

Crown Care IV Limited

Windsor 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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Windsor Court is a residential care home providing personal and nursing care for up to 44 people. At the time of our inspection there were 39 people living at the service. People's bedrooms were arranged over three floors with communal lounges and dining areas on each floor. Care was provided to older and younger people, who were being supported with both their physical or mental health needs.

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

People and relatives we spoke with said they found the home to be welcoming and staff were friendly. One relative told us, "I find the place very warm and friendly. I have easy access to anyone that I need to speak to."

Risks to people were appropriately assessed and managed. Staff had a good understanding of how to keep people safe and report any accidents or concerns. Risk assessments were in place to support people to be as independent as possible.

Safe recruitment practices were followed to ensure people were supported by staff with appropriate experience and of good character. There were sufficient staff to meet people's needs. Staff we spoke with told us they felt supported by management and had the opportunity to maintain their skills and knowledge through access to training.

Systems were in place to ensure medicines were managed safely. People had access to healthcare professionals to meet their health care needs. One relative told us, "I think that they respond very well. If there is anything that he needs, they will tell me."

Staff were aware of people's dietary needs and preferences. People's needs and preferences were also clearly recorded in their care plans. One relative told us, "I know she must be eating more, because they told me the other day that they had put on three kilograms in weight. I don't have any current concerns about their diet."

The service was clean and odour free. Systems were in place to monitor how cleaning was being completed and to ensure safe care was maintained for people during the COVID-19 pandemic.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home.

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

Rating at last inspection

The last rating for this service was good (published 18 January 2019).

A targeted inspection took place in March 2021 (published 1 April 2021).

The service was inspected but not rated and therefore this did not change the last rating for the service.

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding people, how people's nutritional needs were being met and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

The overall rating for the service has not changed following this focused inspection and remains good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Windsor on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Windsor Court

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. 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

Windsor Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Windsor Court is a care home with nursing care. 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. The registered manager was not present during our inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with four people using the service and one relative. We spoke with eight members of staff including the regional manager, interim manager, nurses, care workers and housekeeping. We viewed four people's care plans and medicine records. We observed staff using PPE. We reviewed a range of records. This included a variety of records relating to the management of the service, including policies and procedures, safeguarding information and information on the safe management of infection control.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with five relatives about the care and support their loved one received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and their relatives told us safe care was provided. One relative said, "I think that it is a safe place for him to be. He is well looked after. I think the care is good and he is not just a number."
- Staff were aware of their responsibility to report any safeguarding concerns or incidents. Staff told us they would be listened to and their concerns acted upon.
- There were effective safeguarding systems in place. Incidents were investigated and managed appropriately and in a timely manner.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- Risk assessments were in place to support people to be independent. These protected people and supported them to maintain their freedom.
- When people had accidents or incidents, these were recorded and monitored to identify any trends or patterns.
- Regular health and safety checks were completed to ensure the environment was safe. Staff and people took part in regular fire drills to ensure they knew what to do in the event of an emergency. People had Personal Emergency Evacuation Plans (PEEPs) that identified what support they required to leave the building safely.

Staffing and recruitment

- Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.
- There were sufficient staff to meet people's needs. One person told us, "If I fall, I have a buzzer in my room and the girls come straight away. All staff are great, I get on well with them."

Using medicines safely

- There were safe medicines administration systems in place and people received their medicines when required.
- Only staff who had received the necessary training and deemed competent were permitted to administer medicines.
- People and their relatives told us that people's pain was managed appropriately. One relative told us, "She is on drugs from the doctor for her pain and I am told that this is all dealt with properly. She doesn't like taking pain killers, but she takes them as and when required."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with government guidance. Measures were in place to prevent relatives, friends, professionals and others visiting from spreading infection on entering the premises. Alternative arrangements were in place to support people to maintain contact with their loved ones should they not wish to enter the home.

We have also signposted the provider to resources to develop their approach.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- Information relating to people's care needs and wishes had been obtained during a pre-admission assessment. This ensured the service was able to meet people's care and support needs.
- Assessments of people's needs included questions about people's likes and dislikes to support the development of their care plan and how they wished care to be provided.

Staff support: induction, training, skills and experience

- New staff completed an induction which included the completion of the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received supervision and appraisal. Staff said they felt supported. One staff member said, "I really like working here and I get plenty of support from the nurses."
- People were supported by staff who had access to the necessary training to develop their skills and knowledge.

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

- People could choose where they wanted to eat their meals. Those people who required assistance to eat their meal were supported at a pace appropriate to them.
- People were provided with a choice of food and drinks. One person told us, "The food is nice, and I get a choice. If I don't like something, I can let the kitchen staff know and I can have something else."
- People had access to specialist diets when required for example pureed or fortified food. We spoke with the catering department; they had information of all people's dietary requirements and allergies. This also included people's likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services to support them to maintain good health. Records in people's care plans showed visits from and to healthcare professionals.
- People and their relatives confirmed they had access to healthcare professionals. One relative commented, "Everything like that is taken care of. His chiropody and dental care is all catered for."

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 MCA 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.

- Staff had received training to support their understanding of the mental capacity act and ensure they upheld the principles when supporting people.
- Staff's interaction with people evidenced that people's choices and involvement in their care was considered at every opportunity. People were asked for consent and involved in day to day decisions and choices.
- Where people were deemed to lack capacity, mental capacity assessments had been completed and best interest assessments carried out. In discussion with the nurses we identified that some mental capacity assessments had not been reviewed recently to ensure they remained current. The nurses and regional manager agreed that this would be reviewed as part of their ongoing action plan.

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

- People's rooms were personalised. People were surrounded by items within their rooms that were important and meaningful to them.
- The service was suitable for the people living there. The building had wide corridors to support those people who used wheelchairs or walking aids to move around freely.
- Areas that required refurbishment had been identified and a refurbishment plan was in place.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about the culture within the service and said they felt the service was improving. One staff member said, "We have always had a stable staff team but recently there has been some unrest. I don't feel there is a closed culture now. We have a good staff team and things are improving."
- People and their relatives were encouraged to give feedback about the service. Concerns and complaints were investigated and responded to in a timely manner.
- The atmosphere in the home was warm and welcoming. We observed positive interactions between staff and people using the service, which demonstrated dignity and respect at all times. One person told us, "I was nervous when I first came here, but staff treat me how I want to be treated and that's what I want. I am listened to and I feel safe living here."

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

- There were quality assurance processes in place which were monitored by the regional manager and the interim manager to identify and drive improvement. The service was proactive in responding to and addressing situations which contributed to the service improving and developing.
- As required by their registration, the provider had submitted the necessary notifications to CQC following significant events at the home.
- Staff spoke very highly of the leadership and support they received from the regional manager and the interim manager during the absence of the registered manager.

Working in partnership with others

- The service worked in partnership with other health and social care professionals to meet people's needs. Records we viewed evidenced appropriate and timely health care appointments.
- During the pandemic, people had been supported to maintain contact with their loved ones. In the absence of face to face visits, telephone and skype calls had taken place. Relatives were now being supported to visit their loved ones in the home.
- People were supported to access their local community. Where possible, people did this independently, accessing local pubs and shops. One person said, "I go out a lot to visit my brother and watch football matches."

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

- In the absence of the registered manager the regional manager and interim manager understood when and who to report concerns to. We saw that any incidents were recorded, and relevant professionals informed as required such as the safeguarding team and CQC.
- Accidents and incidents were investigated and any lessons to be learned explored. Where identified, changes to practice were implemented to improve people's experiences of their care and support.