

HC-One Limited

# Windsor Court

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Windsor Court is a residential care home providing personal and nursing care to 60 people aged 65 and over at the time of the inspection. The service can support up to 77 people. The service is separated into four separate units over two floors.

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

Care plans were in place for pressure area care on two of the nursing units. However, they were not always in place on the residential units. The management team were in the process of reviewing all care plans.

Staff had recently received training in specific areas, including pressure area care. The management team completed competency assessments on staff to ensure they were providing safe, effective care.

The provider was supporting the service and had completed a recent audit to identify improvements. An action plan was being used to ensure the identified improvements were made. Significant work had been carried out on the nursing units, but further work was required on the residential units.

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

### Rating at last inspection

The last rating for this service was good (published 24 November 2018).

### Why we inspected

We undertook this targeted inspection to check on a specific concern we had about skin care. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

### 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?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Windsor Court

## 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. This was a targeted inspection to check whether the provider had met the requirements Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 / on a specific concern we had about skin care.

#### Inspection team

The inspection site visit was carried out by three inspectors. One inspector made phone calls to staff remotely. An Expert by Experience made phone calls to relatives. 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

Windsor Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission, however they were no longer working at the service. A registered manager from one of the providers other care homes was overseeing the service. 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. We will refer to them as "the manager" throughout the report.

#### Notice of inspection

We gave a short period of notice of the inspection due to the current Covid19 pandemic.

#### What we did before the inspection

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

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with 13 staff including the manager, the area quality manager, two deputy managers, two nurses, one unit manager, one senior care worker, five care assistants. We also spoke with one visiting health professional.

We reviewed a range of records. This included seven people's care records. We sampled staff files in relation to training and competency assessments in relation to wound care.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed policies and procedures and quality assurance documents. We spoke with nine relatives and one advocate. An advocate supports and represents a individual with decision making. We received written feedback from one health professional.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about skin care. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management, Lessons Learnt

- Some people had previously received poor care in relation to skin care. The provider had developed an action plan to reduce the risk of this happening again. However, they were still working towards this. Not all people who were at high risk of developing skin damage had the appropriate documentation in place to manage their skin care needs or associated risks.
- Lessons learnt had not been fully embedded across all units of the service at the time of inspection.
- Care plans relating to people's pressure area care were in place in the two nursing units. However, in the other two units, people's care plans for pressure area care were not completed.
- Records were in place to monitor people's personal hygiene, nutrition and weight management. However, these were not always consistently completed or reflected the support people required.
- The management team were working to improve care plans throughout the service. Following the inspection, they addressed the shortfalls in recording found at this inspection.
- Wound care booklets to monitor people's skin were completed and showed progression or deterioration of wounds.
- Referrals had been made to health professionals to support with risks associated with skin care.

Following concerns regarding wound care, we recommended the provider reviews all care plans for people who were at high risk in relation to their skin integrity.

Staffing

- The deployment of staff was not always effective to ensure people's hygiene needs were met. The provider has recently increased staffing levels to address this.
- Nurses and nursing assistants at the service had recently had in depth wound care training and competency assessments. They told us they now felt more confident in supporting people with wound care. One staff told us, "I'm now much more confident in this role. Revalidation and competency checks are being done, I've done almost all of them now. I feel professional again, I can use my knowledge and skills to the best outcome for the person."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check the risks in relation to people's skin care and the We will assess all of the key question at the next comprehensive inspection of the service.

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

- The provider had ensured appropriate management cover was in place during the registered managers absence. The management team were working towards an action plan to improve the service which included pressure area care.
- Measures were in place to monitor the quality of care in relation to skin care. Improvements were still needed to ensure this was fully embedded across all areas of the service.
- Staff felt more confident to manage people's pressure area care. The manager ensured staff attended training and checked competencies which empowered staff to take the correct, appropriate action in relation to people's pressure area needs. One relative told us, "I think the staff are extremely well trained I'm very pleased, they're always kind to her and have a rapport with her. They know how to check her skin and have been trained to know what signs to look for such as how much she eats and drinks."
- We received mixed feedback from relatives. The provider was keen to receive and review feedback from relatives to improve the service.