

# After Care (n w) Limited Windermere

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection visit at Windermere was undertaken on 07 September 2016 and was announced. 48 hours' notice of the inspection was given to ensure people who accessed the service, staff and visitors were available to talk with us.

Windermere provides personal care assistance for young people who live at the service. Windermere is a property in a residential area of Southport. There are communal areas as well as three bedrooms. Additionally, there is a separate laundry and a kitchen area for people to make snacks or drinks during the night. At the time of our inspection, there were three individuals who accessed the service.

A registered manager was not in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered 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. The previous registered manager left six months ago and the provider had attempted to recruit a new manager.

At the last inspection on 29 October 2013, we found the provider was meeting all the requirements of the regulations inspected.

During this inspection, one person told us they felt safe. The manager had systems to assess, monitor and alleviate potential risks to people who accessed Windermere. Staff received safeguarding training and demonstrated a good awareness of related processes.

Staffing levels were sufficient to meet the needs of people who accessed the service. Training and supervision was available for staff to enhance their expertise. We observed good practice at Windermere in the safe recruitment of staff to protect people against the employment of unsuitable personnel.

The provider had suitable arrangements to safeguard people from the unsafe management of medication, such as audits of related processes. Staff received medicines training before they were permitted to provide this support.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. They received relevant training and we observed they supported people to make their important decisions. One person told us, "I'm in control of my life as much as I can be." We found recorded evidence of people's decision-specific and overall consent to care was documented in their care files.

The management team had assessed people's needs and updated their care records to guide staff to be responsive to their requirements. Individuals who accessed Windermere told us they were fully involved in their care planning. They said staff respected them as individuals and we found strong equality and diversity working practices were in place. We observed staff were caring and respectful when they engaged with

people.

Staff documented in each person's records meal plans for the week, along with suggested alternatives. This showed staff encouraged choice and helped people to plan a healthy diet.

We received positive feedback about Windermere and that it was well organised and had good leadership. We found the manager had a range of audits to check the quality of the service and people's safety. Those who accessed the service had a variety of opportunities to comment on their care. Although we saw evidence the provider had tried to recruit a suitable candidate, there was no registered manager in place.

## 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.

People who accessed Windermere told us they felt safe. Staff received safeguarding training and were aware of who to report concerns to.

We found there were sufficient numbers of staff to support people and maintain their welfare. The provider followed safe recruitment processes to protect people against unsuitable staff.

The provider had suitable arrangements to protect people from the unsafe management of medication.

### Is the service effective?

Good ●

The service was effective.

Staff said they had the necessary tools to undertake their duties because the provider had delivered training and supervision.

Staff had a good understanding of the principles related to the Mental Capacity Act 2005. Care records we reviewed evidenced people's consent to support was in place.

### Is the service caring?

Good ●

The service was caring.

We observed staff were caring and respectful when they engaged with people who accessed the service. The provider had put in place strong equality and diversity working practices.

Care records contained evidence people were involved in their care planning. Staff had checked and documented their preferences and backgrounds.

### Is the service responsive?

Good ●

The service was responsive.

We found care planning and associated records were

comprehensive. They were personalised to each person's needs.

Staff supported people to access activities and the local community to develop their social skills.

Up-to-date information had been made available to people about how to complain if they chose to.

**Is the service well-led?**

The service was not always well-led.

We received feedback the acting manager had a positive impact upon the service. We observed a calm, relaxed atmosphere. However, there was no registered manager in place.

People and staff had a variety of opportunities to comment about Windermere. The manager regularly completed processes to assist them to live in a safe environment.

**Requires Improvement** 

# Windermere

## **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 team consisted of one adult social care inspector.

Prior to our unannounced inspection on 07 September 2016, we reviewed the information we held about Windermere. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who accessed the service.

We spoke with a range of people about this service. They included one person who accessed Windermere, the staff member designated as the acting manager and the provider. We did this to gain an overview of what people experienced whilst accessing the service.

We also spent time looking at records. We checked documents in relation to two people who had received support from Windermere and two staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

# Is the service safe?

## Our findings

We observed the management team had a number of systems to maintain people's security, which included risk assessments and environmental safety checks. Records covered the management of any 'safety concerns' and a protocol if a person went missing. One individual who accessed Windermere told us, "Yes, I definitely feel safe. I don't feel in any danger and the staff are always around to protect us."

We reviewed systems the manager had to record and manage accidents and incidents that occurred in people's flats. There had been no reported accidents in the past two years. However, staff demonstrated a good awareness of how to manage any that may occur. We found accident logs included space to evaluate and follow-up possible actions to reduce the risk of any events reoccurring. One person who accessed Windermere told us, "I often see the staff checking the building is of a good standard." Consequently, the provider had systems to protect people from the risk of accidents or incidents and to maintain their safety and welfare.

Care records contained an assessment of people's requirements and an evaluation of any potential risks. These related to risks of harm or injury and appropriate actions to manage risk. We saw assessments checked, for example, alcohol use, behaviour that challenged, activities, family contact and medical conditions. Records included the level of risk and actions to manage them. We also found the manager regularly updated risk assessments to ensure they were sufficient to protect people from unsafe care. Staff had signed the documents to demonstrate they understood identified risks and how to manage them.

When we discussed the principals of safeguarding people from abuse with staff, they demonstrated a good understanding. The manager told us they had protocols to deal with any such events. They said, "If this happens we automatically report to the local authority, the police and CQC." We checked staff records and saw employees had received related training on a regular basis. This meant the provider had guided staff to protect people from the risk of harm or injury.

There were sufficient numbers of staff to support people and keep them safe. One staff member was on duty throughout the day with a sleep-in at night. People were aware the sleep-in staff member was accessible through the night and the manager was on-call if any emergencies arose. The manager explained, "We have 24-hour cover to keep people safe. If they feel anxious or worried about something they know we are available at any time". Care records included a 'Staffing level risk assessment.' This guided staff to managing risk where people required external support from them. Staff said this was successful in giving continuity of care to those who accessed the service. One person told us, "I can go to the staff at any time. There's only three of us here, so the staff we have is enough."

We observed good practice at Windermere in the safe recruitment of staff to protect people against the employment of unsuitable personnel. Staff files contained required documents, such as references and criminal record checks from the Disclosure and Barring Service. The provider assessed gaps in employment history to review the potential employee's full work background. The manager ensured staff had induction and training following their recruitment as part of their probationary period. This included guidance about

personal care, risk management, food hygiene and recordkeeping, along with regular review meetings to explore their progress.

People who accessed the service managed their own medication. However, staff reviewed this and supported them to meet their requirements safely. Staff received medicines training before they were permitted to provide this support. The manager completed regular audits to check medication systems continued to deliver a safe service. All medicines were securely stored and suitable arrangements were in place to maintain stock control. Information was made available to staff about different medicines, including any potential interactions. This showed the provider had suitable arrangements to protect people from the unsafe management of medication.

## Is the service effective?

### Our findings

We found the provider was skilled at ensuring staff were effective in their roles. They provided staff training and supervision to assist them in their roles. One person who accessed the service confirmed staff were effective in meeting their needs. They told us, "The staff are well trained. I know they go a lot to their head office for that They know what they're doing."

Staff said they had the necessary tools to undertake their duties because the provider had made training available to them. The manager told us, "We also use team meetings to look at training and discuss new or updated policies." We checked staff records and noted they were trained in, for example, therapeutic crisis intervention, health and safety, first aid, safeguarding and medication. We found all staff had completed their training as well as nationally recognised courses in health and social care to underpin their expertise.

Staff told us they received regular supervision and appraisal to support them to carry out their duties. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. The acting manager told us they received frequent support from the management team. They added, "I can go to them any time. I get lots of support and supervision. I feel more confident in my work." We looked at related records and noted staff were supported to reflect on their previous supervision, general progress and ongoing training needs.

Staff had a good understanding of supporting people who displayed behaviours that challenged the service, or who had communication difficulties. The management team implemented detailed care planning and risk assessment to guide staff to their support requirements. We found they had received related training and observed staff were courteous and supportive when they interacted with individuals. A person who accessed Windermere told us, "I've seen them managing [another person's] behaviour. The staff are great with this. I know they have a learning disability background, which shows."

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. Staff demonstrated a good understanding of related principles and received relevant training to underpin this. The manager told us, "I wouldn't prevent anyone from doing anything. We support and advise them, but we always go the route they want to."

We found recorded evidence of people's consent to care documented in their care files. This included decision-specific and their overall agreement to protect them from unsuitable support. A person who accessed the service added, "I make my own decisions and the staff are really supportive of that." We observed staff consistently explained tasks to individuals and checked for their permission prior to providing support. The manager told us, "Everything we do, we do with the person's consent."

People managed their own nutritional needs, which staff supervised and supported where necessary. They

recorded in each person's records a 'suggested menu chart' in which meals were planned for the week, along with alternatives. This showed staff encouraged choice and helped people to plan a healthy diet. During the night, a smaller kitchen was available for individuals to make hot drinks or snacks. Every Sunday the staff member on duty and each person who accessed the service had a community meal. The manager explained they could have whatever they wanted and the event was a social occasion to check people's progress. We saw staff had undergone food hygiene training to maintain food safety standards. The manager told us they monitored each person's weight and supported them to reduce the risk of malnutrition.

We checked how the manager worked with other healthcare services in managing people's changing health needs. We saw evidence of each person being supported to access GPs, social workers, community and hospital services, dentists and opticians. Staff supported them to attend appointments and recorded the details of the visit and any outcomes. We noted staff then updated people's care plans to any required actions. One person who accessed Windermere said, "If I need to see my GP or dentist, they always offer to go with me." This showed people's continuity of care was maintained because, where applicable, they were assisted to access other services.

# Is the service caring?

## Our findings

We observed staff were caring towards people who accessed Windermere. One person commented they were happy and staff were caring and respectful in their approach. They added, "The staff are caring. They take the time to listen when I'm distressed." Staff had an understanding of the principles of good practice in care provision. For example, one staff member told us, "We're like a family. I see people making massive changes and I feel great to be a part of that."

We found staff had a caring and respectful manner when they engaged with people and their relatives. They spoke in soft, friendly tones and made good use of eye contact. It was evident staff had a detailed knowledge about each person who accessed the service and approached them in an appropriate way.

Staff had a good understanding of protecting and respecting people's human rights. We reviewed training records and noted they had received current guidance in equality and diversity. Interview records in relation to recruitment checked candidates' reactions to same-gender couples. When we discussed diversity with staff, they described good practice in helping people to be themselves. A person who accessed the service said, "I'm a Christian and one of the staff comes with me sometimes. I like that and feel respected." We saw care records contained information about people's preferences in relation to their different care requirements. This included religion, sexual orientation and language support. This showed the provider had put in place strong equality and diversity working practices.

We discussed the principles of privacy and dignity in care with staff and found they had a good awareness. Staff knocked on people's doors and addressed individuals by their preferred names. The manager told us, "We always check before we go in because their rooms are their personal spaces." One person we spoke with confirmed they felt their privacy was respected and staff were very courteous.

We checked how the management team established and developed partnership working between staff, people and their representatives. One person who accessed Windermere told us, "I'm always attending meetings and I have a close relationship with the staff. I can go and chat with them at any time." Care records we looked at indicated people were involved in their care assessment, planning and review. For example, documents were signed by them or their representatives and included their preferences in relation to their care.

We saw people's records included information about their family relationships, such as who was important to them and approaches to manage these. We found evidence each person was supported to maintain their important relationships. These were often difficult circumstances, but staff created care plans to build and enhance contact. This guided staff to support each person to maintain their important links to others in their lives and develop their social skills.

Care records we reviewed contained details about people's preferences and how they wished to be supported. This covered a detailed life history and background document where staff recorded their general character, hobbies, social media, likes and dislikes. Staff included positive descriptions of each individual,

such as '[One person] enjoys routine and has a caring nature.' Rather than focusing on needs, staff had documented their abilities and requirements in relation to their desires. One person who accessed Windermere told us, "They are genuinely interested in me as a person and my background."

## Is the service responsive?

### Our findings

We saw evidence the manager maintained each person's ongoing needs by guiding staff to be responsive in their care. People told us staff worked hard to support them to meet their needs. One person who accessed Windermere said, "I feel good and can see how far I have come since I've been here."

We found care planning and associated records were comprehensive. Staff were required to sign a sheet to indicate they understood people's care and their backgrounds. We reviewed care plans and found they were personalised to each individual and promoted their abilities to maintain their independence. They included staff support and areas of self-action. Areas of care planning covered, for example, finances, personal care, behaviours that challenged the service, social support and mental health care. The manager explained people often wanted support to attend appointments. They added, "They arrange it themselves and we'll go with them if they want us to." A four-page document entitled 'Getting to know me' held detailed information about each person's life stories, preferences and hopes for the future. This guided staff to understand people and to be responsive to their needs.

People's continuity of care was managed well by the manager. This included monitoring behaviour that challenged the service, fluid and food intake, personal care and activities. Staff used meaningful and positive language, particularly in their daily notes where a detailed account of their progress was documented. Records were signed and dated and the management team had regularly updated documentation to guide staff to respond to people's requirements. We saw staff worked hard to ensure people and their relatives were fully involved in the review of their support. One person told us, "I have had the opportunity to personalise my care plan."

The manager, who had care responsibility as part of his role, told us the service supported people to regain control over their lives. They said, "The young people who come in are very complicated and it is so satisfying seeing them do really well and move on." We saw in one person's records staff supported them to develop and maintain their independence. This included self-caring skills, attaining qualifications at college and accessing paid work. The manager added, "Our aim is to always move people on through promotion of their independence."

Staff had a good awareness of the importance of supporting people to access activities and the local community to develop their social skills. The manager told us they went to college to gain qualifications and engaged in volunteer and paid work. This was a good way for individuals to enhance their communication abilities, experience activities in a group setting and to develop life skills. We saw one person regularly played in a local pool team, watched rugby and frequented a nearby pub. Additionally, the provider owned a caravan near the sea where people were supported to have holidays and space away from the service. The manager told us, "We also have a community meal every Sunday with the clients and staff. It's a great way to check how they are and what their plans are for the week." Care records included information about the individual's routines and structure throughout the day. Staff told us this was flexible and personalised around the person to ensure they continued to retain control over their lives. One person said, "I'm doing a healthcare course and I work in a care home for the rest of the week. I am fully occupied."

The provider made information available to people about how to make a complaint if they chose to. A notice board provided information leaflets, forms to record concerns and stamped addressed envelopes to be sent to the provider. We found this covered details about the various stages of a complaint and how people could expect their concerns to be addressed. One person told us, "If I was unhappy with something I would tell them." At the time of our inspection, the management team had not received any complaints in the previous 12 months. The manager stated, "I'm going to set up six-weekly meetings with the young people to get their feedback."

## Is the service well-led?

### Our findings

The manager had suitable arrangements to provide a good, quality service to individuals who accessed Windermere. One person told us they felt the acting manager was a good leader and had a positive impact upon the service. They added, "He's stepped up to the plate."

We found the service had a relaxed atmosphere and people came and went as they pleased. The manager had a relaxed approach and those who accessed the service clearly felt comfortable engaging with him. The management team nurtured an open welcoming service. Throughout our inspection, we found the manager demonstrated a clear understanding of each person's medical conditions, histories and requirements. This showed they had a hands-on approach to care and we observed they were respectful when they engaged with people. One person said, "[The manager] has done so well. As a result, all the staff are happy and we're happy."

Although we saw evidence the provider had tried to recruit a suitable candidate, there was no registered manager in place. The previous registered manager left six months ago.

We checked how the acting manager was supported during the transition between registered managers. We found records confirmed they had formal supervision and a member of the management team attended the service regularly. They said they felt confident in their short-term role because they received regular and when required support from senior management.

The management team worked hard to check people's experiences of care. This included daily discussions with them to assess their progress and ongoing support. Information was made available to individuals who accessed the service about how they could make anonymous comments if they chose to. Additionally, a weekly community meal was provided, which offered an informal way for people to comment about their care. The manager also planned to hold regular 'resident' meetings as a further way of obtaining people's feedback. One person said they had completed a survey and added, "To be honest they check with us all the time."

Team meetings were held every two to three months. The manager said this helped staff to keep up-to-date and discuss any concerns or new ideas to improve the service. Staff and the management team worked closely together in support of individuals and regularly discussed personal care. We reviewed minutes from the last meeting. This included discussions about the management of personal care and a service user update, maintenance issues, computer systems, training and recordkeeping. We saw evidence the provider sought staff feedback about their experiences of working at Windermere. This included positive responses about training, where one staff member fed back, "Good content, well instructed."

We found the manager had a range of audits in place to check the quality of the service and people's safety. For example, there was regular monitoring of care files, medication, environmental and fire safety, staff files and training. We saw evidence where identified issues had been acted on to maintain a safe environment for everyone in the building. This showed the provider and management team had checked and improved the

quality of care individuals who accessed the service received.

We observed the service and people's flats were clean, tidy and smelt pleasant. Hot, running water was available throughout the home. The management team checked showerheads and water temperatures in addition to a regular Legionella assessment. Window restrictors were in place to protect people from potential harm or injury. Following our inspection, we received evidence to confirm the service's electrical and gas safety certification was up-to-date. The manager had these processes in place to assist people to live in a safe environment.