Oxbridge Care Limited

Windsor Court Residential Home

Inspection report

44-50 Windsor Road
Stockton On Tees
Cleveland
TS18 4DZ

Tel: 01642618276
Website: www.windsorcourtuk.com

Date of inspection visit:
18 September 2018

Date of publication:
05 October 2018

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 inspection took place on 18 September 2018 and was unannounced, which meant the staff and registered provider did not know we would be visiting.

Windsor Court 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 look at during the inspection. The service is registered for 32 people and at the time of inspection there were 28 people living at the service.

Following our last inspection the service had appointed a new registered manager and they have been registered with the Care Quality Commission since May 2018. A registered manager is a person who has registered with the CQC 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.

The last inspection of the service was carried out in December 2017 and found that the service was not meeting all the requirements of Health and Social Care Act 2008 and associated regulations. We found concerns relating to risks to people arising from their health and support needs not always being completed or robustly reviewed. Medicines were not always managed safely and people's dining experience did not meet the expected standards, their needs or promote people's wellbeing.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good.

At this inspection we found that the provider had worked to drive improvements within the service. Audits were now taking place with a full action plan along with any lessons learnt. Medicines were being managed more safely. Risk assessments relating to the health, safety and welfare of people using the service were completed and regularly reviewed.

We found that people's dining experience had improved with the cook presenting food that was much more appetising for people who required pureed diets. Speech and Language Therapy (SALT) referrals were being actively made.

People were happy and told us they felt safe. The staff had a good understanding of safeguarding, what their responsibilities were and could clearly tell us what action they would take if they had any concerns about the way people were supported. Staff received safeguarding training and had access to information about the different types of abuse, how to prevent abuse and how to respond to an allegation.

People who used the service and the staff we spoke with told us that there were enough staff on duty to meet people's needs. The management team closely considered people's needs and ensured sufficient staff

were on duty each day and night.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work.

People's care needs were assessed, and clear plans were now in place to meet people's individual needs. People were cared for by staff who knew them very well and understood how to support them.

A training programme was in place that enabled staff to provide the person-centred care and support people needed. New staff completed a service induction programme and undertook the care certificate, this meant that they had the knowledge and skills required to meet people's needs. Staff also received regular supervision sessions, which assisted the registered manager to identify areas for development.

Staff had a basic understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and had received training. The provider had appropriately requested Deprivation of Liberty Safeguard (DoLS) and ensured that these were regularly reviewed.

We observed that staff had positive relationships with the people who used the service. Staff were patient, kind and respectful to people, taking time to talk to people and answer questions. We saw that staff were aware of how to respect people's privacy and dignity. Staff sensitively supported people to deal with their personal care needs. People told us they felt they would receive support from staff when needed.

We found that there was a range of stimulating and engaging activities provided by the service which included outing to the seaside, small pet visits, baking and crafts.

The service had a complaints policy that was applied if and when issues arose. People and their relatives knew how to raise any issues they had.

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 and the rating for this domain had improved to Good.

Staff have a good awareness and understanding of safeguarding procedures and knew what to do to keep people safe.

There was enough staff on duty to make sure that people were safe.

Recruitment systems were robust and made sure that the right staff were employed to keep people safe.

Medicines were managed safely, stored correctly and disposed of safely.

Is the service effective?

Good

The service was effective and the rating for this domain had improved to Good.

Care and support was delivered in a person centred way.

The dining experience had improved, people have choice of food which was well presented.

Referrals were made to relevant professionals and the service acted quickly on their recommendations.

Staff understood the key requirements of The Mental Capacity Act 2005 and the need for DoLS authorisations.

Is the service caring?

Good

The service was caring and the rating for this domain had improved to Good.

Staff treated people with dignity, kindness, patience and respect.

People had choice and control over their lives and their religious beliefs and preferences were respected.

Staff had time, information and the support they needed to provide care and support to people in a person centred way.

Is the service responsive?

Good

The service was responsive and the rating for this domain had improved to Good.

Staff demonstrated a person-centred approach to care.

People were supported to access activities.

There were systems in place to manage complaints.

End of life care plans were in place for people who wished to discuss this.

Is the service well-led?

Good

The service was well-led and the rating for this domain had improved to Good.

The service was being well-led by the new manager. Staff and people in the home were positive about the new senior team.

The service had a positive culture that was person centred, open and transparent.

There were systems in place to monitor the quality of the service, which included regular audits, meetings and feedback from people using the service, their relatives and staff. Action had been taken, or was planned, where the need for improvement was identified.

The service was in the process of building good links with the local community that reflected the needs and choices of people.

Windsor Court Residential Home

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 18 September 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed this information with other information for the provider, for example, statutory notifications and complaints. A notification is record about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

During the inspection we spoke with three relatives who were visiting the service and five people who used the service.

We also spoke with both providers, the registered manager, deputy manager, one senior care worker, three care staff and the cook.

We looked at three care plans, three recruitment files, staff duty rota, medication administration records (MARS) and audits.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who could not talk to us.

Good

Is the service safe?

Our findings

At our last inspection in December 2017 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to records in relation to the management of medicines. The concerns we had were with the recording and administration of 'as required medicines' (PRN), the application of topical [patch] medicines and stock levels. We also found personal risk assessments were not in place. For example, where people experienced weight loss or had swallowing difficulties. We found that people were put on pureed diets without any assessments or referrals to the speech and language therapists (SALT).

At this inspection we found that the provider had made the required improvements.

We looked at how the home managed as required medicines, for example, paracetamol for pain relief. We found that the home now had in place guidance for staff to follow in the administration of these medicines. This meant that staff could record and monitor their effectiveness for the person and where required request a review.

We looked at the processes the home had in place for the application of topical medicines. We found the home now used a topical medicines application record (TMAR). This provided clear instructions for staff to follow so they knew where to apply patches and creams on the person. This means that topical medicines were being applied as prescribed.

We looked at the processes the home had in place for auditing medicines. We found that the registered manager now undertook regular planned audits of medicines looking at stock, balances, recordings and the administration process. This meant that any errors or inaccuracies were identified quickly, and the provider could take actions to ensure people were kept safe and getting medicines as prescribed.

Where people had the same or similar name a warning card was placed in the medication administration record (MAR) file. This prevented the risk of medicines being administered to the wrong person.

We found that suitable systems were in place to safely store and dispose of people's medicines. Medicines were stored safely in locked cabinets in the treatment room. We found that temperatures of the treatment room and medicines fridge were take daily. We saw that the provider had installed an air conditioning unit in the treatment room to ensure that medicines were being stored at the correct temperatures during periods of hot weather.

We observed a senior member of staff administering medication. We saw that the correct procedures were followed with all the appropriate checks done and records completed. We observed that whilst administering medication the senior staff member treated people with dignity and respect. We observed them asking people if they were happy to have their medicine at that time and explained what the medicines were for. The staff member said, "No matter how many times [person] asks about their medicines I will explain. I respect them."

We saw evidence to show that the provider was now requesting reviews for people who had swallowing difficulties or were a choking risk. The SALT team were now involved where people were at risk.

We found that people who were identified to be at risk in areas such as falls or pressure sores, had appropriate risk assessments and plans of care in place. Charts used to document change of position and food and hydration intake were clearly and accurately maintained to monitor risks and any changes in a person's condition. The records reflected the care we observed being delivered.

Staff we spoke to were knowledgeable about the risks to people. For example, one person was at risk of falling from their bed and had been assessed for use of bed rails. This was clearly recorded in the persons care plan, risk assessment and their Deprivation of Liberty Safeguards (DoLS) assessments. We found that the risk of people sustaining harm was reduced because the provider had suitable arrangements in place to minimise these risks as much as possible.

People told us that they felt safe. One person told us, "Staff are good here, I feel safe, I wouldn't like to live on my own. I have friends here and I'm happy. There's always a house full here so it's good."

Staff could clearly outline the steps they would take if they were concerned about abuse and we found these were in line with expected practice. We asked staff to tell us about their understanding of the safeguarding process. One member of staff told us "If I had any concerns or issues I would go straight to the manager, if nothing got done I would go higher to [provider name] or CQC."

Accidents and incidents were well recorded. They included information about what had happened, actions taken at the time and actions taken to prevent a reoccurrence. These were analysed to identify any themes or trends. This included additional actions to reduce risks and improve safety.

The provider used the level of people's care needs to determine the number of staff required to be on duty to support people safely. We observed that there were enough staff working who had the right experience, time and knowledge to meet the needs of the people who used the service.

People were protected, as far as possible, by safe recruitment practices. Staff files included all the relevant information to ensure all staff were suitable to work in the care environment. These included references from previous employers and a disclosure and barring service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people working with vulnerable adults.

We found that the service has a programme for maintenance and repairs. This included checks on the suitability of the premises such as fire equipment, water temperatures and hoists. We found that other safety checks had been undertaken and were up to date such as gas safety, electrical hardwiring and legionella testing.

We observed that staff followed good practice around cleaning and the use of personal protective equipment (PPE) such as disposable gloves and aprons to prevent the spread of infection. We found that the service was clean and tidy. The kitchen had been awarded a five-star hygiene rating this year from the environmental health officer.

People's human rights were respected. Family life was promoted and relatives were welcomed into the service. Discussions had taken place with people and their relatives regarding their end of life preferences.

This meant the service had considered people's right to life.

Good

Is the service effective?

Our findings

At our last inspection we recommended that the cook undertook further training around food and nutrition for people on special [pureed] diets. We found that this had happened.

The provider had improved how food was presented for people who required a pureed diet. New plates and moulds had been purchased which made the food look more appetising.

The cook told us, "You think you know your job but when you do refresher training you realise how things have moved on. My passion for my cooking has been rekindled and I'm proud of what I do now."

People told us "The food is good, I get choice," "There's always choice if I don't like anything" and "I used to be skinny before I came here, now look at me."

We saw one member of staff had made a curry specially for a person who had said that they liked curries.

We observed the dining experience and saw that staff made this an enjoyable and not rushed event. The dining room was calm and quiet with the tables nicely presented. We observed that people were offered choice and supported in a dignified and respectful manner by staff.

Throughout the day we observed people being offered drinks on a regular basis. On the afternoon we observed a 'taster session' being run where people were offered the choice to try new flavoured drinks such as cola, bubble-gum, pineapple juice, milk and fizzy pop. This provided people with the chance to experience different tastes whilst also encouraging fluids.

We looked at training records for staff and found that the provider had a robust system for ensuring staff received training to meet people's individual needs. We found that training records were kept up to date and reviewed regularly. We saw certificates to evidence staff training. Staff told us, "There is nothing you can't learn, they [provider] offer training and everyone is better off doing it as there is always updates, I'm now doing my level 3 diploma."

We found that new staff undertook an induction programme covering the service's policy and procedures using the Care Certificate materials. The Care Certificate is a set of core standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competencies and standards of care that will be expected.

New staff completed shadowing shifts (observing) until the registered manager was confident that they had the skills to work alone. One new staff told us, "I had two weeks shadowing as part of my induction to help me get to know everyone, this really helped me." The provider told us "They [staff] can have longer than two weeks shadowing if they [staff] feel they need longer or we feel they need more support."

We found that staff received regular supervisions. Supervision is a process, usually a meeting, by which an

organisation provides guidance and support to staff. Staff told us they found supervision valuable to their development. We saw that annual appraisals were planned for all staff.

Since the last inspection the service had implemented a more detailed handover to improve communication. Staff commented on this positively telling us that this helped them to know any changes to people's needs before each shift.

Staff told us that they had training in The Mental Capacity Act 2005 (MCA) and DoLS. Staff had a good understanding of how to apply the principles of the act. One member of staff told us "If a person does not have capacity we try to help them make decisions but always do this in their best interest."

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 people lack mental capacity to make decisions, any decision made on their behalf must be in their best interest 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA and found that they were at the time. We saw that applications for authorisations to deprive a person of their liberty had been made appropriately and records were up to date and reviewed.

We found that the provider had a plan in place to make sure the service was regularly maintained and updated. We saw that the service had purchased new outdoor furniture and gazebo which meant that people could enjoy the accessible outdoor area. We saw that a designated area had been created for anyone who wished to smoke away from those who did not smoke.

Good

Is the service caring?

Our findings

The service was caring. People told us staff provided a caring service. Comments included, "Staff are lovely, they come and chat with me", "Staff are smashing, I can't fault them. There's enough staff to do whatever I want" and "Staff are very nice, they look after me well."

We spoke to relatives who told us "Staff are fabulous, they are amazing, they are very accommodating, and nothing is too much trouble for them." Another said "[Name] loves it here. They have people around them, carers are real carers. They really do care, it's not just a job to them."

We observed staff patiently talking to people and spending time with people. We saw one member of staff plaiting a person's hair, this person said, "Staff plait my hair every day, my hair is so soft it needs to be tidy, staff do this for me every day." We observed another member of staff spend time with a person reminiscing about the dance halls that they used to attend and looked for pictures and music for the person on the iPad to help them with their memories. The member of staff said, "I asked them what they liked, and they said waltzing, so I got some videos up on the iPad."

Relatives told us "Staff interact with people, if I had to go in anywhere I would want to come here," "It's just like a home from home, people really do feel at home here," and "[Name] is happy so we are all happy and I know they are being looked after."

Staff told us they enjoyed their work and spoke positively about the service. We observed staff being friendly, caring and supportive towards people using the service, their relatives and colleagues. One member of staff told us "It's family orientated, because it's a small home we are all more familiar with residents, it's better for them."

We observed that the atmosphere within the service was clam, relaxed and caring. We saw that staff respected people's dignity and privacy, knocking on doors before entering and asking people's permission about the support they required quietly so that no-one else could hear. For example, we observed a member of staff asking a person if they required support to fasten the buttons on their cardigan in a dignified manner and during the medicine administration process people were politely asked if they wanted their medicine before or after their lunch.

People were encouraged to maintain their independence as best as they could. One staff member said, "We always encourage people to do things if we know they are able to, such as to walk if they are able." We observed staff encouraging people to get up and move about during the day.

People's families were a fundamental part of their lives and people were supported to maintain contact with them. For example, one person's relative lived down south, the service supported them to video call their relative and were in the process of arranging for the person to visit their relative down south.

Relatives told us that they were always made to feel welcome and kept informed about their relative's care

and support needs. One relative told us "I visit here every day, I'm always asked if want a hot drink, we are all made to feel welcome."

Staff had received training on equality and diversity. One staff member said, "I treat everyone as an equal, I respect everyone, we are all the same inside, so I treat people how I would want to be treated."

The provider ensured that people's religious needs were met and arranged this directly with local churches. They told us that one person has a visit every other day from their priest and that staff had taken a person to church every Sunday.

The provider also informed us that where people require a specific diet to meet their cultural needs this had been supported. For example, one person who had stayed at the service required Halal meat and [provider] had ensured that this was provided for the person.

At the time of inspection nobody was using the services of an advocate. An advocate is someone who represents and acts on a person's behalf, and helps them to make decisions. The registered manager knew how to get this support for people should they require it and we saw that there were leaflets and information about local services available should people need it.

Good

Is the service responsive?

Our findings

At our last inspection in December 2017, we found that care plans contained out of date information, had conflicting information and when reviewed stated no change for three years.

We found that the provider had made the required improvements and had undertaken a review of all care plans. We found that peoples care plans were now up to date, relevant and person-centred which meant that their support was tailored to their individual needs.

The provider told us. "All staff are encouraged to read individual care plans to understand the needs, lifestyle and like and dislikes of every person," and "Staff are encouraged to sit and chat with people as this is the best way to get to know them." We evidenced this was happening on the inspection day.

Relatives told us that they were involved in the planning of their relative's care when they first moved into the home and then when reviews were taking place. One relative told us that the provider 'always ran things by them' about their [named person].

People's choice and preferences were identified, recorded and reviewed as their needs changed. Their choices and preferences were identified and recorded within their care plans and these were used to ensure they received personalised care. Care plans included eating and drinking, continence, health, mobility, communication and skin care.

There was information about people's daily routines, for example what time they preferred to get up, go to bed and what they preferred to wear. For example, one person often did not want to get dressed and the care plan recorded that this was their choice.

We also found short term care plans for people to ensure they received appropriate care and support during temporary illness such as a chest infection or urinary tract infection (UTI).

The provider had implemented a detailed handover sheet which recorded all relevant events about each person. For example, one person had a medicine discontinued, the handover sheet documented what withdrawal symptoms to look out for. Another person had a new item of clothing this was recorded so staff were aware who the clothing belonged to.

The provider employed a part time activities co-ordinator to ensure that there was a wide range of activities being provided to engage people. The provider was looking to increase the activity co-ordinators hours. We observed activities being offered on the day of our inspection that included, jigsaws, colouring, music, floor ten pin bowling, taster sessions and an iPad to reminisce of memories and times gone by. Within the service we saw evidence of outings to the seaside, summer BBQ's, small pet zoo visits and cupcake decorating. The provider told us that they hired a mini bus to take people out to the seaside and have used their own cars to take smaller groups out shopping or for meals. We were told by the provider that one person is hoping to travel to London to see a relative and that plans were being made for the provider to take them.

We saw evidence in care plans to support people to prevent them becoming socially isolated. For example, one person had been assessed as being at risk of becoming isolated due to spending time in their bedroom, their care plan prompted staff to encourage them to come to the lounge and join in activities or, if they chose not to, to take activities to their bedroom to do with them.

One person enjoyed listening to music and staff brought their music player and set it up on a table in the lounge, so they could listen to it. Another person liked a 'big mac' and the provider often took them out, so they could enjoy this. The provider took this person to the shops on the day of inspection and they bought ice creams and a newspaper.

We found within people's care plans, records of people's end of life wishes and choices. These were sensitively recorded. Where appropriate we also found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms. These were clear, with agreed instructions for when a person's heart or breathing stops as expected due to their medical condition, that no attempt will be made to resuscitate them. These were up to date and reviewed. They were kept at the front of people's care plans to ensure that people's final wishes were observed.

The provider had a complaints policy and procedures in place. We found that there had been no complaints since our last inspection. People told us that they knew how to complain if they had any concerns. One person told us "I would firstly speak to seniors, if I didn't get any satisfaction I would go higher to [provider]," another told us "If I was worried, and I never am, I would speak to staff but I've never had any complaints."

Good

Is the service well-led?

Our findings

At our last inspection in December 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the registered provider to make improvements to their audit system, records and referrals to external healthcare professionals.

Since the last inspection the service had appointed a new management team. We found that the registered manager and provider had introduced a number of quality assurance audits at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

Audits carried out included checks of health and safety, medicines and care plans. Some of these audits had led to improvements at the service. For example, referrals to external healthcare professionals were all documented, and we could see evidence to show these were now done in a timely manner.

However, during our inspection we found that the provider did not have an audit in place to record any checks on maintenance required of the outside area. We suggested to the provider that this was an area for them to improve on their auditing and were provided with an audit the following day.

The providers told us that they "liked to lead by example" and welcomed any feedback from staff, people who used the service, relatives and external partners. The provider told us that this feedback was used to continually make improvement to the service.

Staff spoke positively about the management team and told us "Everything has improved, we're a better team, manager and deputy are really good, good team effort," "Open and honest culture, any issues and problems are addressed straight away," and "Manager is good with flexibility, good support group, a nice team, everyone pulls their weight."

Staff also told us that the changes had resulted in the service being "a lot more organised." One staff member said, "I can see so many improvements since the last inspection and I want to thank you."

Feedback was sought through surveys from people using the service and their relatives, staff and professionals. The results of the surveys were collated and where people had raised issues we saw that action was taken to address them. For the people and relatives survey 31 were sent out and 17 were returned. One concern people raised was laundry going missing, due to this the laundry audits were increased from once a month to twice a month.

Comments from the survey included "Windsor Court staff have bent over backwards to accommodate [person], they are friendly helpful, it is a warm caring home," and "Windsor court is a very welcoming home with staff who are approachable at all times. [Person] is extremely well looked after and all residents are treated with dignity and respect."

We saw that one person who used the service had requested curry and sweet and sour adding to the menu which we found evidence that this now featured regularly on the menus.

We saw that there had also been a survey of professionals who were involved with the service and who spoke positively about the manager and provider. Comments included "I visited at meal time and everyone who needed support was receiving this," "The home is always clean and tidy," and "Staff are prompt to seek advice regarding residents."

We saw that staff had commented in their surveys that they were happy with the service. We found that some had commented about staffing numbers at busy times of the day due to the needs of one person. We found that the provider had immediately acted and increased staffing at these times.

Staff we spoke with said the service had an open and honest culture and enjoyed working at Windsor Court. One staff member said, "I am happy here and we try our best to give people a happy life."

The manager and provider told us that they were continually working to build and sustain links with the local community and external partners to help people living at the service to participate more fully should they wish to. People were supported to access the local community, churches and places of worship. We saw evidence that the provider also supported the local community visiting the home for example, the mobile library and local schools.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.