limited

Windmill House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This was an unannounced inspection that took place on 17 December 2018.

Windmill House is a care home that provides accommodation and personal care for a maximum of 59 older people. 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 is provided in one purpose built building on two floors. The bedrooms are single occupancy with ensuite bathrooms. There are pleasant internal and external communal areas for people and their visitors to use. At the time of the inspection there were 57 people using the service. Most of these people were living with dementia.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection this service was rated as good. At this inspection we found that improvements had been made and the service was now rated outstanding.
The care that people received was individualised and very person-centred. The registered manager was an inspiring leader of an enthusiastic staff team committed to providing the best care for people. Care focussed on supporting people's independence and promoting dignity and respect. Relatives were encouraged to take an active part on the life of the home which supported people's relationships. There was a whole team approach to the service which included staff, people and their relatives. Spending time with residents was a focus for the service and they had introduced a "happy hour" each day as a time when everyone should take time out to have a drink and spend time with people.

People's social and life history shaped the care that people received as well as the appearance and design of the building. There was active engagement with the local community so that people were supported to attend events in the local community as well as inviting people from the local community to take part in the homes events. There was an excellent range of activities reflecting the diverse preferences and needs of individuals in the home. Activities were planned three months in advance and ensured that people who did not like groups or people who spent most time in their rooms were also able to participate. Staff knew people's work histories and used these to match people to appropriate activities.

The registered manager supported a strong leadership team. The provider supported the high quality of care through a specialist dementia team as well as assisting the service with resources to promote dignity in care. People and relatives spoke very highly of all of the managers. The service had a marketing strategy to develop further their links with the local community, and a business plan to focus on improving the service

and learning from best practice. People were encouraged to be involved in the development of the service through resident meetings as well as participating in staff recruitment. Feedback from people was incorporated in meaningful ways and directly impacted on the opportunities provided by the service. Staff were appointed as champions of particular areas such as team building, meal times, or slings, which provided opportunities for staff to develop leadership skills as well as enhancing the care that people received. Equality and diversity was embedded in the service not just for people using the service but also through the staff team.

People felt safe in the service. Risks were monitored, assessed and managed in a positive way to promote people's independence. The service was fully staffed and staffing levels ensured that there were always staff available to support people with the care that they needed. People received their medicines as they had been prescribed. The home was clean and procedures were in place to prevent the spread of infection.

People's care needs were assessed in detail. A holistic approach was visible in the care plans with details of physical and mental wellbeing as well as people's social history. Staff understood people's needs and had the training they needed to ensure that people were supported appropriately. People were supported to eat and drink. The providers guidance stated, "our job at mealtimes is not just to serve food and record what people have eaten; our role is to enhance the occasion for each individual." We observed on our inspection visit that people were encouraged to make meal times a social occasion with the participation of both people and staff.

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. People and their relatives were encouraged to highlight ways they wanted to be supported, with the service seeking external professional assistance, to ensure this was achieved as far as possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks were appropriately assessed and managed positively to support people's independence.

There were robust recruitment processes in place to ensure that staff were safe to work with people.

Medicines were managed safely.

Is the service effective?

Good

The service was effective

Staff understood people's needs well and underwent a comprehensive induction and training programme.

Care plans were detailed and holistic and person-centred.

Staff received regular support and supervision.

People were assisted to eat and drink through positive meal time experiences.

People were supported to have choice and control in their lives and the service worked in line with the principles of the Mental Capacity Act 2005.

Is the service caring?

Outstanding

The service provided outstanding care.

Staff were exceptionally kind and caring and actively supported people's independence.

Relatives were encouraged to be involved in the service which supported people's relationships.

Promoting dignity was embedded throughout the service in the care and support provided.

Is the service responsive?

Outstanding ☆

The service was outstanding in responsive.

The service was extremely person-centred and focussed on people's strengths and supporting them to maintain hobbies and interests.

People's life histories and careers were used to provide opportunities to help people maintain skills.

There was a very full range of activities provided, planned in advance and involving the community both within and outside of the home.

People's views, preferences and social histories led the design of the activity programme.

Is the service well-led?

Outstanding ☆

The service was outstanding in well led.

People and their relatives spoke very highly of the registered manager and the management team.

The provider supported the leadership team in delivering an outstanding service.

The registered manager was very experienced and knowledgeable in care and used this to the benefit of people.

A marketing strategy and business plan drove forward improvements based on best practice.

Windmill House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

The inspection took place on 17 December 2018 and was unannounced. This inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses dementia services.

Before the inspection we reviewed the information, we held about the home. This included any information we had received from the public or third parties such as the local authority. We also reviewed notifications the provider had sent us since our last inspection. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also gained feedback from professionals from the local authority.

During the inspection we spoke to nine people living in the service, two relatives and one visitor to the service. Not everyone who used the service was able to verbally communicate with us due to their health care needs. We therefore 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 also spoke with the registered manager, the deputy manager, the administrator, the activities co-ordinator, a care team manager and two carers. We spoke to one professional who was visiting the service on the day.

We looked at two peoples care records in depth, and daily records for three people. We looked at medication administration records, medicine audits, and quality assurance questionnaires completed by relatives and people using the service. We checked records in relation to the management of the service such as health and safety audits and staff recruitment and training records.

Good

Is the service safe?

Our findings

During our inspection on 18 February 2016 we found the service was safe and was rated 'good' in this key question. This was because there were systems in place to ensure people's safety was effectively managed and people received their medicines appropriately and medicines were stored safely.

During this inspection we found that people continued to feel safe and risks were monitored, assessed and managed in a positive way to promote people's independence. We have therefore continued to rate safe as 'good'.

People and their relatives told us that Windmill House was a safe place to live. Action was taken if people did not feel safe. For example, one person told us there had been a problem with people coming into their room at night, so now they lock their door. They told us, "The carers have a key to get in if they need to, it's not a problem." We could see from the records that there was a risk assessment in place to support the person safely with locking their door. Staff were made aware of this and staff had keys to open the door if they need to do so in an emergency when the door is locked. During our inspection visit we saw that people appeared relaxed and comfortable with staff.

Staff told us they had received training in safeguarding people from the risk of abuse. They could describe to us the different types of abuse people were at risk from. Staff knew how to report concerns and there were systems in place to support people if they needed to report abuse. The registered manager had reported any incidents of alleged abuse to the local authority safeguarding team, and had notified the Care Quality Commission (CQC).

Risks were assessed and people's safety was monitored. This included risks associated with falling, eating and drinking and developing pressure ulcers. Assessments contained detailed information to help staff keep people safe. Staff had a good understanding of how to manage risks to keep people safe. One person told us "I have a tendency to fall over, I've had a few falls but I'm quite an independent person and with care I manage. The staff here know that, they're always telling me to be careful and make sure I use my frame." Staff were proactive in the way that they managed risks. A member of staff told us that one person sometimes became agitated because they thought people were taking things out of their room. To counter this, staff were deployed to the area to monitor and support the person. Staff understood how to report and record any incidents and the correct action to take.

There was a positive approach to managing risk to enable people to maintain their independence. For example, in the café communal area there was a kettle available for anybody to use. We asked if this posed any dangers to people and were told that it was monitored closely and there had been no issues. The registered manager told us that this was kept under review. If the risk increased, they would use the least restrictive option such as putting the kettle in a cupboard, so that it was still available for people that wanted to use it, but not in sight for anyone that might not be able to use it safely.

During our inspection visit we observed an incident where a person became confused and fell slowly to the

floor. Staff responded immediately, reassuring the person and making sure they were not hurt. Additional staff were called to support and closed the doors to the room to protect the persons privacy and dignity. Specialist equipment was quickly brought in to assist the person if needed, but with encouragement and support from staff the person was able to get up and sit in a chair.

Risks associated with the premises were well managed. There were fire and personal emergency evacuation plans in place for each person living in the service to make sure they were assisted safely whenever there was a need to evacuate the premises. Records of fire safety checks, water temperatures, refrigerator and food temperature checks had been completed. This helped ensure that the service was a safe place to live, visit and work in.

There were procedures in place to help protect against employing staff who were unsuitable to work in the service. This included ensuring references and a Disclosure and Barring Service (DBS) check had been received prior to a member of staff starting in post. This is a check to ascertain whether the staff member has any criminal convictions or has been barred from working within the care sector. We could see from the records that any gaps in employment history had been accounted for.

People told us that there were enough members of staff to support them and keep them safe. The registered manager told us that they had an excess of staff, which included bank staff. This was so absences and annual leave could be covered with their own staff and not use temporary staff. As a result, staff knew people well and were able to give consistent care. A care team manager told us they were not included in the staff numbers for care. This meant if there was an emergency or if additional support was needed they could help out. They told us, "It's a well-oiled machine. We don't have to rush people. We keep people's dignity, if they want to sleep in they can."

Staff told us that they had received training relating to safety systems and practices. For example, evacuating the building in the event of an emergency such as fire. Staff were confident they knew what to do, and their competency to do this was checked regularly during drills. They understood how to support people in case of an emergency and had received training from the fire service in the use of specialist equipment such as emergency evacuation sheets.

People told us they received their medicines as the prescriber intended. One person told us, "I take a few pills; I think I know what they're for. When they give them to me they watch me to make sure I take them." During our observations, we saw staff check medicine administration records (MARs) and prescription labels to ensure people were receiving these correctly. For those records examined, medicines records were accurate, fully completed and supported the safe administration of medicines. Where people were prescribed medicines to be given "as and when required", (PRN), for pain or anxiety for example, protocols were in place for their safe use. These provided guidance for staff on the reason for administering, the dose to be given, and minimum intervals between doses. The use of PRN medicines was clearly recorded and kept under review. The care team manager told us the person's GP was contacted to review the use if it was not required within a two-month period.

Safe systems were in place for the ordering, receipt, disposal and administration of medicines and records showed these were correctly followed. Medicines were administered by care team managers who had completed training in the administration of medicines as well as being assessed as being competent by the registered manager.

We checked processes for preventing the spread of infection in the service. The service employed staff to keep the premises clean and to prevent the spread of infection. Staff were aware of infection control

procedures and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. Staff used PPE when supporting people with personal care. The service was odour free, visibly clean and pleasant.

The kitchen was rated five stars by the Food Standards Agency (FSA). It's highest rating. The FSA measure the standards of food hygiene employed by a service, to ensure that these are in line with best practice guidance. The kitchen and areas where food and equipment were stored were clean and appropriate methods were employed to ensure prevention of infection or cross contamination. At the start of meal times staff offered people wet wipes to wipe their hands before they ate. The manager carried out daily visual audits of infection control and cleanliness.

There were systems in place for recording, reporting and monitoring incidents and accidents. One of the care team managers told us after an incident they always think, "What could I have done to prevent that." They told us all incidents are reported to the registered manager and families are contacted. If it is a fall, the falls log is completed and risk assessment updated. We could see in the handover book that there were good procedures for handing over information about incidents between staff shift changes. The registered manager carried out audits of accidents and incidents in the service to assess if actions could be taken to prevent future occurrences. For example, putting action plans in place or referring people to the falls team if they had repeated falls.

Good

Is the service effective?

Our findings

During our inspection on 18 February 2016 we found the service was effective and was rated 'good' in this key question. This was because staff knew people well and understood and met their needs.

During this inspection we found that staff continued to understand people's needs well and there was a holistic approach to care planning including people's physical and mental wellbeing as well as social history. We have therefore continued to rate effective as 'good'.

People's needs and choices were assessed before they started to use the service. The assessment covered people's physical and mental health needs, what level of support they required with medicines and whether they could consent to care. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Care plans were detailed and included people's life and social history, where people worked and their hobbies. One care plan talked about a person's "life passions" of climbing, walking, camping, travelling the world and going to Everest base camp.

Staff told us that they received the training to give them the knowledge and skills they needed to support people. Staff told us, and we could see from the files that staff had received training in areas such as safeguarding, infection control, health and safety, equality and diversity, fluids and nutrition. Staff told us the induction process was good and they had spent time shadowing with other staff. New staff had to complete the Care Certificate. This is a recognised training programme for staff working in health and social care. Managers carried out observations of staff member's competence to carry out key tasks such as supporting people with their medicines, person-centred support, dementia care needs, record keeping, moving and handling and skin care.

Staff told us, and we saw from records that they received regular supervision as well as annual performance appraisals. Supervision offered staff the opportunity to discuss their work, receive feedback on their practice and identify training and development needs. Staff told us they get lots of advice from the managers that helps them to carry out their role. One member of staff told us they, "feel really supported, it's a great team, like a family."

People received support with their nutrition and hydration needs in order to remain healthy. The service employed a cook who prepared fresh meals daily. Menus were on display for the week and changed on a four-weekly cycle. The menus were put together based on preferences given by people in resident meetings, which is where menus were reviewed. We looked at the records for resident's meetings and one person was noted as saying, "Yes the menus are good and the chefs have tried harder to make sure there is something for diabetics."

At the start of the meal a plate of each option was served up so staff could show people and describe what was on the plate. A second staff member noted down what they wanted. If people were unable to say, they were encouraged to point or nod or indicate their preference in any way they were able. People's allergies and dietary requirements were recorded on a sheet that was available to both care staff and kitchen staff so

that all staff were aware of how people needed to have their food. For example, whether they needed soft food, food cutting up to reduce choking, or a fortified diet to prevent weight loss. Some people were supported to eat their food. Staff sat with people at the same level, chatting to them. They were discreet when asking if people wanted their face wiped.

At the end of the meal the cook went around to each table and asked people if they had enjoyed their meal. One person shouted across the room "That was lovely." The cook responded, "Thank you, you are welcome." The cook also went to see people who had eaten in their rooms to ask them about their views. The cook told us that they felt that making sure people enjoyed the food was an important part of caring for people. They used the feedback to help improve the food. They told us, "If people do not like the choices they are given we will always do a quick replacement option."

Staff worked well together as a team. We also saw a visiting professional during the inspection. They told us the person who was recently admitted they were involved with had gone really well. They told us that staff were friendly and professional. The service regularly had health professionals attend. A district nurse visited on the day of our inspection and we were told that GP's attended twice a week. We could see from people's personal care records that healthcare needs were monitored including visits to the chiropodist, dentist and opticians. There was information in the service user guide about how to access health care. All service users received a copy of the guide when they came to the home. This provided information about the home such as when healthcare professionals were visiting, and the facilities and services available in the home. One person told us, "The chiropodist comes in regularly, once every six weeks I think, I don't have to arrange it, it's all organised by the care home."

The design, layout and decoration of the service met people's individual needs. Toilets and bathrooms were clearly marked to encourage independent use and to help people who might have difficulties with orientating around the premises. There were visual signs with arrows around the home to enable people to find their way around. There were also handrails fitted to corridor walls to aid people to walk safely. The environment had been designed based on best practice guidance for people living with dementia. There were displays of people's work in the corridors including pottery, embroideries and photos. People had chosen their own pictures on their front doors to help them identify their own door. There were themed areas to provide people living with dementia with stimulation associated with familiar activities such as people's work or social history. For example, a board with locks, and door latches for people to fiddle with and the registered manager told us they were planning other areas based on people's life history. We saw one person smiling as they coiled up an old-fashioned telephone cable.

As well as the communal living and dining rooms, there was a café themed room and, a hairdressing salon which opened weekly for all residents. There was also a sweet shop which was about to open in the new year.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

Staff had received training and understood the principles of the Mental Capacity Act 2005 (MCA). They understood the need to assess people's capacity to make decisions. We observed staff asking for permission before they provided people with support. Care plans contained details of mental capacity assessments as well as best interest meetings that had been held where people did not have capacity to consent for themselves. Record showed that the relatives and appropriate people had been consulted and that the least restrictive options were taken. Each care activity was assessed separately so that there were separate assessments for personal care, oral care, medicines, management of finances. The records were also cross referenced to applications for DoLs. Records were regularly updated. On the day of inspection somebody had asked for a foot stool with their chair. The registered manager recognised this as potentially restricting someone's liberty because they would not be able to get up from the chair, whilst balancing this against personal choice. The registered manager asked the care team manager to update the care records appropriately.

The registered manager understood when an application for a DoLs authorisation should be made and how to submit one. This ensured that people were not unlawfully restricted. At the time of inspection 51 DoLs applications had been made and one had been approved.

Outstanding ☆

Is the service caring?

Our findings

During our inspection on 18 February 2016 we found the service was caring and was rated 'good' in this key question. This was because people received care and support from staff who were kind, caring, patient and respectful to people they were caring for.

During this inspection we found that there had been significant development in this area. The home had taken an innovative approach to promoting dignity. 'Spending time' and being with people was valued and focussed on daily in a 'happy hour' and there was a whole team approach to involving relatives and people in the care and support provided. We have therefore rated caring as 'outstanding.'

In their statement of purpose, the service aims to provide "care based on need", "celebrate diversity and individuality," and "put service users at the heart". We found this was reflected in the care that people received. We saw the staff were exceptionally kind, compassionate and caring. People and relatives spoke highly of the service. One relative told us, "Even before [relative] came here [registered manager], came to [relatives] house and sat down with us and talked through the care the home could provide. [They] promised us [they'd] look after them and [they] have…[registered manager] is completely dedicated to this home and the people [they are] responsible for." Another relative told us, ""[Relative's] "adopted" them, [they] like the carers and now [they] think [they've] got loads more children, [they] seem settled and happy and [they've] made friends." Staff were committed to providing high quality care, improving the lives of people. One staff member told us, "I came in on Christmas day even though I wasn't working, it was the best one in ages." Another member of staff told us that she was planning to come in this Christmas day even though she was not working because she enjoyed it so much.

We saw positive feedback in the cards and complements that the service had received from people and their relatives. These included, "I am very happy about the care [relative] is receiving and am very blessed that [they are] here. All the carers are very caring and always seem happy when I visit [relative]." Another one said, "I am pleased with [relative] especially that [their] food intake has got better as I felt it was touch and go with her recently"

The registered manager was passionate about caring for people in a person-centred way. This was communicated and shared across the staff team. Staff in all roles were highly motivated to provide compassionate care. This included the cook who cared about whether people were enjoying their food, recognising this as an integral part of caring for people, as well as care staff delivering care daily.

Staff were encouraged to develop professional relationships with people using the service. Care plans included social histories of people. Staff told us that they compiled these based on information from the people themselves or from their relatives. A care team manager told us, "They tell us and we record." People's personal histories and cultural backgrounds were reflected throughout the home. For example, a French themed area had been created for a French person living in the home. A London themed area was created close to the room of a person from London. Another person had a newspaper article on the wall outside their room about a reward they received for volunteering with the Women's Royal Voluntary Service.

This had been done to celebrate the achievements of the person during their life, and reflect what was important to them for staff and other people to see.

Following a suggestion from the deputy manager, the registered manager had implemented a "happy hour" at different times of the day. This was an hour where staff stopped completing daily tasks and just focussed on spending time with people. It was a time when people and staff would sit down together and have a cup of tea, so they could talk and spend some time together. The registered manager said this had helped people and staff build relationships, and stopped staff being too task focussed. This was also a time when staff who were key workers would spend time with their key residents, supporting them to tidy their room for example. Staff told us about this and said that it helped them to refocus and remember to spend time with people.

Meal times were also recognised as an opportunity for social interaction, encouraging conversation. Guidance was available for staff, encouraging them to sit with the residents to give a "more homely feel to the meal time." Where appropriate and where staffing levels allowed, staff were encouraged to eat a small meal so that they were modelling appropriate behaviours which would encourage people living with dementia to eat. At the lunch time on the day of inspection we observed staff eating a meal with people and engaging in conversation and giving encouragement.

People were supported in their religious beliefs for example the local community church gave a monthly service within the home, and other representatives visited people from different denominations of Christianity.

A team atmosphere was encouraged throughout the service where relatives, people, staff and volunteers were all considered part of the team. The administrator was also a team building champion and had arranged team activities including a sports day with a barbeque and Sangria and a fish and chips quiz night attended by over 20 relatives. The sports day was an event created in response to staff noticing that some relatives found visits emotionally challenging if there were not activities for all to participate in. It was also recognised that children could find the environment of a care home unsettling, and staff felt it was important that people should see their younger relatives. The sports day meant that all age groups could join in together and participate. There were no restrictions on visiting times for families and during the inspection we saw that there were a lot of families visiting, and they were comfortable coming in and out of the home.

We could see that staff knew relatives well and supported people in their relationships with their families. One person told us, "The carers are nice. They know I worry about my [relative], that we have a difficult relationship and they have tried to help." We observed a conversation between this person and staff, reassuring them about their relative. One member of staff who was also a qualified beautician supported a person with makeup and an outfit to make a special Christmas card with a photograph of themselves for their relative. We could see from the care plan, that wearing make up was very important to them. The carer supported the person to write out the card. When the relative received the card they said, "It took me completely by surprise. I was so pleased [name] had written my name on the envelope. It was such a lovely present. I was blown away."

People were encouraged to express their views. There was a service user guide which had information about the service. This was in an accessible format using pictures making it easier for people living with dementia to understand. When we asked one person whether they had read the guide they said, "I have read some of it and it's very helpful." People were encouraged to give their views in resident meetings where issues relating to living in the home were discussed. These meetings were chaired by a person living in the home,

and covered topics such as menus, activities and any topics people wanted to bring up.

The home had a dignity champion with a dignity theme focussed on each month. Themes included "Offering a truly personal service to each unique resident," "Involving family as partners," and "offering regular meaningful activity to each resident." The manager also organised dignity events as part of their dignity in care theme. This included events such as a dignity tea party, where they invited school children to visit, a celebration of pancake day and a celebration of Chinese New Year.

Staff understood maintaining dignity when they were caring for people. Making sure doors were closed to give people privacy. One member of staff told us that they have a dignity blanket that they use when they are hoisting people. Staff spoke about treating people as you would want to be treated yourself. We saw staff taking time to sit with people and talk to them. Staff also anticipated people's needs well. For example, a relative told us, "[Relative] has bad arthritis but [they're] quite old fashioned, and won't take pills unless [they] absolutely have to and the doctor would only suggest paracetamol. One of the carers, suggested a pain patch which the doctor agreed to. It has been very successful because [they] doesn't consider [they're] getting pain relief. It's made a big difference to [them]."

People were supported to maintain their independence at a level that was appropriate for each individual. For example, cleaning stations with brush and dustpan throughout the home enabled people to contribute towards cleaning the home. A person who was recognised at the time of their preadmission assessment of being more independent was actively supported to maintain their independence through "assisted living" support. This person did their own personal care, made their drinks and booked their own taxi to go out enabling them to come and go as they chose. Staff focussed on supporting this person to maintain their independence rather than doing things for them. Plans were in place to monitor their independent skills and to ensure that support was reviewed with the social worker if additional help was needed.

Outstanding ☆

Is the service responsive?

Our findings

During our inspection on 18 February 2016 we found the service was responsive and was rated 'good' in this key question. This was because people were supported to develop and maintain hobbies and interests and there was a varied range of activities and events for people to participate in.

During this inspection we found the service had a creative and innovative approach to improving responsiveness. People continued to be supported with hobbies and interests, but this was developed further to the extent that people's social and life history visibly shaped the care they received as well as the appearance and design of the building. There was active and vibrant engagement with the local community so that people were supported to attend events in the local community as well as inviting people from the local community to take part in events at the home. We have therefore rated responsive as 'outstanding.'

The staff team and management were exceptionally responsive in meeting peoples changing and often complex needs. There was a very positive and calm atmosphere throughout the home, even though there were people living with advanced dementia and with complex needs and behaviours that may sometimes challenge. Care staff responded quickly to call bells but also responded quickly to non verbal signals indicating that people might need support or assistance. Staff could do this because they knew people well and understood their needs. We observed a situation at lunch time where a person became agitated and was attempting to hit another person. Staff quickly and calmly intervened to prevent the situation escalating and suggested that the person find another place to have their lunch. The person agreed and they supported them to go to a different area.

The service understood individuals needs and focussed on person-centred support tailored to individuals. This was apparent from walking around the home, people were well dressed and presented, and supported in their own individual styles of appearance. For example, some people were dressed in more casual clothing, for others make up or smarter clothing or individual styles were important. The staff member who was also a beautician came in to complete make up and nails for people who wanted to have them done. They were also trained in reminiscence therapy so the registered manager told us they also offer "pampering reminiscence sessions."

Care plans were regularly reviewed. Staff knew people well and understood their conditions so were quick to notice changes so that care plans could be updated. The care team manager told us, "Carers on the floor report changes." We could see from the records that care plans were regularly reviewed, and on the day of the inspection, we also saw examples of the registered manager requesting care plans to be reviewed or put in place immediately because of recognised changes.

We saw from the feedback gathered by the registered manager that working with other healthcare professionals combined with the personalised care and range of activities, had benefits for people and their wellbeing. We saw examples where a person had come to the home originally with challenging behaviour and depression. They were supported by the Dementia Intensive Support Team (DIST) from the local community. The service worked with the DIST team and took time to get to know the person. They

completed a life history book with the person getting to know their personality, interests and preferences. This person enjoyed socialising, and liked to attend quizzes, bingo and singing. Through working together with the DIST team and providing regular activities and stimulation, the person's wellbeing improved to the extent that they no longer needed medicine to assist with the management of their mood. At one point, the person's health had begun to deteriorate so that they were receiving end of life care. Through the support of the service the person made a full recovery so they no longer required end of life care, and on the day of inspection this person was actively participating in activities.

The service had a very proactive activities co-ordinator who had won an award from the provider for activities co-ordinator of the year. A visitor to the home told us, "I've worked as a carer and [staff member's name] is probably the best activities coordinator I've ever met, they know what people want and makes sure they are treated as individuals, they work hard and you know, they know that getting families to help and be involved makes it more normal for the residents, it makes it more as though it's their home." The district nurse who visited the home told us, "What I do think is amazing, is the activities which they provide for their service users. They always seem to have something going on for them, which is extremely important. They seem to think of ideas which all of the service users can join in, not just the more mobile of them."

Staff knew people's social histories and used this knowledge to provide tailored care and activities for people. A range of activities were organised including knitting groups, theme nights such as Burns Night in January and ceilidhs, they had Dignity tea parties and a Dignity Day each year with a theme, the last theme had been "chintzy and posh hats."

Each year they have a theme for activities. This year they had focussed on social inclusion both within and outside of the home. In the home this included looking at people's independence and life skills such as ironing, shopping or cleaning. Outside they took people shopping and to go to a local dementia café and take part in events in the community. One person who had a long career in retail sales, was supported to run the craft stall at the home's Christmas fair. This person was also very sociable and had taken on the role of resident representative. They regularly chaired the resident meetings and were active in promoting activities in the home. They had asked for a regular knitting group as well as an exercise group which had been put in place. The knit and natter group took place on the day of the inspection and we saw that this was well attended and people enjoyed the activity. We saw from the registered manager's records that this person had told them, "It makes a difference, not sitting here in an armchair falling asleep, it makes me feel happy, rested and I sleep well when having gone out in the fresh air. It makes me feel a lot, lot better, life would be stale otherwise."

The service had an active network of volunteers which included relatives past and present. They also had a scheme with a university where occupational therapists and physiotherapists came in to volunteer. At the time of inspection, they had a scheme where young people came into the home. Staff send the scheme co-ordinator, the activities programme and they match volunteers to activities and individuals within the home. The activities co-ordinator told us, "The benefits are getting to meet younger people, with new ideas and they bring their own special qualities like art and music. They have time to sit and chat and that's the most valuable thing you can do, particularly room visits." This helped to reduce people's isolation and was particularly good for people who did not like big group activities. One person who was a retired school teacher developed good relationships with the young people. The scheme linked the person with a young volunteer who was musical as they enjoyed all music activities. We saw in the feedback collated by the provider that this person had told them, "Being part of activities makes me feel not just part of the furniture, I love chatting and singing. I am not very good writing words but I enjoy company and music." The service also worked with this person's family to support them to attend singing groups in the community which made them feel involved and happy.

The service was currently working on their theme for 2019 which was to develop gardening activities including a vegetable garden, a beach hut and an arbour. They had fundraised for a greenhouse in the garden which had wheelchair access. Relatives had been involved in the project. One relative told us, "They've just finished putting up the greenhouse, my [relative] helped with that, they encourage families to get involved." The registered manager told us that they had chosen this activity for the next year as several people in the home enjoyed gardening. They had also taken part in the in the providers 'Blooming Marvellous' competition which they had won in 2017 when volunteers had worked alongside people helping with the garden.

They were keen to make links in the community. The registered manager attended local business in the community meetings. Events and activities were advertised on local social media to encourage people from the local community to attend. They had links with local supermarkets that provided resources such as ingredients for baking activities. One relative told us, "They do cooking, which [relative] really enjoys. They bring in pre-rolled pastry, [the activities co-ordinator] brings everything in on trays, all ready to go, they have a little production line making biscuits or cakes"

The service had not received any complaints since 2017. People and relatives were aware of who to speak to if they needed to make a complaint and we could see that there were systems in place to manage complaints. One person told us, "I haven't had to raise a complaint but I am confident if I was concerned about anything, [manager name] or [manager name] would take it seriously. [Registered manager name] has always acted with integrity and professionalism and has been very supportive." There was a copy of the complaints procedure in the Service User Guide, including information on who to complain to externally, if you were not happy with the way the service handled your complaint.

The service offered end of life care. Staff had completed end of life training and the manager told us they were considering completing an accredited end of life programme. As with other care in the home this was tailored to individual needs. The registered manager told us that not many people living at the home needed end of life care and support, and it was a difficult subject for many people and their families to talk about. Where possible they tried to encourage people to think in advance of their wishes. We saw a record in one case where the deputy manager had spoken to a person's relative to plan in case their health deteriorated. The care plan stated that the person did not wish to be admitted to hospital and would want to be supported by people they recognised and have the TV on in the background. The service had a leaflet to support families in bereavement. This had practical information on what people needed to do when somebody died, as well as verses, quotes, and prose. There was also information on how to find resources for different religions and cultures such as Islamic, Hindu, Buddhist, and Christian. A member of staff told us that they had been involved in palliative care, that they had received training in this. They told us that they work closely with families and that they also make sure that people do not get left for long periods of time on their own in their room.

Outstanding ☆

Is the service well-led?

Our findings

During our inspection on 18 February 2016 we found the service was well led and was rated 'good' in this key question. This was the service had effective quality assurance systems that were used to drive and sustain improvement and people and their relatives were encouraged to provide feedback on the service and their views were listened to and acted upon.

During this inspection we found the registered manager was an inspiring leader supporting a strong leadership team. The service worked to best practice in dementia care based on support from the provider as well as the knowledge from the registered managers own professional development. The service was constantly looking to improve and as well as an active business plan had a marketing plan to promote engagement with the local community. We therefore have rated well led as 'outstanding.'

On their website the provider states, "Our innovative Dignity Campaign is Runwood's way of making 'person-centred' care our own. We strive to provide care which supports, promotes and does not undermine the resident's self-respect." This ethos was reflected at Windmill House through an exceptionally person-centred approach, focussing on the needs of individuals and their social and life history. This was led by the registered manager but supported and embraced by the managers and the whole of the staff team. One staff member told us, "[Registered manager] is such a stickler, cleanliness, how people look. Very supportive. Not a manger who sits in the office and never comes out, going behind us checking everything is how they like it. A very good manager, every home should have one".

The home had a business plan and a marketing strategy. The business plan focussed on future development of the service. It focussed on areas such as improving staff training, developing leadership talent in the workforce and sharing best practice. The marketing strategy focussed on their engagement with the community. This included links with local businesses, the role of community liaison officer to promote community links with businesses, charities, relatives and individuals to support the home. Plans for the future included developing links with other homes in the area to share activities, to organise more trips in the community, and making links with organisations who may be able to support the forthcoming garden project in 2019.

The staff team worked well together to support the homes ethos. When asked about what was best about the care one relative told us, "The care, [registered manager] and their team are fantastic", a visitor told us, "I go into quite a few different care homes and this one is the best, by far. The care they provide the people they're looking after is brilliant and the staff are proud of what they do; you can tell they want to be the best they can." Staff told us that morale was good in the team and everybody worked well together. One staff member told us, "The managers are so supportive, any problems and [manager] sorts them quickly." One of the care team managers told us, "Every day is a supervision here, you can pop into the office, you are never told to wait."

Staff were supported to develop their skills not just through training but also through taking on roles as champions. Champions were responsible for promoting good practice in particular areas such as a sling

champion to check people's slings in their room, a meal time champion to focus on the meal time experience, an induction champion to support people during their probationary period. We spoke to a care team manager who was a dementia champion and told us they had received additional training to help them in their role. The administrator was the team working champion which involved working with the wider team, not just staff, but people, relatives and volunteers. She told us, "We see relatives and residents at this, it keeps the good morale going."

There was a strong emphasis on equality across the service, not just in recognising the individuality of people using the service but also recognising individuality in the staff team. The staff team was diverse bringing different ideas and strengths to the team. Where people had difficulties, the management put in support for staff. For example, there was support for staff with dyslexia to complete their care certificate.

There was a clear governance framework in place. The registered manager and management team carried out daily, weekly and monthly audits. Staff were aware of these systems and understood their role and expectations of their job. Staff told us that they received feedback from managers both when they had done things well as well as when things needed to be improved. People told us that there was good communication between management and staff. We could see from staff meeting records that issues were discussed relevant to people's care. Agenda items included dignity, safeguarding and health and safety. Staff were reminded of the importance to promote dignity for example, where it had been noted that a person had been hoisted wearing a skirt and their underwear was visible. Staff were also reminded of the importance of being respectful in the language that they use and to consider how they might sound to other residents that might be listening. Not referring to people as 'that one' for example.

People using the service were at the centre. Their ideas, experiences and preferences informed the activities and opportunities available to people as well as the environment and the way in which the home was decorated. We saw records of resident meetings, chaired by people using the service. The meetings discussed activities that people liked doing and life at the home in general. The inspection took place just before Christmas and we could see that activities for Christmas had been discussed. One person was recorded as saying, "I want to take part in everything I love having lots to do." People and relatives were also asked for their feedback through surveys which asked for people's views on activities and menus.

People were encouraged to be involved in the running of the home, as well as chairing resident meetings. Residents had been involved in the interview process for new staff. They were involved in fundraising events such as the Christmas fair, making items for sale or running the stalls.

The registered manager told us that 'lessons learned' was at the heart of much of the management activity. They were constantly looking to improve upon what they were doing. They told us that the provider was also very supportive, that they had a specialist dementia team that kept up to date with best practice in caring for people living with dementia. This support included promoting a dementia friendly environment as well as staff training. Staff had benefited from this and it was evident that staff had a good understanding in how to support people living with dementia, both in their use of language as well as their actions. For example, they referred to people 'walking with purpose' and related people's behaviours to their life history. The registered manager had completed a qualification on dementia care mapping with a leading university. The registered manager described how she used this knowledge both to improve the design of the home as well as in the care people receive. For example, designing an environment that was familiar to people based on their work and life histories, and providing activities to provide stimulation for people. In relation to care they planned to organise experiential training focusing on "an hour in the life of a resident," so that staff got to experience things such as being in a wheelchair, having someone feed you and having reduced vision.

The service worked well with other organisations and continued to look to improve the service. They were taking part in two pilot studies to improve care within care homes, one based around the support provided in homes by GP's and pharmacists looking at medicines and how they affect mobility. The other was a pilot study of a new type of wound dressing that carers could be trained to use in house. There were different types of dressings available including clear gel dressings to trial for people living with dementia. The idea was that because they were clear people living with dementia were less likely to pull them off. By being able to apply the dressings themselves it meant that this could be carried out immediately a skin tear was identified, rather than having to wait for the district nurse to visit.