

Crown Care IV Limited

# Windsor Court

## Inspection report

The Avenue  
Wallsend  
Tyne And Wear  
NE28 6SD

Tel: 01912635060  
Website: [www.crowncaregroup.co.uk](http://www.crowncaregroup.co.uk)

Date of inspection visit:  
14 November 2018  
15 November 2018  
22 November 2018

Date of publication:  
18 January 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Windsor Court is a residential care home that was providing personal and nursing care to 40 people aged at the time of the inspection. Care was provided to older and younger people, who were being supported with physical or mental health needs.

People's experience of using this service:

People, relatives and staff told us Windsor Court was very 'homely'. People looked relaxed and comfortable. Staff were friendly and knew people well. The registered manager told us they wanted people to feel the service really was their home. Relatives were warmly greeted and made to feel welcome with cups of tea and offered to share meals with their family member. Special occasions were celebrated with birthday cakes and parties. People were treated with dignity and their independence was promoted.

People told us they felt safe. Staffing had improved since our last inspection with more staff working during busier times of the day. People told us their requests were responded to quickly. Processes were in place to make sure the home was safe. Equipment was checked regularly to make sure it worked properly. Medicines were well managed. The home was clean.

Staff were well trained and knowledgeable about their roles and the care people needed. People's needs had been assessed. Staff had detailed and specific information about how to care for people. However, we saw less information was available about how to support people when their behaviour could challenge staff. We have set a recommendation about this. Staff were proud of the innovative work and good outcomes they had achieved in reducing people's risk of pressure damage.

Improvements had been carried out to the building since our last inspection. There was better use of signage, communal areas had been refurbished and the decoration had been chosen so it was meaningful for people who lived at the home.

People's rights were upheld. People were given choice and their decisions were respected. Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

A full time activities coordinator planned a range of events and activities within the home. People also attended social groups and visited their local community regularly.

The service was well run. The provider and registered manager carried out checks to make sure that the service was delivering a good service. They had introduced new strategies since our last inspection to improve the service.

Rating at last inspection: Requires Improvement (Published in November 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

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

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out by one inspector.

**Service and service type:** Windsor Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Windsor Court can accommodate up to 44 people. 40 people were receiving care at Windsor Court when we visited.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was unannounced. This meant the provider, registered manager and staff did not know we would be inspecting.

**What we did:** Before the inspection we used information about the service to plan. We checked the information we had asked the provider to send us in the Provider Information Return (PIR). This information includes what the service does well and any improvements they plan to make. We reviewed notifications. These are sent us to us about certain incidents that have occurred within the service that the provider must tell us about.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are an independent organisation who listen to people's views about local service and drive improvement by sharing those views with organisations who commission, deliver and regulate health and care services.

During the inspection, we spoke with three people who used the service and four people's relatives. We also spoke with the registered manager, the provider's regional manager, the deputy manager, eight care workers, three domestic staff, the activities coordinator, one kitchen staff member and one maintenance staff.

We reviewed a range of records including five people's care records, recruitment records for three staff, and staff training and supervision records. We looked at records relating to the management of the service and the provider's policies and procedures.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met. At the last inspection some aspects of the safety of the home required improvement. At this inspection we found these areas had been addressed and the service was safe.

### Staffing levels

At the last inspection in November 2017 the provider had failed to ensure there were enough staff to keep people safe and provide effective care. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvements had been made at this inspection. There were enough staff to meet people's needs. The provider was no longer in breach of Regulation 18.

- Since our last inspection the registered manager had increased the number of staff available to provide care to people. An additional staff member now worked 8am-2pm every day as this was the busiest time. Activities staff also provided care over mealtimes so more staff were available during this busier period.
- More time was available for running of the home. The deputy manager now spent half of their working week planning and reviewing care, and monitoring the service.
- People told us there were enough staff. They said staff were always available and that their requests were responded to quickly. One person said, "You don't wait very long if you press the buzzer (call bell)."
- About half of the staff and relatives we spoke with told us they would still like more staff, but everyone told us they thought there were enough staff to meet people's needs safely.
- We saw staff were available throughout the day. Mealtimes were well organised so people received their meal and the support they needed in a calm atmosphere.

### Systems and processes

- People and relatives told us the service was safe. A relative said, "It's a safe home." Another commented, "I feel [my relative] is safe here. They had a fall before they came here, but I don't worry that will happen here."
- Systems were in place to safeguard people from harm. Staff understood what the different types of abuse and the steps they should take if they were worried about people's safety or wellbeing.
- The registered manager worked with the safeguarding team. They had shared information and referrals and carried out detailed investigations when needed.
- Staff were confident that any issues they raised with the registered manager would be properly dealt with.
- Staff had been recruited safely to make sure there were no known reasons why they should not care for people. Processes were in place to make sure nursing staff had the right experience and registrations to practice nursing.

## Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Regular checks were carried out to make sure premises and equipment were safe.
- Emergency plans were easily accessed. They provided information about the support people needed in an evacuation.
- Staff understood how to support people when they displayed distressed behaviours. We saw staff provided effective reassurance when people were distressed. Records showed incidents of challenging behaviour were infrequent. Referrals had been made to the positive behaviour support team when needed. However, people's records related to these needs were not always detailed. We recommend the provider researches best practice around care planning in relation to supporting people with behaviours that challenge.
- Risks had been assessed. Staff had information about how to reduce known risks.
- The registered manager reviewed any accidents or incidents to look for trends. Where possible they took action to reduce the chances of the accident or incident happening again.

## Using medicines safely

- People received their medicines as prescribed. They were administered by trained, competent staff.
- Systems were in place to make sure medicines were safely managed. Staff made sure all ordered medicines had been received, so the medicines people needed were always available. Medicines were stored safely. Records were clear. Prescriber instructions were followed. Where people received their medicines through patches, it was planned in advance where they would be placed to make sure any risks to people's skin were minimised.

## Preventing and controlling infection

- The home was clean.
- Staff met with a community infection control nurse regularly throughout the year to keep up to date with best practice.
- Staff wore appropriate protective clothing when carrying out certain tasks to minimise infection control risks.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this. At the last inspection some aspects of the effectiveness of the home required improvement. At this inspection we found these areas had been addressed and the service was effective.

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

- Improvements had been made to the environment of the home since our last inspection. More signs were used to help people to know where toilets, bathrooms and dining rooms were.
- The bedrooms and most communal areas had been refurbished. Decoration had been chosen so it was meaningful to people in line with best practice for people with dementia. Pictures of shipyards were on the walls as that used to be a big part of the local area and the lives of people who used the service.
- There were items of interest around the home for people with dementia to use independently or with staff. These items were interesting to look at or touch and were aimed to prompt people's memories of the past.
- The home had invested in adapted cutlery, crockery, jugs and salt and pepper shakers to give people with dementia more independence at mealtimes.

Supporting people to eat and drink enough with choice in a balanced diet

- Improvements had been made to people's mealtime experience. Tables were set nicely. Condiments and napkins were on each table. People were served quickly. Staff made sure people received hot meals.
- People and relatives spoke highly of the food. Choice was available at each mealtime. Most meals were home made using fresh ingredients.
- Care and kitchen staff understood how to meet people's dietary needs.
- Staff monitored people's food and drink intake where needed. Advice had been sought from GPs and dietitians where people were underweight or losing weight unintentionally.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed using guidance and tools.
- Care plans, written to describe how staff should meet people's needs, were generally detailed and specific. Care plans for people's healthcare needs showed how staff had taken into account guidance and best practice.
- The registered manager and staff were proud of the success they had in preventing pressure damage. The service had put in place an innovative strategy. All staff had received training in reducing pressure risks and each day everyone was monitored for warning signs. No one had developed any pressure damage in the service for over a year.

## Staff skills, knowledge and experience

- Staff had the skills and experience to support people. Staff received appropriate training and their skills and understanding were checked through knowledge and practical tests.
- New staff learned from experienced staff before they delivered care. The induction process included completing the Care Certificate, a set of required standards for care staff.

## Supporting people to live healthier lives, access healthcare services and support; Consistent, effective, timely care within and across organisations

- The service worked well with other organisations to make sure people received the care they needed. Timely referrals had been made to a range of healthcare professionals. Their advice had been incorporated into people's plans of care.
- Information was shared well across the service through meetings held at the start and end of staff shifts.

## Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Windsor Court continued to follow the MCA. Wherever possible people made their own choices. Their decisions were respected. People we spoke with gave us examples of this.
- Where people did not have capacity to make decisions this had been properly assessed. Family members and healthcare professionals had been included in best interest decisions.
- Where people's liberty was deprived to keep them safe, DoLS authorisation had been granted.
- Staff reduced restrictions wherever possible. One person with a DoLS in place wanted more independence. Staff worked with the person to gradually reduce staff support at specific times which resulted in the local authority agreeing that the person could access the local shop each day by themselves.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care. At our last inspection we rated this key question as good and at this inspection found the service was still caring.

Ensuring people are well treated and supported

- The home had a relaxed atmosphere. During conversations with people, relatives and staff we were told that the service was very homely.
- People and relatives told us the staff were friendly and caring. One person said, "Staff are spot on." A relative said, "They treat people well. Very well."
- We saw staff spoke to people kindly and were warm. We staff held people's hands if they looked upset. Staff used people's names often when they spoke to them. They talked with people about their relatives and the things they were interested in.
- Staff were very proud of the home. They told us it was a caring service.

Respecting and promoting people's privacy, dignity and independence

- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.
- Families were made to feel welcome. Relatives could visit at any time. Relatives could eat their meals at Windsor Court so they could spend as much time as possible with their family member. They were not charged for this. Staff had arranged for a reclining chair to be put into one person's room as their family member visited for long periods of time and they wanted them to be comfortable.
- Staff helped people to celebrate special occasions. Everyone received a home made cake on their birthday. The service hosted parties for birthdays and other special occasions for people to invite their friends and family to. A room, buffet and often professional entertainment were provided at no additional cost to people. Over Christmas the dining room was rearranged so people all sat around one big table. People were given gifts, shared crackers and were offered their favourite alcoholic drinks. One staff member said, "Christmas is a really big deal here. At most places staff will do anything to get Christmas off work, but we love it here. Staff volunteer to work as it's such a great day for everyone."
- People's dignity was upheld. Some staff were dignity champions. They carried out learning and observations around dignity and shared this good practice with other staff.
- Staff supported people to maintain their independence. Care plans were clear about the tasks people could manage themselves. Staff made sure people had access to walking aids.

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

- People and their relatives had been included when care was being planned and reviewed.

- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand so they could make decisions about their care.
- People had been supported to access an advocate. Advocates are independent and can help people to make complex decisions.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery. At the last inspection some aspects of the responsiveness of the home required improvement. At this inspection we found these areas had been addressed and the service was responsive.

### Personalised care

- Care was planned around people's needs and choices. Care plans took account of people's likes, dislikes and preferences.
- Since our last inspection staff had received training in person-centred care. Person-centred means care is designed to meet each individual person's needs.
- Care records had been re-written since our last inspection so staff had more specific and detailed information to better support people. We saw some care plans needed further work. The provider's audits had highlighted this and staff were working through these improvements.
- People could take part in a range of activities both inside and outside of the home. The registered manager told us how important it was that people still felt part of their local community. People attended lunches, social events, and trips to the local pub on a regular basis.
- A weekly activity program of crafts, quizzes and games was in place. Daily activities had been discussed and planned during meetings with people and their relatives.
- Relative feedback about activities was mixed. Some relatives told us they felt more activities should be offered. The registered manager was aware of this feedback. They acknowledged that as the home was set over three floors, relatives may not always see the full-time activities coordinator when they visited. They told us they were looking at ways of better sharing with relatives the activities that were on offer, and that people had taken part in.

### How people's needs are met

- Information was provided in ways which people could understand. The provider was meeting the Accessible Information Standard, a legal requirement to meet individual's communication needs. Information about the service was available in large print and easy read formats, where pictures were used to aid people's understanding.
- Staff understood how people communicated. Care records included how people expressed themselves, so staff knew the signs if people were in pain and how people indicated their choices.

### Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints. Complaints had been responded to in line with the provider's policy and used to drive improvement.

### End of life care and support

- Compassionate care was provided at the end of people's lives. Additional staffing was put in place when people approached the end of their lives so that staff could spend more time with them. The registered manager said, "We want someone with people at the end. We won't have it that anyone dies alone."
- Nursing staff were trained in specialist equipment and had access to medicines at short notice to ensure people were as comfortable as possible at the end of their life.
- We saw relatives had sent cards praising staff in the way they cared for people at the end of their lives. One person's family had included their gratitude to the staff in the funeral order of service. Another family had asked for funeral attendees to make donations to Windsor Court instead of buying flowers.

## Is the service well-led?

### Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection in November 2017 we had found the provider's governance and audit systems were not effective in identifying shortfalls in the service and driving improvements. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvements had been made at this inspection. The provider's governance system was effective. The provider was no longer in breach of Regulation 17.

#### Leadership and management

- People, relatives and staff were positive about the culture of the home. We received positive feedback from them about the care provided and how the service was run. One relative said, "I can't say I would change anything they do. If I did have any worries, I would go to the manager. They are very good."
- The registered manager knew people and their relatives well.
- The provider's regional manager visited the home regularly. They talked with people, relatives and staff and checked how the service was running.
- The registered manager and provider's regional manager were open and proactive in their response to our inspection findings.

Managers and staff were clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles. There was a clear structure in place. Staff told us they could contact the registered manager or provider if they ever needed support.
- Processes in place to check the quality and safety of the service had been improved since our last inspection. The provider had developed new ways to regularly check the areas we had highlighted when we last visited the home. This included regularly checking everything was in place so people's mealtimes were enjoyable.
- The registered manager and provider's regional manager carried out regular audits and checks and addressed any areas for improvement.
- The provider employed a quality manager who carried out in-depth audits every three months. Their feedback was very detailed. They had highlighted the same issues we had found about care plans related to people's behaviour needs. The registered manager was already taking steps to address this before this inspection.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong; Continuous learning and improving care

- The provider continuously worked to improve the quality of care provided. The registered manager showed us lots of new ways of working which had been introduced since our last inspection. One of these was to make sure all staff understood the importance of promoting people's dignity. Staff had been asked to complete a piece of work about what dignity meant to them. Staff recorded when they had seen good and poorer practice in a dignity log. The dignity log was used to celebrate when staff were doing a really good job, and helped to drive improvements as staff could learn from the real life examples which were discussed in staff meetings.
- The registered manager was aware of the duty of candour, which sets out how providers should explain and apologise when things have gone wrong with people's care.

Engaging and involving people using the service, the public and staff;

- Views were sought from people who used the service, relatives and staff. Changes were made to the service based on their feedback.
- Surveys were sent each year to people, relatives and staff. Meetings were regularly held for people and relatives to share their views on the service. Staff attended regular staff meetings and told us they could speak to the registered manager whenever they needed to.
- The service had good links with the local community. People attended lots of local events and groups, supported by staff. The registered manager had built relationships with organisations, such as the police cadets who visited the home each year to help put up Christmas decorations.
- Staff worked closely with health and social care professionals involved in people's care.