

# St Andrew's Healthcare

# Winslow

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Winslow is a nursing home and accommodates up to six people with a learning disability and/or autistic people. Some of whom have additional needs relating to their mental health. People had their own individual apartments and received high levels of staff support. On the day of our inspection, six people were living at the service.

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

Fire safety was not always regularly monitored and managed, and this put people at risk of harm. We shared our concerns about fire safety with Fire Prevention Officer. Processes for reporting and responding to safeguarding concerns was not always effective which resulted in delays in referrals to the Local Authority. Governance systems were not fully embedded in the service which lead to shortfalls in the overall quality of the service. Regular feedback from people and their relatives was not regularly sought.

People had person centred and detailed support plans and risk assessments to guide staff on how to safely support them. Care plans reflected people's current needs and had been regularly updated. People had received their medicines as prescribed. Infection prevention and control processes were in place and were effective. Staff were recruited safely, and pre-employment checks were completed.

People were supported and encouraged to have good and fulfilled life. People were supported by staff who knew them well. People's physical and mental health was monitored and when it was needed, help from external healthcare professionals was requested. People's apartments were person centred and decorated based on their likes and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests, however, the policies and systems in the service did not always support this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe, effective and well-led key questions the service was able to demonstrate how they were meeting underpinning principles of Right support, Right Care, Right Culture. People were encouraged to access local community with and for some people without staff support, and to be as independent as this was possible. People were offered choices about their day to day life. For example, people made decisions about what they would like to do during the day or what food they would like to eat. Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead

confident, inclusive and empowered lives. The registered manager and staff were passionate about improving people's quality of life.

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 (and update)

The last rating for this service was good (published 9 October 2019).

Why we inspected

We received concerns from Local Authority in relation to reporting and managing safeguarding concerns and governance of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Winslow on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service/We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to fire safety and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Winslow

## 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 Care Act 2014.

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

The inspection team consisted of one inspector.

#### Service and service type

Winslow 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. 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.

#### What we did before 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. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, deputy manager, nurse, healthcare assistant, housekeeper and agency care workers. We observed interactions between staff and people throughout our inspection.

We reviewed a range of records. This included two people's care records and multiple medication records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We looked at four 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 spoke with one relative and two staff member and received feedback from one professional who regularly visit the service.

# 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. At this inspection this key question has now deteriorated 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; Learning lessons when things go wrong

- People were at risk of harm because risks to the environment were not always regularly monitored and managed.
- People, staff and visitors were at risk from fire related incidents, because fire detection systems and equipment had not always been maintained and serviced as needed. Shortfalls found by external experts had not been addressed by the provider as a matter of urgency.
- Regular fire alarm checks were not taking place since June 2021 and staff had not taken part in fire drills since June 2019. We notified a local Fire Prevention Officer about our findings.
- When things went wrong, reviews and investigations were not always sufficiently thorough, timely and did not always include all relevant people. We found inconsistencies between electronic and handwritten records following some incidents. Staff told us regular de-briefs, following incidents, had not always been taking place. This meant opportunities for learning from incidents were missed. Staff told us they had not always received support from the management team following verbal and physical assaults.

We found no evidence people were harmed as a result of this, however the failure to manage risks in relation to people's safety and wellbeing was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider told us they had reviewed the management of maintenance at Winslow and told us that all the required safety checks would be overseen and managed by the head office maintenance team. Head office staff will ensure that an appropriate technician is deployed to carry out these on-site tasks as a matter of priority.
- People who could behave in a way that challenged others at times, had individual positive behaviour plans to guide staff on how to support them to reduce the risks to themselves and others. However, we found some assessments were lacking details. For example, it was not always clear what type of physical intervention should be used by staff during a specific incident where people put themselves or others at risk. We discussed this with the provider who told us they will review and update the relevant plans to ensure they had all the necessary information.
- Risks to people's physical and mental health had been individually assessed. Regular reviews took place; and people's care plans and risk assessments were updated following changes or serious incidents.

Systems and processes to safeguard people from the risk of abuse

- People were safe from risk of harm or abuse, however the systems and processes for reporting and investigating safeguarding concerns were not always followed by staff.

- Prior to our inspection, we were informed by the Local Authority that safeguarding concerns were not always promptly responded to or given sufficient priority by staff. For example, when incidents happened, people were not always checked for injuries by staff. There was also a delay in staff reporting this when the registered manager was absent from the service, which subsequently impacted reporting them to the Local Authority and CQC when appropriate to do so. This meant prompt actions had not always been taken by the provider to investigate concerns.
- Not all staff had received regular refresher safeguarding training and their knowledge had not been regularly checked or assessed. Some agency care workers had limited safeguarding knowledge and were not always familiar with reporting processes.
- At the time of our inspection the registered manager and provider told us they had already made changes to improve their reporting processes and to ensure there were no further delays. The provider had introduced system were safeguarding concerns and other incidents were discussed daily at senior management level to ensure actions to keep people safe were taken.
- People told us they felt safe living at the service. Relatives told us they had no concerns about the service and felt their family members were safe.

#### Using medicines safely

- People were supported to receive their medicines as prescribed.
- Nurses were responsible for the administration and management of medicine. Medicines were stored securely, and weekly reconciliation of medicines were completed. This helped avoid medical errors that could result from inappropriate administration by nurses.
- People who had been prescribed 'when required' (PRN) medicines had protocols with guidance on when the medicine should be given. However, people's response to the medicine was not always recorded and monitored for the desired effect. We raised this concern with the provider who immediately took actions to remind nurses about the importance of monitoring and recording people's response to the PRN medicines.

#### Staffing and recruitment

- People received the staffing levels they had been assessed as required.
- We looked at staff rotas and found that the staffing levels were maintained and occasionally above the recommended levels. On the day of our inspection we saw there were enough staff to meet people's needs. Staff told us they felt that appropriate staffing levels were maintained.
- The registered manager told us there were a number of staff vacancies and they were actively recruiting for new staff. Due to this, agency care workers were deployed. Most agency care workers were regular at the service and had developed good knowledge about people's needs.
- The provider's recruitment procedure was followed before people worked in the service. This included criminal record checks (DBS), references and employment history. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- When it was required people had DoLS authorisations in place, however we found that the conditions on the authorisation to deprive one person of their liberty, had not been met. We raised this with the registered manager and the provider who told us they will review the conditions and put plans in place to address these as matter of urgency.
- People who lacked capacity to consent to a specific decision had not always had appropriate assessments in place and some capacity assessments were not carried out in line with the MCA legal framework. We found MCA assessments to be generalised and one assessment had been completed, based on the assessor's assumption. Staff had not always recorded what steps they had taken to provide people with all the necessary information about these decisions.
- People's representatives and advocates were not always involved in making the decisions. Advocacy means getting support from another person to help people express their views and wishes.
- Following out inspection the provider told us they would review all mental capacity assessments and will offer additional training for the nurses about MCA principles.
- People were given choice and were encouraged to make day to day decisions, such as what they would like to do during the day and what they would like to eat.

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

- People were supported to achieve good outcomes and to improve their physical and mental health. Prior to our inspection, one person's mental health had deteriorated. The registered manager told us they had contacted the appropriate healthcare professionals to review this person's medicines and to seek additional support and guidance as soon as changes in this person's mental health were noticed.
- Some people were supported to attend regular hydrotherapy sessions and dog walking. This gave people purpose and had positive effect on their wellbeing and kept them active.
- People were supported by staff to access healthcare services and support when this was needed.
- The provider told us they worked with external health and social care services, to ensure people had access to a variety of services such as the Community Learning Disability Team and the local doctor's surgery.

Staff support: induction, training, skills and experience

- People were supported by staff who were not always trained to carry out their roles.
- Despite shortfalls in safeguarding training, staff had completed training in a range of subjects including mental health awareness, diversity, first aid, health and safety and infection control.
- Staff who were new to the service received five-day induction training and were asked to complete mandatory training at the start of their employment. New staff were given the opportunity to read people's care plans and work alongside more experienced staff, so they could get to know people.
- We reviewed the provider's staff supervision schedule, which showed regular supervisions were offered to and attended by staff. The provider had recently appointed a deputy manager and additional nurse to support with staff supervisions.

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

- People's needs were assessed and documented in line with best practice and current standards to ensure a person-centred approach to planning and delivering the support people required.
- People's care plans were person centred and focused on their likes, dislikes and preferences. The nurses regularly reviewed peoples care plans and updates to care plans were shared with staff. This helped staff to help people achieve good outcomes and enhance the quality of their lives.
- Staff were knowledgeable about the support needs of people they worked with. A staff member told us, "We support people with different needs, and we try to do what is the best for each of them. We try to make sure they have the best possible life."
- Care plans for people with communication needs, contained easy read information about their daily routines and their medicines.

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

- People were encouraged and supported to maintain a balanced diet by staff at the service.
- Each person living at the service was encouraged by staff to decide their own weekly menu and staff supported people with their own shopping. Staff encouraged people to make healthy food choices.
- People told us they were supported by staff to prepare and cook meals of their own choice.

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

- People lived in individual apartments. Each person had their own personal and safe decking area outside each apartment.
- The apartments had been decorated based on people's likes and preferences. People told us and we saw they were proud of their homes and enjoyed spending time there.
- People also had access to a communal garden and another communal room, where special events such

as parties were held, when possible.

# 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. At this inspection this key question has now deteriorated 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; Continuous learning and improving care

- Leadership and governance within the service was not always effective in ensuring regulatory requirements were met and responsibilities understood.
- The registered manager was working across two different services and had a period of absence from the service. During these times appropriate cover was not provided. This led to delays in responding to serious safeguarding concerns. The provider had since appointed a deputy manager whose role is to provide additional support to the registered manager and staff.
- Internal audit systems had not always been effective in monitoring the quality of the service. This meant concerns were not always identified and responded to in a timely manner. For example, the recording of some health and safety checks and maintenance within the service required further improvement. The provider told us they had appointed an external company to carry out all fire related checks at the service. Additional support will be provided from providers own maintenance team and this will be overseen on a senior management level.
- Processes for checking and ensuring the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were ineffective.
- Nurses who were responsible for administration of medicine had not had their competencies assessed and checked by the provider. This was contrary to the providers own policy which stated competencies assessments should be carried out at least annually. Following our inspection, the provider told us they had reviewed and completed all outstanding competencies assessments.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider did not always ensure people were as fully involved as they could be, in designing their care and support. Despite regular reviews of care plans and associated documents by staff, the provider did not demonstrate that people and their relatives had been consistently involved in developing and reviewing their care.
- Relatives feedback on how the quality of the service was not regularly sought by the provider. The registered manager told us surveys had not been sent during the COVID-19 pandemic. Alternative ways of gaining the views of people's relatives had not been sought.
- Staff did not always feel they were given regular opportunities to meet with their colleagues or to discuss

best practice, because only limited number of staff could attend team meetings, and this was by invitation only. One staff member told us they felt there was not enough support from the management team during and following serious incidents.

We found no evidence people were harmed; however, systems and processes for auditing and quality assurance were not fully utilised and implemented. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas we found governance systems were in place and worked well. Provider's audits of infection control and medicines management were effective in ensuring standards were maintained and improvements made. Since our inspection additional quality checks were implemented by the provider.
- The registered manager and staff were clear about the ethos of the service which was to support people to gain right level of independence to be able to move on to less restrictive placement, such as supported living service.
- The provider had completed a compliance visit in August 2021 and an improvement action plan had been put in place. The provider had introduced additional quality assurance checks for the registered manager and deputy manager.
- There was a positive and calm atmosphere within the service at the time our inspection. All staff were friendly, and we saw staff supporting and speaking to people in a polite and friendly manner. We saw that staff and the registered manager had built positive relationships with people and knew them well. People we spoke to were positive about the provider and their support.
- Staff were passionate about supporting people to achieve good outcomes. The staff had organised social events and gatherings for people to celebrate special events, such as birthdays or yearly anniversaries of living at Winslow. A staff member told us, "We do all we can to support people to be part of the community and it is lovely to see them learning new skills and doing things they really like to do."
- We had received positive feedback from one professional who told us; "My experience of the service and the care that they provide has always been positive. Staff always have time to answer my queries and appear to know the person well in terms of [their] needs and wishes."
- The registered manager and the provider were open and honest with us and they acknowledged that further improvements were needed.

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 understood their responsibility in relation to the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology
- One relative told us they were informed when their family had to go to the hospital due to an injury.

Working in partnership with others

- Staff communicated with local doctors, community team nurses and other professionals when required. This evidenced partnership working between the staff team and external professionals to ensure good outcomes for the people that lived in the service.

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
Treatment of disease, disorder or injury	The provider had failed to manage risks in relation to people's safety and wellbeing.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to take action to effectively mitigate risk at the service and ensure the registered manager had an understanding of their regulatory requirements.