

Windmill Care (2015) Limited

# The Meadows

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Meadows is a residential care home providing the regulated activity of personal care to up to 54 people. At the time of our inspection there were 53 people using the service.

The home is purpose built and designed around the needs of older people, some who may be living with dementia. It is located within a community setting. The home is run as 'four separate houses', three for 15 people and the fourth being for 9 people. The 4 houses are on the ground and first floor with lifts and staircases available. An additional 30 beds on the second floor are contracted to a community provider and do not come within the remit of the home's registration. A small, enclosed garden was situated within the grounds.

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

People's care and support needs were assessed. However, risk assessments were not always regularly reviewed and in some cases lacked guidance for staff. This was rectified during the inspection and the provider added an additional measure on their IT systems to ensure risk assessments were reviewed in a timely and consistent manner.

Staff did not always follow infection prevention and control guidance to minimise risks related to the spread of infection. We observed some staff with painted and gel nails. We raised this with the management team. Infection control procedures were in place and staff used personal protective equipment (PPE) effectively.

Although people's mental capacity had been assessed for their ability to consent to aspects of their care, assessments did not always record decisions made in line with guidance. Staff knowledge around mental capacity was inconsistent. Staff told us they had mental capacity act training and the management team confirmed this. The management team informed us they would be providing refresher training for all staff.

Staff and relatives were positive about the culture and ethos of the service. The senior team led by example and were respected by staff. Staff understood how to safeguard people and when to raise concerns. People received their medicines safely and recruitment practices were in line with government guidance.

There was an established staff team that was motivated and well trained to carry out their roles effectively. There were enough staff to support people. The service was accessible and had been adapted to meet people's needs.

Records had been kept of all food and drink taken by those assessed as at risk nutritionally. The staff and kitchen were clear about who needed modified/enriched diets and ensured they received this and recorded it. People were supported to maintain their nutritional needs and referred to appropriate health professionals when needed.

People were supported to have maximum choice and control of their lives and staff did always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. These concerns were highlighted to the management team who resolved the concerns during the inspection process.

The systems for quality assurance and monitoring were not always effective and had not identified the shortfalls we encountered during the inspection. Records in relation to people's consent to care, did not always record information sought in line with guidance. Mental capacity assessments for people were in place but did not always record who was involved in the decision making process. We discussed our concerns with the deputy manager and the management team during the inspection. The management team informed us, they had rectified their systems and processes to ensure the shortfalls were addressed

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

#### Rating at last inspection

The last rating for this service was good (published 11 May 2019)

#### Why we inspected

This was a planned inspection due to the age of the rating. You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

**Good** ●

### Is the service well-led?

The service was not always well led.

**Requires Improvement** ●

# The Meadows

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out 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 this type of care service.

#### Service and service type

The Meadows is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Meadows is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

### During the inspection

We spoke with 6 people who used the service and 10 relatives about their experience of the care provided. We spoke with 14 care staff including the senior carers, the operations manager, the deputy manager, the nominated individual, the registered manager, the chef, laundry assistant and care staff. We received feedback from two professionals. We reviewed a range of records. This included 7 people's care records and multiple medication records for the service. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people's safety had not always been assessed. Some risk assessments had not been routinely reviewed and were not robust.
- We reviewed risk assessments relating to different aspects of people's care, including the risk of falls, malnutrition, and skin damage. Although risks had been identified, the risk assessments did not always provide clear information for staff.
- Risk assessments in relation to people who sometimes experienced distressed behaviour lacked guidance for staff on how to reduce people's distress before resorting to the use of medicines. For example, one person's plan referred to "Distraction techniques should be used", but there was no information on what this meant. Professionals that worked with the service provided feedback after the inspection to iterate that staff used distraction and de-escalation techniques. Improvements were still needed to risk assessments to capture the techniques that staff used. This would ensure a consistent approach was followed by the staff.
- Some people had bedrails in place. Two people's bedrails had no covers on them. There were gaps in the rails and a risk of entrapment. We informed the management team of this during the inspection, they told us this was rectified. However safe practices to monitor the safety of bedrails were not in place prior to this.
- We observed at least five staff members wearing nail varnish and/or gel nails. This is not considered best practice from an infection prevention and control perspective. Nails should be kept short to prevent damage to people's skin and the undersides of nails should always be kept clean. The use of gels and varnishes makes it easier for fingernails to harbour infection.

Although people had not come to harm, there were potential risks to people's safety. This meant we could not be sure that the provider had safe systems to assess and manage the risks to people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- Personal emergency evacuation plans were in place. These are used by staff in the event of an emergency. The plans we looked at provided clear information for staff on how to support people to leave the building.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were not always assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were not always assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Visiting to the service was unrestricted and people were welcome at the service at any time. This was in line with government guidance at the time.

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

- People and relatives we spoke with told us they felt safe. One person told us, "I do feel safe, the staff are lovely" and, "Yes, [name] is safe here. I know they take care of [name]."
- Staff understood their responsibilities to keep people safe and knew how to report concerns about abuse. Comments included, "If I saw bruises, I would ask another member of staff and look to see if it has been documented. If it had not been reported, I would do it. It could be a sign of abuse, so I must report it" and, "Any bruising, we report it to the senior."
- Staff knew how to raise concerns about poor care. One staff member said, "Any concerns about care standards I would take it to the office and speak to the managers. I'm happy to speak up if needed." Another staff member said, "If I was worried about standards of care, I would report it to the manager or go higher if needed."

#### Staffing and recruitment

- One person's relative told us, "There are always enough [staff], even at weekends." Another person told us, "I haven't seen anything that would concern me about staffing levels."
- There were enough staff on duty to meet people's needs. We observed staff around the building and saw they responded quickly to people.
- Staff told us they felt there were enough staff. Comments included, "Staffing is pretty good. Holiday time might be trickier and weekends we do struggle more" and, "Sometimes it's a little short. Mealtimes can be tricky because lots of people need support. It does all get done but it can feel a bit constant sometimes."
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely.
- Staff administering medicines were trained and had been assessed as competent. Competencies were regularly reviewed.
- We looked at medicine administration records (MARs) which had all been signed to indicate people had received their medicines as prescribed.
- Medicines were stored safely. Although the temperature of medicine storage areas was monitored, it was



inconsistent across the four units. However, the service had air conditioning in place which meant storage areas were always kept cool.

- Some people had been prescribed additional medicines on an as required (PRN) basis. PRN protocols were in place, but they lacked detailed personalised information for staff who administered medicines. For example, some people were prescribed medicines for when they were anxious or distressed, but protocols for their use was limited to, "When agitated" or, "To relax and calm," and gave no other information for staff on steps to take before resorting to the use of medicines. We discussed this with the deputy manager during the inspection and they informed us they would review the protocols.
- When topical medicines were prescribed, charts were in place for staff. These showed clearly where they needed to apply any topical creams or ointments.

#### Learning lessons when things go wrong

- The management team analysed the findings from incidents, audits, complaints, and concerns to identify improvements and learn lessons.
- Incidents and accidents were reported and investigated in a timely manner to keep people safe.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knowledge around the MCA inconsistent. One staff member said, "If someone refuses care, I give a bit more encouragement, try a new face or do it in their best interests." Another staff member said, "If someone refused personal care, I would do a best interest. That means I get someone else to come with me and help me. With dementia we do a lot of best interests."
- Staff told us they thought they had been trained in the mental capacity act. One staff member said if they had any concerns about a person's capacity, they would speak to the management team. The registered manager informed us that all staff had a credit card style booklet on the mental health capacity act to refer to. The management team confirmed training had taken place and will be renewing mental health act capacity training to ensure staff were consistent in their approach and practice."

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

- The management team completed a pre-admission assessment. This involved the person themselves and included information from their current care setting, family, and other professionals as appropriate.
- People's care plans were detailed for each identified need they had. Staff we spoke with had a good understanding of each person and knew how to deliver their care and meet their needs.
- People's protected characteristics and diversity were considered and acted upon; staff considered characteristics such as disability and religion when planning people's care.

Staff support: induction, training, skills, and experience

- Staff told us they felt trained to carry out their roles. Comments included, "We get lots of training; some is

face to face like moving and handling and some is DVD's" and, "I did my first aid training a few weeks ago."

- Staff said they had regular supervision sessions with a line manager. One staff member said, "It's every three to six months or so, I think."
- Staff told us they were well supported by the management team and colleagues. A member of staff told us, "I like it here; the company treat staff well, so you feel like you want to stay. We get enough support from management."
- The deputy manager held supervision and team meetings with the staff team. Staff told us they found these useful as they were able to discuss their roles and any ideas or issues they had about the service.

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

- One person told us they didn't always want the food on the menu, but that when this happened the kitchen made them something else instead. Another person's relative said, "They [staff] tell me how [relative] is getting on and what they're eating."
- People were supported to have enough to eat and drink. Throughout the inspection we saw staff regularly offer people drinks and snacks.
- Care plans detailed the food and drink people preferred to have. If people used adapted cutlery to eat, this was listed.
- People's weights were monitored. Records showed that when people lost weight advice was sought from the GP. Records showed some people were prescribed supplements and a fortified diet.

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

- People told us they received timely care. One person's relative said, "[Relative] has had a couple of chest infections and they did get the GP quickly."
- The local GP visited the service weekly. One staff member said, "If we need advice on other days, we can just ring the surgery and the GP will ring back. It's really easy to speak to them."
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. One professional told us, "This is one of the strengths of the staff. They know people well and will refer people to me if they have concerns".
- Records showed people were seen by other health professionals as needed. This included for example, the community mental health team, the community nurse team, and the chiropodist.

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

- People had their own bedrooms and ensuite shower room. The home was well decorated throughout. People were able to independently find their way around the home.
- People had appropriate space to socialise with others, eat in comfort, or spend time alone if they wished to.

# 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 our last inspection we rated this key question good. At this inspection, the rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Records in relation to people's consent to care, did not always record information sought in line with guidance. Mental capacity assessments for people were in place but did not always record who was involved in the decision making process. It was not always clear of who was involved. We were shown evidence after the inspection of involvement from people, family, and professionals'; however, records did not contain this information and improvements were needed.
- The systems for quality assurance and monitoring were not always effective and had not identified the shortfalls we encountered during the inspection. We discussed our concerns with the deputy manager and the management team during the inspection. The management team informed us, they had rectified their systems and processes to ensure the shortfalls were addressed. However, the systems the provider had in place had not identified the shortfalls prior to this inspection. This included identifying risks to people's safety and the need to record consent from people. People's records were not always kept up to date with the relevant information provided to staff, about their safety and wellbeing. Infection control audits had not identified the shortfalls, which we found.

The evidence outlined above demonstrates systems and processes for good governance were not effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team completed various audits to check people's safety and welfare. This included medication, health and safety and maintenance. They implemented action plans to address identified concerns and monitored the progress of actions taken.
- We spoke with the deputy manager about the importance of regularly monitoring care documentation to ensure information was clear and up to date. They updated and improved systems and processes during our inspection.
- The registered manager understood their legal duties and submitted notifications to CQC as required.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- All the staff we spoke with said they believed the service provided good care for people. Comments included, "The care is good here, we all work together and any concerns we can go to the managers, and

they will listen. We are the residents voice" and, "We have good teamwork; the staff all understand each other and actually do care. I do feel that to work here, you have to care. I treat people like my grandparents."

- The registered manager had developed a positive staff culture. Staff said they worked well as a team. One staff member told us, "Morale is good and staff are happy here, nobody is miserable, I enjoy coming to work."
- Staff felt supported in their roles. One staff member said, "If there is a problem, the manager's door is always open, about residents or staff. If I didn't understand anything I can speak up. They [management team] are very supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.
- The registered manager was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency, and candour when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff said they attended regular staff meetings. They told us they were invited to discuss anything at these meetings and were encouraged to share new ideas. If they were unable to attend, minutes were provided for them to read.
- The provider conducted annual resident surveys, which were positive. The provider had acted on suggestions made by people.
- Relatives and people were engaged and involved in the service. The deputy manager told us that one person was not able to attend her daughter's wedding due to her health conditions, therefore the staff arranged a small wedding ceremony to take place within the home. The person and her relative were very touched by the provider's gesture.

Continuous learning and improving care; Working in partnership with others

- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care, staff learning and support arrangements and organisational changes.
- The home worked with health and social care professionals to provide joined up and consistent care for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Although people had not come to harm, there were potential risks to people's safety. This meant we could not be sure that the provider had safe systems in place to assess and manage the risks to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems for quality assurance and monitoring were not always effective and had not identified the shortfalls we encountered during the inspection.