

Thomas Henry Mallaband Limited

Windmill Court

Inspection report

St Miniver
Wadebridge
Cornwall
PL27 6RD

Tel: 01208863831

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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? | Good ● |

Summary of findings

Overall summary

About the service

Windmill Court is a residential home providing personal and nursing care for up to 34 predominantly older people. At the time of this inspection there were 34 people living at the service. Some of these people were living with dementia or were receiving end of life care.

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

Some people were not able to tell us verbally about their experience of living at Windmill Court. Therefore, we observed the interactions between people and the staff supporting them.

People told us they received a good service and felt safe. Accidents and incidents were recorded, and risk assessments were in place. The registered manager understood their responsibilities about safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

People's needs had been assessed and the registered manager ensured this information was made available to all staff. 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; the policies and systems in the service supported this practice.

The registered manager promoted an open culture within the service. Staff felt supported in their roles and were clear what was expected of them at work.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People were supported by a staff team that were both caring and compassionate and treated them with dignity and respect. People received person centred care and support based on their individual needs and preferences. Staff knew about people's life history, and their communication needs.

People's health needs were being met. The service worked in partnership with a range of healthcare professionals and followed their advice.

People were supported with good nutrition and could access appropriate healthcare services. People's wellbeing was monitored and promoted.

There were quality assurance systems and processes in place designed to enable them to monitor and improve the quality of people's care. The management team sought to involve people, their relatives and staff in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: At the last inspection the service was rated as Good (report published 2 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Windmill Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

Inspection team

The inspection team consisted of two inspectors and a specialist advisor. A specialist advisor is a qualified health professional. The team also included 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

Windmill Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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.

During the inspection

We spoke with ten people who used the service, one visitor, eight staff members, the registered manager and the deputy manager. We reviewed the care records of five people and medication records of six people,

who used the service, records of accidents, incidents, compliments and complaints. We reviewed staff recruitment, training and support as well as audits and quality assurance reports.

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.

After the inspection

We contacted three professionals and received one response.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and supported by members of staff. People told us, "Because I feel very safe here, I never have to worry and that makes me, and my family feel much better about me being here now" and "I know I don't have anything to worry about when I leave here. I know [Person's name] is safe here."
- Staff were aware of how to recognise abuse and protect people from harm. They felt confident raising any concerns with managers and were aware of the whistle-blowing policy.
- Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.
- Information about how to report safeguarding concerns was readily available in the service's communal areas and records showed safety concerns had been appropriately resolved.

Assessing risk, safety monitoring and management

- There were processes in place to undertake risk assessments and identify the potential risk of accidents and to mitigate those risks through regular review.
- Staff understood what support people needed to reduce the risk of avoidable harm. One person told us, "I can't fault the safety of the place. It's safe, clean and there is always a friendly person on hand to help me."
- The environment and equipment were safe and well maintained. The fire alarm system was checked and serviced in line with manufacturing guidelines and people had personal emergency evacuation plans (PEEPs) in place to tell staff and emergency services what support they needed.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included instructions for staff on how to identify indicators, so they could respond quickly.

Staffing and recruitment

- There were enough clinical and care staff with the appropriate skills, knowledge and experience to meet people's needs and provide effective care. People told us there were enough staff. They said, "I never have to wait long if I need the staff. They are very prompt" and "Someone looks in two or three times in the morning and the same in the afternoon, just to reassure me and check if I need anything".
- Recruitment processes were safe and ensured people were protected from the risk of unsuitable staff being employed.
- There were enough numbers of staff available to meet people's needs on the day of our inspection and records showed these staffing levels were routinely achieved.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines.
- Records described the support people required with medicines, medicine administration records were regularly audited, and staff were appropriately trained.
- Staff followed organised systems to ensure safe and timely administration of medicines to people.
- Policies and medicines training were in place.
- People had care plans which described to staff the support they needed in taking their medicines.

Preventing and controlling infection

- People were protected from the risks of infection. Staff told us they had training in infection control practices and we observed hand gels, paper towels and personal protective equipment (PPE) in place.
- Domestic staff supported care staff in maintaining standards of hygiene and cleanliness throughout the service.
- The service was clean and odour free and the provider had policies and procedures on preventing and controlling the spread of infection.

Learning lessons when things go wrong

- All incidents and accidents that occurred were reported to the care manager or deputy manager and investigated.
- The registered manager monitored and analysed accidents, incidents and falls to identify any trends or patterns and ensure, where necessary, appropriate action had been taken to minimise the risks of a reoccurrence.
- Staff were aware of the provider's procedures for recording and reporting any accidents or incidents involving the people who lived at the service.

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 Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved into the service, the management team met with them and, where appropriate, their next of kin and the community professionals involved in their care to assess their individual needs.
- These assessments formed the basis of people's care plans, which were designed to achieve positive outcomes.
- Care plans were regularly reassessed to ensure they continued to be reflective as people's needs changed.

Staff support: induction, training, skills and experience

- People spoke positively about the overall competence of staff. One person said, "The carers are the backbone of the place and know everything, so I just have to ask if there is anything I'm unsure of and the carers will always put me straight, in a nice enough way".
- Staff were given opportunities to discuss their individual work and development needs. One to one meetings were provided as well as group staff meetings, where staff could discuss any concerns or issues and share ideas. A staff member told us, "I feel we are really supported, and the managers door is always open for us."
- During induction staff worked alongside experienced members of staff and were provided with information about the service, including policies and procedures. The provider's induction reflected best practice recommendations.
- Staff were satisfied with the range and standard of training. One staff member said, "We get reminders when training is due its very well organised."

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

- People and their relatives spoke positively about the quality and quantity of food served at the service. Comments included, "The food is always very good and we are both putting on a little weight" and "I like the food. It's fresh and home cooked."
- A recent review of mealtimes concluded that people who ate meals in their own rooms should have a more personalised experience meaning staff delivered meals on a one to one basis. This had resulted in some delays in serving lunch in the main dining room. The services written literature stated lunch served between 12 to 13.00 hrs. Observations on the day showed some people were still eating their lunch at 13.30hrs. People we spoke with did not have any significant issues about this and the registered manager agreed this was an area they were working to improve.
- Any complex needs, or risks associated with people's eating and drinking were assessed and managed with appropriate specialist advice. This included the provision of texture-modified meals and thickened drinks to reduce the risk of choking. The registered manager attended regular nutritional meetings with the

cook to review people's current nutritional needs.

- The staff consistently encouraged people to drink and keep hydrated. On the day of inspection, the weather was hot, and staff were constantly prompting people to drink more due to the heat.

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

- Care records demonstrated people received the support they needed and would make appropriate referrals when required. For example, referrals to speech and language therapy and the falls team were made, and information regarding the advice given was included within the care plan.
- People told us they were happy with access to other health professionals. They said, "I haven't needed the optician or dentist, but I know I just need to ask which is so much easier for me" and "When I go to the hospital for an appointment, they take me in the minibus and a nurse comes with me".
- The service had built good relationships with other healthcare professions to ensure people received safe consistent care.
- Care plans documented people's medical and healthcare needs. Staff monitored people's health and made sure people accessed other services when their physical or mental health changed.
- People received regular health checks including opticians, hearing, and dental needs to ensure their health and wellbeing needs were being met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- The registered manager was aware of the requirement to notify the Care Quality Commission following the approval of DoLS applications.
- Staff understood people's rights under the MCA and we observed they supported people make day-to-day decisions.
- The provider had made applications for DoLS authorisations based upon an individual assessment of people's capacity and care arrangements.

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

- People had appropriate space to socialise with others, participate in in-house activities, eat in comfort, meet with visitors or spend time alone within the home.
- People's rooms were decorated with personal belongings to ensure they felt comfortable with familiar items around them. One person was keen to show us their room and the personal items they had brought with them.
- Signage was adequate to support people living at the service to move around. Discussion took place in respect of people who might have limited mental capacity. The registered manager recognised additional signage would be in place if people living with dementia were living at the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were committed to ensuring people's needs were well met in a welcoming and friendly environment. A staff member said, "We [staff] are completely focused on doing a good job and making sure everybody has their needs met. We take account of their past lives interests and families, so we have a focus point." People told us they were 'very happy' with the care they received. Comments included, "I feel they all see me as a person, despite my age. It's not just a job to them," "We couldn't have come to a better place. Everyone is so nice and friendly" and "I know them very well and I like them a lot. Really very good and make me feel special."
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.
- People were at ease in the presence of staff, who adopted a warm and caring approach towards their work and spoke to people in a respectful manner. A relative told us, "I come here a lot and its always the same. Staff are always patient and give the residents time to say what they need to."

Respecting and promoting people's privacy, dignity and independence

- Staff clearly understood the importance of protecting people's privacy, dignity and independence. We observed staff respecting people's privacy, dignity and independence throughout the inspection. For example, supporting people to use equipment, eating lunch and ensuring at all times that doors were closed when providing personal care.
- Staff gave us examples of how they promoted people's privacy and dignity through their work. This included talking with people throughout care tasks to put them at ease.
- Staff followed the provider's procedures for protecting people's personal information from unauthorised access.

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

- Staff supported people to be as independent as possible. Care plans reflected how people should be supported in all areas and considered people's needs, abilities and preferences. A staff member told us, "Making sure everybody has the chance to be involved is important and if they can't the family are always keen to give us information about them."
- People were asked for their consent before being supported by staff and those we spoke with confirmed this. Where people had limited verbal communication, staff had the knowledge and skills to support the person and engaged in a caring and respectful way. For example, kneeling so they were face to face with the person in order to have a meaningful conversation.

- The management team helped people to access independent advocacy services as required.
- People and relatives were pleased with how staff treated visitors to the home. People told us their visitors were always offered a drink. A relative told us staff made them feel welcome whenever they visited. We observed this during the inspection.
- A service user guide was available to people. This provided information regarding what the service provided and what people could expect, to help them make decisions regarding their care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were satisfied the care and support provided met people's needs. One relative said, "I have full confidence in the staff in making sure [Person's name] has their needs met. They are on top of everything."
- Staff were responsive to people's needs and requests for assistance. They followed people's personalised care plans to ensure people had the care and support they needed. People's care plans were regularly reviewed and updated when their needs and abilities changed. A staff member told us, "We all keep our eye on care plans because things can change very quickly."
- Staff told us care plans were informative and gave them the guidance they needed to care for people. Staff were informed about people's changing needs through effective shift handovers, with the nurse in charge. This helped ensure people received consistent care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs had been assessed and staff were provided with guidance on how to promote effective communication with individuals. For example, using a talking book for the visually impaired, ensuring hearing aids had effective batteries and promoting information posters around the service.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

End of life care and support

- The service provided end of life care to people, supporting them to the end of their life while supporting family members and friends.
- Staff were skilled and experienced in end of life care and understood people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they could choose how to spend their day and felt staff knew them well. Their comments included, "I do what I can and the staff are always around, so if I do need help, I can ask," "I like being able to do things for myself but it's nice that someone will come to help me with the awkward things like dressing" and "I shut my bedroom door and do my own thing when I want, which is quite often, but I know people are

just there if I need them."

- Activities were provided for people. People told us, "I like to do my own thing, but I know I can join in if I want to" and "I'd love to join the activities, but we're no longer physically up to the task." The activity coordinator was visiting people in their own rooms where a one to one session took place such as talking, reading, hand massage and manicure. People had access to a range of games, jigsaws and regular film shows. On the day of the inspection a film session was taking place and well supported due to it being about the local area.
- Transport was available if people needed to attend appointments as well as visiting places in the community.
- Records held information about people's interests, past hobbies and what they enjoyed doing with their time.
- Due to the health needs of some people they spent their time in their room or in bed. Staff were consistently calling into the rooms to check on people's welfare and take time to have meaningful conversations to reduce the risk of isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. This was displayed on notice boards in the entrance and corridor and made available to each person in the services written literature.
- A relative told us they knew how to raise a concern and felt confident the registered manager would listen and respond to their concerns.
- There were records to show who concerns had been managed and responded to and actions taken to try and resolve any conflicts.

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

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

- At the previous inspection we made a recommendation to ensure all care plans were up to date with accurate information. The current registered manager had been working with senior staff to review all care records and make any necessary adjustments. Most of this had been completed however some information was not clear or completed in full. For example, information about people's weights. Some had been recorded in two areas and in some instances did not correlate. Some nutrition and hydration records were not totalled daily and therefore did not provide a meaningful oversight. We discussed this with the registered manager who acted immediately to instruct nursing staff and care staff in respect of accurate recordings. We did not find any impact or harm to people because of this.
- The registered manager, deputy manager and senior staff shared their responsibilities in overseeing the staff team.
- The registered manager kept themselves up to date with current legislation and best practice guidelines through, amongst other things, attending further training and events organised by care groups and local clinical commissioning groups, as well as sharing information within the organisation with other managers.

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

- The registered manager and senior staff were visible and available to people. We observed people consistently engaging in conversation with staff throughout the inspection.
- People's relatives and staff described an open culture and homely atmosphere within the service. One relative told us, "Whenever I visit there is always a comfortable atmosphere and residents look very well cared for. I know I can speak with the manager and staff if I need to and they speak with me whenever I call in."
- Staff spoke enthusiastically about their work at the service and understood the need to respect and support people's right to make their own decisions, where they were able to.

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 responsibilities under the Duty of Candour and communicated openly with people and their relatives when things went wrong.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would

be listened to and acted on promptly.

- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service and on the provider's website.

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

- People, relatives and staff provided feedback through questionnaires and meetings which supported continuous reflection and improvement. The most recent questionnaire demonstrated people were satisfied with the care provided.

Continuous learning and improving care

- The registered provider and manager were keen to ensure a culture of continuous learning and improvement.

- The registered manager kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- The registered manager and senior staff attended training updates to reflect on their practice. They attended conferences and workshops looking at good practice in care. Staff cascaded this information to other staff to further develop their knowledge and share learning.

- The management and staff team had developed positive working relationships with health and social care professionals which assisted in improving outcomes for people.