

Windmill Healthcare Limited

Windmill Lodge Care Home

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

About the service

Windmill Lodge Care Home is a care home providing personal and nursing care for up to 93 people. At the time of our inspection, there were 85 people using the service. The service supported older people living with dementia and nursing needs. The home is arranged over three floors, each with their own separate adapted facilities.

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

People felt safe living at the service. Staff completed comprehensive risk assessments that included mitigating strategies to keep people safe. Although a few people told us that staff were in a rush sometimes, there were enough staff to meet people's care needs as necessary. People received their medicines as prescribed. Staff had the necessary support and equipment to effectively manage risks in relation to COVID-19 and hygiene requirements.

The home was adapted to meet the needs of people living there. Although some staff missed the date for their refresher courses to be completed, they had a good level of knowledge to ensure people's well-being. Legal requirements were followed in making a best interest decision for people, but the provider had agreed to review their processes to ensure that mental capacity assessments were completed appropriately. People's nutritional needs were thoroughly assessed so that staff could meet people's care needs.

People described staff as caring, polite and respecting their dignity. Events in the home took place to encourage and support people's diverse care needs. Staff worked with people to understand their choices and wishes which were reflected in care records.

Care plans were robust and reviewed regularly to reflect people's changing care needs. Individual needs were considered to ensure effective care delivery, including the activities people wanted to take part in. Staff were aware and supported people with their communication needs. People felt able to raise any concerns they had if needed.

There was a good leadership at the service with set values for inclusion and empowering of people. The staff team had support to carry out their responsibilities effectively and safely. Quality assurance processes in place were used to improve the care delivery and lessons were learnt quickly to prevent repeated incidents. The service developed close contacts and good communication with the healthcare professionals for partnership working.

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 overall rating for this service was requires improvement (published 02/05/2019). We also undertook a focused inspection to review the key questions of Safe and Well-led (published 26/08/2020).

Why we inspected

We carried out the inspection to check whether the provider had embedded and sustained improvements that we had noted at our previous inspection.

Follow up

We will continue to monitor the service and information we receive about them. 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 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 so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, a specialist advisor and two Experts by Experience. The specialist advisor was a nurse. 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 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 48 hours' notice of the inspection. This was because we needed to be sure it was safe for us to visit the home.

What we did before the inspection

We reviewed the information we had received about the service since the last 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 16 people using the service. We also spoke with the director of care quality and transformation, regional operations director, registered manager and 17 staff members, including six nurses and six care staff.

We reviewed a range of records. This included care records for 17 people and staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints logs, incident forms, medicines records and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to training, staff recruitment and auditing processes. We contacted seven healthcare professionals to find out their experiences of working with this provider.

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 focused inspection this key question was rated as good. At this inspection this key question has now 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 said they felt safe living at Windmill Lodge Care Home, with one person telling us, "Since living [at the Windmill Lodge Care Home] I have never felt scared. No harm comes to us living here." A healthcare professional said, "Windmill staff are able to swiftly identify any risk that may arise from safeguarding issues and will actively use the lessons learned from them to improve the quality of care provided in the home."
- Records showed that the safeguarding concerns received were recorded, monitored and actioned appropriately to ensure people's safety. Lessons learnt were highlighted and shared with the staff team to prevent repeated incidents.
- The registered manager told us they had continuous engagement with the local authority. They held monthly quality assurance meetings to discuss opened safeguarding investigations which helped the cases to be closed quickly with agreed actions to improve as necessary.

Assessing risk, safety monitoring and management

- A healthcare professional told us that approach to risk management at Windmill Lodge Care Home was "Excellent. [The registered manager] has regular audits in the home which helps her spot potential for risk. For example, [The registered manager] advised us of the work that she did to prevent the spread of [eye infection] through the home by implementing that residents had two wash cloths instead of one. She has also implemented pressure sore champions... and falls heroes who monitor, review and update residents who are at high risk or become a risk..."
- Staff completed series of person-centred risk assessments for each person who lived in the home. These varied according to individual need and reflected the actions needed to keep people safe. People had been risk assessed for skin integrity, choking, moving and handling and behaviour that challenges. Fire risk assessments associated with the use of emollients were also in place to ensure safe practice.
- Risk assessments for people with reduced mental capacity and cognition were detailed and reflected best practice. For example, one person did not like to use the call bell which put them at risk because staff would not be able to provide a rapid response if needed. A risk assessment was in place for this and included mitigating strategies such as more frequent visual checks on the person when they were in their bedroom.

Staffing and recruitment

- People said that there were enough staff on duty to meet their care needs. One person told us, "If you do need anything you never have to wait long for a carer. I think there seems to be enough staff." However, a few people said that sometimes staff were busy which meant that "They don't always have much time for you."
- Staff told us that staffing levels were sufficient and that they had time to talk with people. A staff member said, "I get involved with feeding and I have time to talk to residents, sit in the lounge with them. Or I ask a

resident to sit next to me and chat. Sometimes three of them would come into my office to chat."

- Records showed that staffing levels were meeting the provided assessed dependency levels. Staff were visibly present throughout the care home during our inspection and responded quickly to call bells and people's requests for assistance.
- Staff were appropriately checked before they started working for the provider. Among the checks, they had to attend an interview, undertake a Disclosure and Barring Service (DBS) check and provide references to ensure safe care delivery for people. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable people. Systems were in place to monitor that all documentation was up to date, for example right to work in the UK visa.

Using medicines safely

- People told us they received their medicines as necessary. Comments included, "My medication is all done well. [Staff] give me my vitamins too" and "[Staff] are on the ball with everything: medication, seeing a doctor."
- The medicines administration record (MAR) sheets were appropriately completed, and prescribed medicines were signed for as given to people. Stock levels were recorded and correct. There were up to date photographs of people to enable staff to ensure they were giving medicines to the correct person. People's preferences on how to take their medicines were also recorded.
- There were appropriate processes in place for ordering medicines which was done by the nurses on duty. Medicines were safely stored in locked cupboards or trolley in a locked room. Unused medicines were also disposed of correctly.

Preventing and controlling infection

- We were assured that the provider was effectively managing risks in relation to COVID-19 and infection prevention and control (IPC).
- A lot of work had been done by the service to support staff during the COVID-19 vaccination process. Staff were asked to complete an anonymous survey so that the management team could understand the fears they had about the vaccine. Information and professional advice were offered to staff to support them in the decision-making process and encourage them to take the vaccine to minimise the risks involving the COVID-19 virus.
- A healthcare professional told us, "The team at Windmill Lodge continue to be very responsive and work positively with Lambeth system health and care partners, from commissioners to GPs, to support residents and staff to take up the COVID-19 vaccine."
- Staff demonstrated a good level of knowledge of hygiene standards. We saw staff continually cleaning the home using appropriate antibacterial products and techniques and following guidance for hand hygiene.
- Staff who worked with food followed appropriate procedures for handling, storage and disposal. Food preparation and service areas were clean and hygienic.

Learning lessons when things go wrong

- Records showed that any incidents and accidents taking place were appropriately recorded and acted upon to protect people from harm, including requesting the input from healthcare professionals where a person had a fall.
- The registered manager told us they were transparent and aimed to raise any concerns they had, where appropriate as safeguarding, so that lessons were learnt quickly and as necessary.
- We saw that actions were taken promptly by the management team when we identified some improvement required during the inspection, including maintenance needed in people's bedrooms and changes to documentation.

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 comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. 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

- An electronic system was used for people's care records so that staff could find information quickly when needed and share updates as necessary.
- Staff carried out appropriate assessments where people experienced reduced mobility or increased falls. This included medication reviews and an assessment of the person's bedroom environment to identify opportunities to reduce risk.

Staff support: induction, training, skills and experience

- Regular supervision and appraisal meetings took place to support staff on the job and to encourage their on-going development. 'Daily Management Walk Around Checklist' was completed by the registered manager when observing staff on the job, including cleanliness of the home and mealtime experiences of people. Hand hygiene observations took place to ensure safe infection control practices.
- The staff members we spoke to appeared to be knowledgeable about the people's care needs and how they could best be met in a person-centred way. One person said, "I think the staff are well trained. They seem to know what they are doing." A healthcare professional told us, "[The registered manager] has done very well in upskilling staff and empowering them through the champion initiatives that she has developed."
- Staff attended mandatory training courses to ensure they had the necessary knowledge and skills to support people safely. Training provided for staff included Dementia awareness, safeguarding, first aid and fire safety.
- However, we saw that some staff had missed the end date for the refresher courses to be completed. We discussed this with the management team who told us that recently a new role was appointed by the provider to focus on staff's training needs within the organisation. Staff training gaps had been picked up prior to the inspection and had been addressed as necessary. We will check their progress at our next planned inspection.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The staff team had a good understanding of the MCA. A staff member told us, "We apply the MCA when speaking to the residents. We find out if they can retain and give feedback on what you have told them. For example, we tell the residents that we are going to do the COVID-19 test. They replay to me which shows they understood what I told them."
- Systems were in place to support people where a specific decision had to be made for a person whose mental capacity was doubted. Where appropriate, the service involved people's families and healthcare professionals for support in making a best interest decision.
- Staff appropriately supported people who had capacity to make their own decisions but would benefit from limitations in their environment. For example, one person was at risk from falls and had full capacity. Staff had discussed the pros and cons of bedrails with them so they could make their own informed choices.
- However, a mental capacity assessment we viewed required more information on how the decision was reached. We discussed this with the management team who told us they will review their systems making sure the assessments were completed appropriately. We will check their progress at our next planned inspection.

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

- The home felt welcoming and inclusive. We saw people visiting each other on different floors and accessing the garden when they wanted to. Communal areas had social seating decorated to reflect different surroundings such as use of public transport.
- The home environment was adapted to meet the needs of people living there. Furniture was laid out in the way that people could freely move around. One person said, "I can get around anywhere I want [in my wheelchair]." Appropriate colour schemes and picture signs were used to support people's living with dementia.

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

- People had a choice of what and when to eat. One person said, "The food is very good – there is a menu if you eat in the dining-room. I choose to stay in my room." Another person told us, "We do get a choice. Today I had fish but often I'll just have a sandwich. There is enough to eat, I never feel hungry."
- People had access to food at times that suited their preferences. Hot meals and snacks were provided at different times where people did not wish to join the set meal times.
- The catering team prepared food menus in advance and in line with personal preferences, cultural and religious needs. Chefs spoke with people regularly to understand people's favourite foods.
- Care plans included nutrition and hydration assessments and people had access to regular reviews from dietitians and speech and language therapists. Chefs met with these professionals when planning menus.
- Staff worked to the International Dysphagia Diet Standardisation Initiative (IDDSI). The IDDSI is a global initiative designed to improve the diets and safety of people living with dysphagia (difficulty or discomfort in swallowing). Each person had a detailed diet assessment that helped staff to understand how to safely prepare meals and snacks. Individual IDDSI assessments were displayed in food preparation and serving areas, which staff consulted prior to serving food as part of a safety check.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Regular internal meetings took place to discuss people's clinical needs. Healthcare professions were consulted and involved in the care of the people to ensure their health needs were met. This includes GPs, pharmacists, dietitians and podiatrists.
- People received support to maintain their oral hygiene. Information was provided to people about the care of dentures and why mouth care matters. There were also easy read guides for those that required them.

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 comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People told us that staff were caring and kind. Comments included, "[Staff] are all lovely here. They are more than carers. They mean everything to me" and "[Staff] are very pleasant, kind and polite."
- People told us their cultural and religious needs were met as necessary. They said, "My religion is supported here. We have prayers" and "I can practise my faith here."
- Equality and diversity were promoted at the service to ensure people's inclusion and participation. Events took place to celebrate festivities and important occasions to people such as Black History Month and Nigerian Independence Day. People made paper lanterns for the Lunar New Year.
- We observed personalised and kind interactions between staff and people. Staff reassured people and patiently answered the questions they had. We saw laughter between staff and people.

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

- Choice was provided for people so that they could plan their time as they wished to. We talked to a person who told us they regularly accessed community independently. One person said, "I can do things here and I have a choice; I have freedom. I can go to the garden whenever I want." Another person commented, "[Staff] always ask me what I would like to do. I get to choose my clothes when getting dressed. We can visit the garden whenever we like. We get a choice."
- It was evident that staff involved people in their care plans and reviews. For example, staff documented where people had a gender preference about who provided personal care to them.

Respecting and promoting people's privacy, dignity and independence

- People's personal care was attended to with dignity. People told us, "The personal care is good – I never feel awkward" and "I'm treated with dignity and respect. [Staff] wash me and sort out my clothes." A healthcare professional said, "As far as I am aware, staff are very respectful of the service users' privacy and dignity. For example, knocking or speaking loud before entering their room, asking for permission before touching, and remembering individual's dignity and surrounding area before attending to personal care."
- People told us that staff encouraged their independence. Comments included, "The carers and nurses help me all of the time, but I maintain a level of independence, which is important for me. I do the things that I can do."
- Staff implemented tools to help reduce people's risk while moving around that helped maintain their independence. This included providing non-slip footwear and socks for people at risk of falls. We observed staff kindly guiding people when they were moving around the home. In each case staff carried this out with consent and with a gentle approach that helped people to maintain control of their movements.

Is the service responsive?

Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. 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; Meeting people's communication needs

- People told us that staff were familiar with their care and support needs. Comments included, "My care is personalised and, on that level, [staff] know me" and "[Staff] know me very well." A healthcare professional said, "The staff are committed, responsive and caring and have a person-centred approach when caring for the residents whom they know very well."
- Care plans were person-centred, regularly updated, and reflected best practice. Each person had a 12-part care plan that included all aspects of their life in the home. The care plans were structured around individual preferences. For example, staff completed assessments titled, 'How can this improve my life,' for each care section. Other key sections included, 'What I can or can't do', and 'What I would like help with.' This helped staff to structure care assessments within people's wishes.
- Staff carried out regular care plan reviews of people living with dementia. This included updates to best interest assessments and the involvement of mental health professionals and independent mental capacity advocates. Staff identified adaptations to care to help people living with dementia. For example, one person was at risk of malnutrition because they could not eat full meals. To address this, staff provided a regular supply of finger food, which they preferred.
- People had a choice of activities to attend so that they could develop relationships and occupy themselves. One person told us, "There are plenty of things to do [at the Windmill Lodge Care Home]. I do more here than I ever did at home. I love the garden the most. Can you see the butterflies outside? We made them."
- A staff member told us, "During the lockdown we joined up with other homes from across the country on Zoom for singing classes. It worked really well, and the residents got to know other people. It was very enjoyable."
- A dedicated team of coordinators planned activities in the home seven days a week. They took account of people's hobbies and care needs. Where people preferred one-to-one activities to group sessions, staff facilitated this. We observed activities taking place during our inspection and saw coordinators actively involving people.

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 used pictures to express their wishes where they required support with communication, including if they wanted something to eat or required help to move around. We observed staff speaking to a person in

their preferred language to establish the drink the person wanted.

- Easy read documents were provided to people, including the safeguarding procedure, which had pictures so that people could understand it easier.
- Outside peoples' bedrooms there was a collage of pictures selected by each person with places and events important to them. This information was used by staff to have conversations with people. The inspection team had also found the pictures useful as they learnt more about each person before they spoke to them and used this information as a starting point for a conversation.

Improving care quality in response to complaints or concerns

- People told us they felt confident to raise concerns should they have any. Comments included, "I would see the manager if I had a complaint, but I don't have any complaints. I would like to say- 'thank you' to the staff for what they do, not complain" and "If I had a complaint I would talk to the manager. I would not worry about giving my point of view. If I didn't like my room, I'd ask to move – that sort of thing. I'm happy here and have no complaints."
- Complaints received were appropriately recorded and acted upon to improve as necessary. This included changes in systems on how people's clothes were labelled so they could not be misplaced.

End of life care and support

- The management team told us that information related to COVID-19 deaths had caused anxiety to people, some of whom were grieving for lost friends. A memorial service was held with a variety of faith leaders attending to support people with this.
- Care records included information related to the support people required who were receiving palliative care.
- Information was easy to find in an emergency where a person had a Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) order in place so they did not receive any active interventions in the event of a cardiac or respiratory arrest.

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 focused 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.

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

- People knew who the managers were and told us they were "approachable" and "very helpful." We observed people coming up to the registered manager for a chat. The registered manager knew what people were up to and how they wanted to be referred to.
- Staff felt that the working culture in the home was supportive and had improved with the current registered manager in post. Comments included, "I have worked here for [a number] of years and have seen a lot of changes. The last couple of years have been the best with [the registered manager name] in-charge. Things have improved" and "[The registered manager] is the best, she listens. We share tears and stress with her and she is always there. She never closed the door."
- There was good communication between the staff members that focused on providing quality care for people. We observed a chef, a nurse, care staff, and a housekeeper working together to support people during the lunchtime service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Healthcare professionals told us there was a strong leadership at the service. Comments included, "[The registered manager] has coped well under very pressurising conditions and is innovative, open and a great leader" and "Feedback from residents and family is shared in a way to improve practice, develop relationships and aid better communications with collaborative working."
- There was a clear management structure in place with shared responsibilities to monitor the care delivery at the service. Systems were reviewed where there was a need to increase the management oversight of the care being provided. The registered manager told us that based on staff's feedback they planned to have a senior nurse on each shift to improve staff's support on the job.

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

- People were provided with opportunities to discuss any changes needed to their care delivery, with one person telling us, "There are residents meetings and I do go to them. I feel that we are listened to."
- Relatives, residents and professional visitors had been asked to complete the feedback surveys in relation to COVID-19 and where a concern was identified, it was actioned as necessary. For example, in relation to visits during the pandemic and PPE supply.

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

- Quality assurance processes in place were robust and monitored appropriately to ensure good care delivery. Audits viewed included review of fire safety, infection prevention and control and medicines management practices. Nurses were in charge to oversee the completion of the daily records and the management team had regularly checked the records to ensure these were in line with the requirement.
- Actions identified during the audits were recorded and followed up as necessary. For example, the registered manager had identified some gaps in records related to families input during the COVID-19 which prompted the staff team to review and update the data as necessary.

Working in partnership with others

- Healthcare professionals told us they had good working relationships with the staff team at the service. Comments included, "[The provider is] transparent and inform us quickly of any potential risk and how they will mitigate it" and "[Windmill Lodge Care Home] actively participate in monthly Quality and Safety meetings in which they advise commissioners and Adult Social Care of their focus plans. These have ranged from falls analysis, pressure sores and mandatory staff training."
- Healthcare professionals, such as the GP and dentists, carried out regular visits to the service to monitor people's changing healthcare needs and make recommendations to improve their wellbeing as necessary.