

Thomas Henry Mallaband Limited

Windmill Court

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

Windmill Court is a care home which provides nursing care for up to 34 older people, some of whom had a diagnosis of dementia. On the day of the inspection there were 30 people using the service.

We carried out this inspection on 17 January 2017. At the last inspection, in October 2014, the service was rated Good. At this inspection we found the service remained Good.

The service is required to have a registered manager and at the time of our inspection a registered manager was not in post. However, the manager who was in overall charge of the day-to-day running of the service had applied to the Care Quality Commission to become the registered manager. 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 and associated Regulations about how the service is run.

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. People and their visitors commented, "I love it here", "[Person's name] is always treated well" and "It's excellent." Where people were unable to tell us about their experiences we observed they were relaxed and at ease with staff. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

Staff supported people to access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Windmill Court. Any risks in relation to people's care and support were identified and appropriately managed. Some people's care plans had not been updated to reflect the care they received. We have made a recommendation about the recording of people's care needs.

There was a wide range of meals on offer and staff were knowledgeable about people's likes, dislikes and dietary needs. People told they enjoyed their meals. One person said, "We have a good variety of meals. There is a change of menu every day."

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to apply the principles of the MCA in the way they cared for people.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example. One member of staff commented, "We are a good team. We all work together and trust each other." People and visitors all described the management of the home as open and approachable. One visitor said, "You can talk to the staff and managers and they really listen."

People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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 remains Good. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good ●

The service remains Good. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service remains Good. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service remains Good. People received personalised care and support which was responsive to their changing needs. We have recommended that care plans are updated to accurately

reflect the care provided for people.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

Is the service well-led?

The service remains Good. The management provided staff with appropriate leadership and support. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Good ●

Windmill Court

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 unannounced inspection took place on 17 January 2017. The inspection was conducted by one adult social care inspector and a specialist nurse advisor. The specialist advisor had a background in providing nursing care for older people and dementia care services.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people who were able to express their views of living at the service. Not everyone was able to verbally communicate with us due to their health care needs. We looked around the premises and observed care practices on the day of our visit. We spoke with the manager, the deputy manager, the nurse in charge, six care staff, the cook and two visitors.

We looked at five records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. People and their visitors commented, "I love it here", "[Person's name] is always treated well "and "It's excellent."

Due to people's health needs some people were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

Care files included risk assessments which identified risks and the control measures in place to minimise risk. These covered issues such as risk of falls, use of bedrails, poor nutrition and hydration, skin integrity and pressure sores. Staff had been suitably trained in safe moving and handling procedures. Staff assisted people to move from one area of the premises to another by using the correct handling techniques and appropriate equipment.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the management to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Windmill Court. On the day of the inspection there were six care staff on duty from 7.00am to 2.00pm and five from 2.00pm to 9.00pm for 30 people. In addition the manager, the deputy manager, the nurse in charge, a domestic and two kitchen staff were working at the service.

Before the inspection we received concerns that there were occasions when there were not enough staff on duty to meet people's needs. The manager explained there had been a few months when there were care staff and nurse vacancies. Staff vacancies had recently been filled and four new care staff were completing their induction period. At this inspection people and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. One visitor said, "They have been short staffed, but this has got better." People had a call bell in their rooms to call staff if they required any assistance. We saw people received care and support in a timely manner.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant

recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Medicines were managed safely at Windmill Court. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated room and medicine storage temperatures were consistently monitored. This showed medicines were stored correctly and were safe and effective for the people they were prescribed for. However, records showed sometimes the refrigerator had been running below the recommended temperature of 2 degrees Celsius. We advised the manager who assured us this would be corrected.

Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.

The environment was clean and well maintained. Records showed that manual handling equipment, such as hoists and bath seats, had been serviced. There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. Visitors told us they were confident that staff knew people well and understood how to meet their needs.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. There was a programme to make sure staff received relevant training and refresher training was kept up to date. The service provided training specific to meet the needs of people living at the service such as dementia awareness.

Staff told us they felt supported by managers and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction included a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. Newly recruited staff told us their induction period had taken six weeks. One member of staff told us, "My induction has been excellent, I have a mentor who has helped me and two buddies who I shadow when I am working."

The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff, that are new to working in care, have initial training that gives them an adequate understanding of good working practice within the care sector.

People's individual health needs were well managed and staff had the skills to recognise when people may be a risk of their health deteriorating. People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. Visitors commented, "Staff always ring me if [person's name] is unwell" and "I am happy with the care [person's name] receives."

The service monitored people's weight in line with their nutritional assessment. Where people were assessed as being at risk of losing weight their food and fluid intake was monitored each day and records were completed appropriately by staff. Management checked these records to help ensure people ate and drank enough for their needs. People were provided with drinks throughout the day of the inspection and at the lunch tables. People we observed in their bedrooms all had access to drinks.

We observed the support people received during the lunchtime period. Mealtime was unrushed and people were talking with each other and with staff. Tables were attractively laid with vases of flowers and clean table clothes. Vegetables were served in serving dishes so people could have a choice of what vegetables

they wanted and the quantity they could manage. People were regularly offered cups of tea, coffee, a cold drink or a glass of wine or sherry. People told us they enjoyed their meals and they were able to choose what they wanted each day. One person said, "We have a good variety of meals. There is a change of menu every day." Staff provided people with individual assistance, such as help with eating their meal or cutting up food to enable people to eat independently.

Care files contained consent forms for people, or their advocates, to agree to areas such as care, use of equipment and photographs. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are 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 were being met. Applications for DoLS authorisations had been made to the local authority appropriately.

Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. The manager and staff demonstrated an understanding of the principles underpinning the MCA. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair users to move freely around the premises. There were ramps by external doors to provide wheelchair access to the garden.

Is the service caring?

Our findings

On the day of our inspection there was a calm, relaxed and friendly atmosphere in the service. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner. One visitor commented, "Staff are very good. I can walk away after I visit feeling happy that [person's name] is being looked after."

The care we saw provided throughout the inspection was appropriate to people's needs and enhanced people's well-being. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, when staff assisted people to move from the lounge to the dining room for lunch and spending time sitting talking with people. We saw other examples during lunchtime of staff cutting up people's food and providing plate guards to enable people to eat independently.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in the lounge or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms to have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Some people living at Windmill Court had a diagnosis of dementia or memory difficulties and their ability to make daily decisions could fluctuate. Staff had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible. For example, we observed a member of staff singing to engage with one person who responded to singing rather than a verbal conversation.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

People and their families had the opportunity to be involved in decisions about their care and the running of the service through regular meetings and coffee mornings. People told us they enjoyed these meetings because they could meet socially with other people and staff. A spokesperson had been nominated to be the lead for gathering people's views and raising them with management.

Staff supported people to maintain contact with friends and family. One person told us staff made regular arrangements them to speak on the telephone with a relative from the USA. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the communal areas or in their own room. We observed that staff greeted visitors on arrival and made them feel

comfortable.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Windmill Court. Staff spoke knowledgeably about how people liked to be supported and what was important to them. People and their visitors told us staff knew how to care for them. One visitor said, "Staff understand how to respond to [person's name] when they become upset. Since they have lived at Windmill Court their mood and general well-being has been so much better."

Care plans were personalised to the individual and mostly gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. However, where the review identified changes to people's needs for some people these changes had not been updated in their care plan. The manager and deputy manager told us they realised that some care plans needed to be re-written due to changes in people's needs. We saw notes in some files indicating the specific areas where some care plans needed to be updated.

On the day the inspection there were two nurses on duty because one had been allocated to update care plans. The manager explained the programme to keep care plans updated had fallen behind due to nurse vacancies, which had since been filled. Training in care plan writing had been booked for some care staff to enable them to review care plans and alleviate the work for nurses.

We recommend that the service ensures that people's care plans accurately reflect the care being provided for people.

On each shift staff were allocated to work with specific people for the entire shift they were working. Daily handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff and nurses wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and specific staff were available to respond to their needs.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. Some people told us they knew about their care plans and management would regularly talk to them about their care.

People who wished to move into the service had their needs assessed, prior to moving in, to help ensure the service was able to meet their needs and expectations. The management team were knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living at Windmill Court.

People were able to take part in activities of their choice. These included, quizzes, craft work and external entertainers. A full-time activities coordinator had just been appointed at the time of our inspection and

they planned to increase the number and type of activities on offer. When people stayed in their rooms, either through their choice or because they were cared for in bed, staff spent one-to-one time with them. This helped to prevent them from becoming socially isolated and promoted their emotional well-being.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. A visitor told us, "When we have raised concerns these have always been dealt with."

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The previous manager, who was the registered manager, had left the service in October 2016. A new manager was appointed on 7 November 2016 and they were in overall charge of the day-to-day running of the service. The new manager had applied to the Care Quality Commission to become the registered manager and the application was being processed at the time of this inspection.

The manager was supported by a deputy manager and team leaders. Since the last manager left the provider had agreed for additional nurse cover so the deputy manager, who was a nurse, was not included on the nurse rota. This had enabled them to take on additional managerial duties and support the new manager during the transition from one manager to another. The deputy manager had worked in the service for many years and was well known to staff and people living at the service.

People and their visitors confirmed that the change of manager had not given them any cause for concern and they had confidence in the management team. Visitors told us, "The new manager is very good and the deputy manager has kept everything going while they settle in. This has been really good for the people living here", and "The home is well managed, the manager regularly comes to my room to talk to me." People and visitors all described the management of the home as open and approachable. One visitor said, "You can talk to the staff and managers and they really listen."

There was a positive culture within the staff team and it was clear they all worked well together. Staff told us the service was well-led and staff were highly motivated and keen to ensure the care needs of people they were supporting were met. One member of staff commented, "We are a good team. We all work together and trust each other."

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, at daily handover meetings, regular staff meetings and one-to-one supervisions. Staff told us there had been concerns raised in the past about some staff's practice and staff felt these concerns had not been addressed. Staff told us the new manager had successfully addressed these issues. One member of staff said, "This [because the concern was dealt with] has given us the confidence to raise concerns again in the knowledge that we will be listened to and the manager will take action."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager carried out audits of falls, medicines, and care plans. The provider's quality manager visited on a monthly basis and carried out an audit of the service, including talking with people and staff. Where potential improvements were identified the manager had taken, or was in the process of taking, appropriate action to make the necessary changes. Audits completed by the quality manager and the service manager had identified that some care plans needed to be updated. There were plans in place to ensure all care plans were updated.

Management worked alongside staff, regularly providing care for people and this enabled them to check if people were happy and safe living at Windmill Court. By actively working in the service management were able to monitor the quality of the care provided by staff. The manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

People and their families were involved in decisions about the running of the service as well as their care. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes.