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Windmill Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 26 May 2016. Our previous inspection took place on 7 July 2014 when we found all of the regulations we inspected were met.

Windmill Lodge is a detached house, which is registered to provide care and accommodation for up to eight people with learning disabilities and complex needs. Accommodation is provided over two floors. There were seven people using the service on the day of the inspection.

There was a registered manager in place at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that people were happy at the service and person centred care was being provided in a homely environment.

The registered manager and staff were aware of what constitutes abuse and the action they should take if such an incident occurred. They received regular safeguarding training and policies and procedures were in place for them to follow.

There was enough staff to support people safely and to meet their individual needs.

Assessments were undertaken to assess any risks to people using the service and steps were taken to minimise potential risks and to safeguard people from harm.
There were suitable arrangements for the safe management of medicines.

Safe recruitment procedures were in place that ensured staff were suitable to work with people as staff had undergone the required checks before working at the service.

Staff completed an induction programme and mandatory training in areas such as, fire safety, health and safety, infection control and safeguarding.

Records showed that staff had received regular one to one supervision.. There was also evidence of regular annual appraisals being carried out with staff.

Two applications for Deprivation of Liberty Safeguards (DoLS) authorisation had been made to legally deprive people of their liberty. 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 Mental Capacity Act 2005.

Staff showed dignity and respect as well as demonstrating an understanding of people's individual needs.

They had a good understanding of equality and diversity issues and care plans included information on how equality and diversity should be valued and upheld.

Staff knew how to support people to make a formal complaint and complaints were logged and dealt with effectively, demonstrating the outcome of the investigation and how learning was shared.

Audits and quality monitoring checks took place regularly and annual service user satisfaction surveys were undertaken to ensure the service was delivering a high quality, person centred service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff knew how to report concerns or allegations of abuse and appropriate procedures were in place for them to follow.

Individual risk assessments had been prepared for people and measures were in place to minimise the risk of harm.

There was sufficient staff available to meet people's needs.

There were suitable arrangements for the safe management of medicines.

Is the service effective?

Good

The service was effective. Staff received induction training and relevant mandatory training to help provide people with effective support.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

People were offered a choice of food and drinks and received appropriate support to maintain a balanced diet.

Health care plans and records were in place and we saw input and visits recorded from health care professionals.

Is the service caring?

Good

The service was caring. Staff understood people's individual needs and ensured people's dignity and privacy was respected when providing care and support.

Staff took their time and gave people encouragement whilst supporting them. It was evident that staff had a good understanding of people's individual's needs and preferences and was respectful of them.

Staff were trained to ensure they supported people appropriately in relation to equality and diversity.

Is the service responsive?

Good

The service was responsive. People received personalised care that met their needs.

People were involved in planning their support and decisions around how their support was delivered.

The service had a complaints policy in place which was displayed in an accessible format. Complaints were investigated when required.

Is the service well-led?

Good

The service was well-led. The service promoted a positive culture which was person centred.

There were regular audits and surveys taking place to ensure high quality care was being delivered.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work.

Windmill Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 May 2016 and was unannounced. A single inspector carried out the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

We spoke with four staff including the registered manager. During the inspection we spoke with three people who used the service. We also gained feedback from health and social care professionals who were involved with the service as well as commissioners.

We reviewed three care records, three staff files as well as policies and procedures relating to the service. We observed interactions between staff and people using the service as we wanted to observe if the way staff communicated and supported people had a positive effect on their well-being.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at Windmill Lodge. One person said, "It's a very good home and the staff are very good." We saw people moving around freely and those who needed supporting were being supported appropriately. People understood the need to tell staff when they were leaving the home and understood that it was for their own safety.

The registered manager and staff were aware of what constitutes abuse and the action they should take if such an incident occurred. One senior staff member said that they would investigate the matter initially and in accordance with safeguarding procedures and that it would also be reported to the local authority. Staff understood the whistleblowing procedures and they knew they could report issues of concern to an appropriate senior staff member, local authority or the Care Quality Commission if they needed to. Staff had received safeguarding adults training and people we spoke with understood what abuse meant and how to report any concerns to staff. One person told us that they had talked about how to keep safe in residents meetings and they understood what this meant. The service had safeguarding policies and procedures in place and staff had access to them.

We looked at records relating to accidents and incidents and there was policy guidance relating to this for staff to follow. In addition there was information about the local authority reporting as well as procedures and a flow chart for staff to follow for Care Quality Commission (CQC) notifications.

We saw that forms were completed when incidents occurred such as when people went missing or other accident /behaviour type events. The records included a description of the event as well as follow up actions taken. There were no significant reoccurring themes in the records we saw.

People told us there was enough staff to support and assist them and this was confirmed on the staff rotas we saw. The registered manager told us he had taken some time to recruit new staff because he went through a robust recruitment process that tested people's values and motivation for wanting to work at the home. He said, "Although it was difficult at times for existing staff during recruitment for new staff, we all knew it was best for residents that we got the right staff".

We saw evidence that appropriate recruitment checks took place before staff started work. This included obtaining two references, proof of eligibility to work in the UK and evidence of an enhanced Disclosure and Barring Service certificate (DBS).

We found assessments were undertaken to assess any risks to people using the service. These were person centred and included assessments relating to people's individual needs, personal care, refusing to attend appointments, risk of weight gain and road safety. The road safety risk assessment included, informing staff when they leave the house, to look at weather conditions and being vigilant around traffic. When we spoke with the person about this risk assessment they confirmed they had been fully involved in the assessment process. Risk assessments also included information about any triggers and action to be taken to minimise the chance of the risk occurring. They were reviewed six monthly or where there had been a change in a

person's condition or circumstances. People had individual emergency evacuation plans which they signed that highlighted the level of support they would need to evacuate the building safely. Staff said they knew what to do in the event of a fire and told us that regular fire drills were carried out. We saw a fire risk assessment for the home and records of weekly fire alarm testing and servicing of the alarm system.

Arrangements for administering and storing medicines were safe. During this inspection we observed that medicines were being administered correctly to people by the senior care worker. The staff member demonstrated appropriate checks of the medicines against the Medicine Administration Record (MAR) charts, and checked the people by name. Medicines were administered to people using blister packs, supplied by a local pharmacist. There was a system in place for residents to take medicines if they were going out, for example to day centres or to pursue other activities. People, relatives or their care workers were expected to sign to say they had been given medicines to ensure safe practices. Medicines were given regularly and were recorded appropriately in line with the policies and procedures at the home.

Medicines were stored securely in a locked cabinet. The medicine keys were retained by the senior care worker, who administered the medicines. There were no medicines that needed to be kept cool. The medicines cupboard was checked weekly against the MAR and unused medicines were returned to the pharmacy promptly.
We saw that where "as required", known as PRN medicines had been administered, there were instructions written on them as to when they should be given. A revised medicines policy had been recently introduced and we saw that staff administering medicines had completed annual competency testing. The service had no current homely remedies in use. There were safe systems for storing, administering and monitoring of controlled drugs although there were none in use at the time of the inspection.

Infection control measures were in place. Soap and paper towels were at hand basins and cleaning was on going throughout the day by the care workers. We also observed people using the service assisting with hovering and sweeping.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills they needed to perform their roles effectively. People we spoke with told us that staff supported them well and understood their needs. Staff told us that they received training from an external provider and also had sessions and briefings at the home. Training was face to face either at an external venue or facilitated by senior staff using a blended approach that included training DVD's and interactive sessions.

Staff told us that they had received induction over a one week period and this was confirmed in the records we saw. It included shadowing more experienced staff as well as covering training topics such as fire safety, health and safety, infection control and safeguarding. Staff felt that they were well prepared for their role. All staff that had been working at the service for over a year had either completed a National Vocational Qualification (NVQ) 2 or 3 in Health and Social Care or was working towards the new diploma in care. The registered manager confirmed that all new staff would work towards the new care certificate, which aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

We spoke with staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. Records indicated that staff had received regular one to one supervision.. We saw that the content of the supervision sessions were relevant to individual's roles and included topics such as training, performance, policies and procedures and service users issues. Staff told us and records confirmed that they received an annual appraisal and this was an overview of the year covering personal objectives, performance and personal development. One staff member said, "Supervision is helpful. We talk about any concerns and work things through. In appraisals we discuss training and development."
The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked if the service was working within the principles of the MCA.

People told us they were able to make choices and were included in any decisions about how they were supported. We observed staff asking people what they wanted in terms of their support, for example we heard a staff member asking a person if they would like to go out in the garden and would they like to change their clothes after they had spilt something on them. Each care record had a consent form, which was signed by the person, to agree the support to be provided. We also saw mental capacity act assessments that detailed a range of decisions, for example understanding the value of and managing money and whether the person was able to consent to medical treatment.

The registered manager and the staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005 (MCA). They told us they always presumed that people were able to make decisions about their day to day support and if they felt someone may lack capacity to make a decision they would always discuss this with the appropriate health or social care professional in order for a best interest decision to be made. The registered manager gave us examples of how important it was to do what was in the person's best interest if they lacked mental capacity. This process had been used recently with regards to someone needing dental treatment and a possible extraction. The registered manager told us, "If people do not understand the risks associated with a particular decision, we always ask the social worker or care manager to intervene and always involve the family."

We saw that the registered manager had made DoLS applications for 2 people currently staying at the home to legally deprive them of their liberty and was waiting for an assessment to take place. The registered manager told us that, staff at the home always ensured they used the least restrictive method whilst supporting people and they always encouraged people to be involved in decisions, no matter how small. Staff had received up to date training on the MCA and DoLS.

People were receiving a balanced diet. Menus were compiled with the input of people using the service and this was demonstrated on the weekly pictorial menu plan. The menus included the initials of people involved in the planning as well as any allergies they may have .One person said, "The food is good and we always have a good choice." Another said, "We can always request what we like." We saw from feedback forms that had been completed by people, that they had suggested different foods to be added to the menus and this had been carried through. There were bowls of fresh fruit available, and drinks given out regularly. The kitchen was well organised and items in the fridge were dated on opening and what we saw was in date.

Health care plans and records were in place and we saw input and visits recorded from health care professionals. They evidenced regular reviews to ensure people maintained good health. There were also evidence of appointments with GP'S dentist and optician. People were weighed monthly to monitor weight gain or loss and appropriate action was taken as required. This may have been a referral to the GP, dietician or recorded to monitor potential side effects from medicines. One person had requested to have their weight monitored as they were trying to lose weight and had been on a low fat diet.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were helpful and we saw by their interactions that they were trusting of staff and happy with their support. Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner, there was lots of reassurance given and lots of warm smiles. One person said, "Staff are lovely, kind and very understanding" and another said, "Staff are nice and very kind".

There was a pet dog at the home and although one person was responsible for caring for him, we saw that everyone was petting him and were clearly happy to have him around. We heard from staff that there was one person who didn't really like the dog in the early days but had now developed a real liking for him. They explained that they had never seen them develop such a caring relationship even with staff and others at the home.

Staff took their time and gave people encouragement whilst supporting them. It was evident that staff had a good understanding of people's individual's needs and preferences and was respectful of them. For example, one person clearly liked to go out every day and didn't interact much at the home and although there wishes were respected; staff maintained a good relationship with them and offered support and advice where it was needed.

Staff sat with people and engaged in meaningful conversations. We saw signs of well-being, with people engaging with one another. One person was supervised to bake a cake, which they done regularly and it was shared with other people at teatime.

Staff were aware of how to protect privacy and told us they knocked before entering people's bedrooms as well as ensuring privacy when providing personal care. They told us how they promoted independence and maximised people's ability by encouraging them to do as much as possible with support if they needed it. One person said about the staff, "They help me with whatever I ask but the always encourage me to try things for myself".

Equality and diversity was an integral part of peoples care plans and staff were aware of how to ensure people's differences were respected, valued and upheld. Staff were aware that homophobia, racism and other forms of discrimination were also forms of abuse. They had received equality and diversity training as part of the vocational training and the manager was also in the process of sourcing a stand-alone course.

Good

Is the service responsive?

Our findings

People were involved in planning their care and support as well as decisions about how it was delivered. We saw evidence of this in care records, notes from monthly key working meetings and from discussions with people and staff at the service. One person we spoke with told us, "If ever I have any problems, I can go to my keyworker or other staff and they always help". Keyworkers are members of staff who have specific responsibility around supporting a person and act as a focal point for them and their relatives/visitors, and will try and ensure that the person's personal requirements are not overlooked. We saw that key working meetings were held monthly and written notes were made by the keyworker which included information on issues such as, 'what I have done this month', ' things I enjoyed' 'my care plans' and' my risks assessments'.

People using the service were receiving care, treatment and support that met their needs. Care records we looked at contained pre-admission information from the placing authority. We saw evidence of assessments for nutrition, physical and mental health and details of professionals to contact in the event of any issues. They also contained missing person's information, called 'Safe & Sound' that included a photograph which were retained in the files. There was evidence that people, their keyworkers and appropriate professionals had been involved in the care planning process. Information in these care records had been reviewed by the registered manager, senior staff and people using the service every six months or when a person's needs had changed.

The care plan had statements relating to each aspect of activities of daily living and detailed the actions to be taken to support the person. Each activity was personal to individuals and included areas such as communication, what to do if I'm incontinent, making a cup of tea, brushing my teeth and ensure that I take my medication. Each record had a completed hospital passport to be used if someone was admitted to hospital in order for hospital staff to provide continuity of care.

The service had in-house activity programme that included meals out, swimming, town trip and bowling. People also had a personalised one to one activities plan, which was focused on the individual's preferences and ideas about how they wished to spend their time. They included activities like taking the dog for a walk, visiting the local market and town centre, helping prepare food in the home and visiting a day centre. We saw that parties were held to celebrate people's birthdays or important events and people were very much involved in the preparation.

A copy of the home's complaints leaflet was located in communal area and this was presented in an accessible, pictorial format. People said they would tell staff or the registered manager if they were not happy or if they needed to make a complaint and staff were able to tell us how they would support people to make a complaint. The registered manager showed us a complaints file and it included the complaint's policy and a log of complaints and compliments.

There were no complaints raised in the past 12 months. The compliments form detailed the nature of the complaint, how it was investigated and whether it was a satisfactory outcome for the complainant. There were mechanisms in place to ensure learning from complaints was shared. There were several cards and

letters from relatives of people using the service, praising the staff for the good work they had done.

Good

Is the service well-led?

Our findings

People we spoke with told us they were happy at the home. One person said, "I've been here for ten years, its home to me".

The registered manager and staff provided person centred support and were committed to promoting a positive culture that put people using the service at the centre. The registered managers told us they actively promoted an ethos that was person centred and put people first in all they do. We saw evidence of this in action during our inspection in the area of communication. There were various ways that people were able to communicate with and feedback to staff. These included monthly residents meetings that were attended by people using the service as well as an individual satisfaction survey that was completed by people on a monthly basis. This asked particular questions relating to peoples rooms, food and the activities provided. Any suggestions or concerns were used to action relevant changes. The keyworker system was another opportunity for people to use as a channel for communication and feedback.

Staff spoke highly of the management team and told us they felt well supported to carry out their roles. Regular team meetings were held and areas covered included, service user issues, care planning, update on CQC domains and staff training and knowledge. Staff told us they found the meetings valuable and they helped to keep them updated on developments across the service. There were also appropriate policies and procedures in place to support and guide staff with areas related to their work which they could access in folders stored in the office.

A service user survey had been undertaken in 2015 and this had prompted an action plan for improvements at Windmill Lodge. Some of the improvements included organising more trips to parks, museums and places of interest. Another action was to access new furnishings and decorations as required. We saw that carpets in the communal areas had recently been changed and the registered manager told us that further refurbishments had been planned particularly in the shower rooms. A new survey was being planned for 2016.

Records demonstrated that regular audits were being carried out at the home to ensure the service was delivering a high quality service. These included food safety, health and safety, infection control, medicines, fire safety, incidents and accidents, complaints and care record audits.

There was a financial management system in place and senior staff counted peoples personal money and petty cash each time they changed shifts.. This provided greater scrutiny and safeguards with regards to managing people's personal finances.

Social care professionals we spoke with told us they thought staff were well trained and skilled to support people and that communication was good. They said that the registered manager and staff were proactive in ensuring people had regular reviews and their needs were met. They felt it was a person centred homely environment.