

Windmill Healthcare Limited

Windmill Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Windmill Lodge Care Home is a residential care home providing personal and nursing care to 83 people aged 65 and over at the time of the inspection.

Windmill Lodge Care Home accommodates up to 93 people in one adapted building.

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

Medicines were managed and administered in line with best practice guidance. Staffing levels were calculate to meet people's care needs and staff responded to people in a timely manner. Suitable systems were in place to ensure people were protected from the potential risk of abuse. Risk management plans clearly identified people's needs and the support staff needed to offer to support them safely. Incidents and accidents were promptly investigated and any lessons learnt were shared. Effective measures were in place to support good infection control practices.

A new registered manager was in post who had made improvements to the home environment. The home was now dementia friendly, with a positive atmosphere throughout. One person told us, "I have lived here a very long time and I do love it here. The staff are marvellous."

Quality assurance systems were effective in identifying areas of improvement. The registered manager notified the Commission of important incidents as they occurred. Important relationships were maintained with people, relatives and partnership agencies to ensure continuity of care. Staff were well supported, with the introduction of a staff award to recognise good practice and contributions.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 02 May 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We undertook this focused inspection to check they had followed the action plan they sent us and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions; Is the service Safe and Well-led?, which contain those requirements.

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 remained as Requires Improvement. However, Safe and Well-Led have both improved to Good. This is based on the findings at this inspection.

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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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Windmill Lodge Care Home

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 as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

This inspection was carried out by an inspection manager, an inspector and a specialist advisor.

Service and service type

Windmill Lodge Care Home 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

We gave the service 1 hours' notice of the inspection. This was because we were responding to risk concerns, and wanted to be assured that no one at the home was symptomatic in light of the COVID-19 pandemic.

What we did before the inspection

We reviewed intelligence we held about the service, including feedback from partnership agencies and the public. 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. We used all of this

information to plan our inspection.

During the inspection-

We spoke in-person with six people who lived at the care home, three nurses, six care workers and a maintenance worker. We also spoke with various managers including, the deputy manager (clinical lead nurse), a regional quality support manager and the maintenance manager.

Records we looked at included six people's electronic care plan and risk assessments. We also looked at various health and safety documents.

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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also reviewed a range of other documents to enable us to review their compliance with the regulations.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection staffing levels were not adequate in meeting people's needs. Staff were slow to respond to call bells and people were left waiting for support; meaning their needs were not met in a timely manner.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection significant improvements had been made and the provider was no longer in breach of the regulations.

- The registered manager told us, "When I started, staffing was my number one priority – I did a dependency tool for absolutely everyone and got it agreed with Head Office. This is updated monthly and we now have the staff we need to keep people safe."
- People told us there were always enough staff around to support them. One person said, "No complaints about the number of staff. There's definitely less agency staff about these days, which is great" and "I know half the staff really well and they know what I need and like. They're a good bunch"
- The provider's business improvement manager told us there had been no agency staff used in the four weeks prior to our inspection visit. This was corroborated with the records we reviewed.
- Staff also told us the service was adequately staffed with less reliance on temporary agency staff. Typical comments included, "Yes, we usually have enough staff. Less agency these days, so people receive more consistent care from staff who are familiar with their needs and wishes."
- Call bell response times were regularly reviewed and checked. We also saw that staff responded to people's needs quickly.
- We checked the recruitment records of the three most recently employed staff. Each record included an application form detailing the applicant's employment history and reasons for leaving previous jobs in health or social care, a criminal record check and proof of the person's right to work in the UK. We saw that written references had been verified over the telephone to ensure they were legitimate.

Assessing risk, safety monitoring and management

- At our previous two inspections we found that risk assessments were not always personalised. Risk assessments were not always comprehensive in highlighting people's specific care needs.
- At this inspection we found that sufficient, electronic risk assessments and management plans were in place to help staff prevent or manage identified risks people might face. For example, care plans included risk assessments associated with people's mobility and falls, eating and drinking, skin integrity and behaviours that might be considered challenging. Risk management plans we saw were very detailed and understood by staff we spoke with.

- Staff demonstrated a good understanding of the identified risks people might face and how to prevent or manage them. For example, staff were aware of the signs to look out for and the action they needed to take to manage a person who could self-harm.
- The home had worked hard to improve how they supported people who behaved in a way that put themselves or others at risk of harm. They had taken a holistic approach considering medical and social needs. One person experienced significant improvement in their wellbeing as a result of taking this approach.
- The service had 'hydration heroes' who worked to ensure that people received enough water to maintain good health. The hydration heroes monitored people's fluid intakes and adjusted their target intakes when necessary, encouraged people to drink more and championed good hydration throughout the service and staff team. Their purple tunics meant they were easily identifiable amongst the staff.

Learning lessons when things go wrong

- At our last inspection we found that although incidents were investigated, lessons learnt were not always shared with staff.
- At this inspection improvements had been made to ensure all staff were briefed on incidents. Records showed that action plans and learning was shared with staff following each occurrence of an incident or learning feedback.

Using medicines safely

- At our last inspection we found that best practice was not always followed in relation to medicines administration. We found that the issuing of controlled drugs was not always accurately recorded.
- Medicines were now managed consistently and safely in line with national guidance. Controlled drugs were securely stored and appropriately recorded. We saw staff being patient and kind during medication administration. People received their medicines safely and as prescribed.
- Medicines systems were well organised and people received their prescribed medicines when they should. People told us staff always ensured they received the correct dosages of their prescribed medicines on time. One person remarked, "The staff know what I need and make sure I get all my medicines on time."
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. The Medication Administration Record (MAR) charts were properly maintained, appeared properly complete and were easy to follow.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the care home. One person said, "I feel very safe living here. Always lots of staff about to look out for us."
- Staff were supported to understand how to keep people safe and to raise concerns if abuse or neglect occurred. Staff told us they had received safeguarding adults training and they demonstrated good awareness of their safeguarding role and responsibilities. One member of staff told us, "I've completed my safeguarding [training] and I wouldn't hesitate to tell the lead nurse on duty or any of the managers if I saw people being abused here."

Preventing and controlling infection

- At our last inspection we found that infection control was not always managed well. Some people appeared dishevelled and there was a malodour throughout the building.
- The home now managed infection prevention and control well. When people were discharged from hospital during the COVID-19 pandemic lockdown, the home set up two wings as isolation units so they could quarantine safely within the home. These units had their own staff team and was strategically placed to easily access the kitchen, laundry and other facilities without endangering people.

- Visitors to the home had their temperature checked and had to sign a declaration stating they were well and hadn't travelled to any Covid-risky places within the last 14 days.
- Personal Protective Equipment and hand sanitiser were available for visitors to use, with instructions and requirements clearly signed at the door.
- The home had arranged a marquee in the garden for socially distant garden visits once these were allowed by government guidelines. Visitors booked an appointment and had to sign a declaration and have their temperature checked before visits. These facilities were cleaned and disinfected between each use.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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; Continuous learning and improving care

At our last inspection quality assurance audits were not sufficiently completed and did not accurately reflect the needs of the service. People's care records were not personalised and the registered manager had not taken sufficient action to make improvements following our previous inspection.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection significant improvements had been made and the provider was no longer in breach of the regulations.

- A new registered manager was now in post, and improvements had been made across the home. People using the service and staff all spoke positively about the way the service was now led by the registered manager and her support team. Typical comments included, "The new managers are all so approachable and supportive. Getting lots of new staff in and improving the environment have been their biggest achievements to date. The management are doing a famous job."
- The registered manager and management team had a daily 'dashboard' meeting to ensure that people's changing needs were communicated and shared between the team, as well as any referrals needed, appointments and to highlight the 'resident of the day' for each unit. We observed this meeting and saw the team share ideas and good practice to support one person to eat more.
- Quality assurance audits were conducted regularly, with clear action plans to identify and remedy areas for improvement. A recent pharmacy medicine audit had recently been completed and shared with all nursing staff to ensure improvements were made.

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

- The registered manager told us how they had worked hard to improve the service since they started in April 2019. They said, "When I started, nobody smiled and everyone was angry and deflated. Now I look around and I feel it is a nice place to work. A big part of it was making sure we have enough staff, as well as ensuring we have the resources we need."
- We observed that the management team were very visible around the service premises. At lunchtime, we noted that all managers were around to provide additional support to people who needed it.
- The service had improved their signage and orientation for people living with dementia. On the specific dementia units, people's bedroom doors were painted as front doors with their door number. Toilets and

bathrooms were clearly marked with bright yellow signs and specific areas used objects of reference to assist people to find their way around the premises. Specific areas of the hallways were set up to resemble a train, a village shop and a library.

- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during individual meetings with their line manager and group meetings with their fellow co-workers. One member of staff said, "I have a lot of time for the new manager. Easy to get along with and she does take on board what the staff have to say."

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 took sufficient steps to investigate complaints and concerns, whilst identifying and taking ownership when something went wrong.
- Accidents and incidents were updated to the provider's business improvement manager twice daily. Lessons learned from these were discussed and shared at the weekly clinical risk meetings and then disseminated amongst the staff teams to improve the quality and safety of the support people received.
- The provider's business improvement manager facilitated a bi-weekly 'clinical lead forum' within the provider's services to share learning from incidents and safeguarding investigations, share good practice and to reduce risks across all of the services.

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

- The provider engaged and involved people using the service, their relatives, professional representatives and staff in the running of the service.
- People told us the new managers were more open and approachable than the previous leaders and felt they had greater opportunities to express their views about the care home. One person said, "The new managers is a good listener."

Working in partnership with others

- The registered manager worked in partnership with health care professionals to ensure people continued to receive the health care they needed during the lockdown period. Multi-disciplinary team meetings were arranged using video calling. The registered manager told us, "Typical services weren't around so we had to be really innovative." Holistic multi-disciplinary reviews took place for four people per week during this period, which the registered manager planned to continue.
- The registered manager had tried a number of different methods to engage with people's relatives, including weekly surgery hours and regular meetings. During the lockdown period they found that video calling and meetings held over video calls were successful to share information with and seek feedback from people's relatives. The registered manager told us, "We had to fight a lot of resistance from families who didn't feel we could improve, but building relationships with people's families is really important so we kept and kept trying."