

St. Martin's Care Limited

Windermere Grange Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Windermere Grange Care Home is a residential care home. The service accommodates up to 64 people over two floors divided into four units. Two units provide care and support to older people, some of whom are living with dementia. People living with a learning disability are supported in the other two units. At the time of inspection 62 people were using the service.

People's experience of the service and what we found:

Care plans provided guidance to ensure people received safe and responsive care and support. Risks were assessed and mitigated to keep people safe. However, where people may display distressed behaviours, the care plans we reviewed for older people lacked detail on what behaviours may be displayed and how these can be managed. Care plans were in place and contained person-centred information for people with a learning disability. However, care plans had not always been fully updated when changes occurred. Information in relation to people's goals or outcome was not always clearly recorded. Daily records were generic and didn't reflect the care needs identified in people's care plans or the care provided. We spoke with the registered manager and Director of Care and Development about this. They assured us that the new electronic system they were introducing would address this.

Medicines were managed safely. Handwritten medicine administration records were not checked thoroughly, or counter signed to ensure accuracy; this is not in line with national guidance. Staff received training in medicines administration and competency assessments had been completed. Audit processes were in place, however work was needed to ensure the correct audit was completed at the right time and they were reviewed appropriately. We have made a recommendation about this.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People received care and support from staff who knew them well. People were supported to maintain and improve their independence. Risks in relation to people's care and support were well managed to assist people to live their lives as they chose, and to access opportunities. There were enough staff to meet people's identified hours of support, and this supported people to be able to access activities both socially and within their home.

Right Care

People received care and support from a staff team who knew their needs. One relative told us, "From what I can see they get the best care. She can call for assistance when she needs it." The service worked with health

and social care professionals to ensure they met people's needs. A health care professional told us, "Staff know the residents really well. We come here knowing what issues there are and we always have a staff member accompany us during our visit. They follow up any guidance we put in place."

Right Culture

People lived inclusive lives and were supported to take part in meaningful activities within the home and their local communities. One relative told us, "There are loads of activities going on. They do themed nights, and there are special foods from that country." People and their relatives spoke positively about the service. Comments included, "I think the home is run well. The staff are always busy but still have time if you need to speak to them."

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.

There was a positive culture within the service. Staff felt supported by the management team. Their comments included that the management team were visible and approachable, and they could discuss concerns and share ideas.

The service worked in partnership with other social and health care professionals. Feedback from health professionals was positive and included the following comments: "Out of all the care homes we deal with, it is very organised. We come here knowing what the issues are. They send a list of who needs seeing on the day. All information is accurate. They are not resistant to change or our service input. They will follow up any guidance we put in place."

Systems were in place to monitor the quality of the service. However, there are some improvements required with the oversight of accidents and incidents. The registered manager understood their responsibility to follow the duty of candour and to be honest and open when something went wrong.

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 24 February 2020).

Why we inspected

The inspection was prompted in part due to concerns received about care planning, recording of accidents and incidents and staffing. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

We undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for Windermere Grange Care Home on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about the recording of some medicines. We have made a second recommendation about the provider ensuring care plans and daily records reflect the care needs for each person using the service.

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service was not always responsive.</p> <p>Details are in our responsive findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Windermere Grange 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors, a Pharmacist Specialist and 2 Experts 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

Windermere Grange Care home 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. Windermere Grange Care home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

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 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 all this information to plan our inspection.

During the inspection

We spoke with 6 people who use the service and 14 family members. We spoke with 11 members of staff including the registered manager, deputy manager, unit manager, director of care and development and care staff. We also spoke with 2 visiting health professionals.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including audits and policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We received feedback from 2 health professionals who work with the service.

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 has remained Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were stored securely with access restricted to authorised staff. Medicine trolleys required additional routine cleaning.
- Paperwork to support staff with the safe administration of medicines, including care plans and as required protocols, were in place for most people. However, where professional visits or reviews had taken place, the paperwork required updating in a timely manner to ensure staff had access to the most up to date information.
- The service had a process to record balances of medicines which for monthly medicines worked well. However, where medicines were carried forward from one month to the next records were not always accurate, which meant we could not be assured that some medicine records were correct.
- Handwritten medicines administration records were not checked thoroughly, or counter signed to ensure accuracy; this was not in line with national guidance.
- Staff received training in medicines administration and competency assessments had been completed. Audits were in place, however work was needed to ensure that the right audit was completed at the correct time and that these were reviewed by management.

We recommend the provider reviews the process for recording stock balances and updates to people's medicines to ensure staff have accurate records of all medicines in the service.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People and their relatives said they received a safe service. Comments included, "I'm really happy with the service, yes, she is safe. Staff check and monitor her."

Systems and processes to safeguard people from the risk of abuse and avoidable harm; Learning lessons when things go wrong

- People were safeguarded from abuse and avoidable harm. Staff had the knowledge to identify safeguarding concerns and understood their responsibility to report them.
- The provider learned lessons when things had gone wrong. When people had accidents or incidents these were recorded and monitored.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes. Recruitment processes included the completion of

appropriate pre-employment checks to ensure staff were of good character and suitable for their role.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- People spoke positively about the cleanliness of the home. Comments included, "Her bedroom is always tidy. The housekeepers never stop. They come straightaway and do it if there is an issue." On one of the floors, we did notice an odour, which was also brought to our attention by some of the relatives. We spoke with the registered manager about this who was already taking action to address this issue.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act. Assessments of people's capacity and best interest decisions were available in people's care plans.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences. However, where people may display distressed behaviours, the care plans we reviewed for older people lacked detail on what behaviours may be displayed and how these can be managed.
- Care plans were in place and contained person-centred information for people with a learning disability. However, care plans had not always been fully updated when changes occurred.

Information in relation to people's goals or outcome was not always clearly recorded.

- Daily records we reviewed were generic and didn't always reflect the care identified in care plans or the care that was provided. They do not give a real indication of the type of day the person had. It was also noted that the daily records are not being reviewed and actions followed up. We spoke with the registered manager and the director of care and development about this. They explained they were implementing a new electronic care planning system which would address these areas.

We recommend the provider ensures care plans and daily records reflect the care needs identified and provided for each person using the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information. Information was available in different formats to support people to understand the information being given to them.
- People's communication needs were understood and supported. Care plans contained information on what support people needed with communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships. Comments included, "I visit whenever I want. I can take her out when I want" and "My family come whenever they want to."
- People were supported to follow their interests. A range of activities were on offer that people could enjoy at the service and in the community. These were flexible and considered people's preferences and interests.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- People's concerns and complaints were encouraged. Comments included, "They have been helpful, something has been done about my concerns and it's improved recently."

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. There were systems in place to monitor the quality of the service to ensure improvements were identified and actioned. However, there are some improvements required with the oversight of accidents and incidents.
- There was a positive and open culture at the service. There were opportunities for people and their family members to provide feedback on the service. Comments included, "I did complete a survey. The manager is about the home, and I know the senior staff. The managers are approachable and friendly."
- The provider had systems to provide person-centred care that achieved good outcomes for people. People and their relatives spoke positively about the care provided. Their comments included, "The staff are lovely and caring" and "I have nothing but praise. I'm pleased with the way things are going. There are loads of ways they keep us safe."

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; Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received. There was evidence that the manager had reviewed accidents, incidents, complaints and safeguardings to ensure lessons could be learned and improvements made.
- The provider understood their responsibilities under the duty of candour.

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

- People and staff were involved in the running of the service and fully understood and considered people's protected characteristics. There were opportunities for staff to engage with the management team. Staff said they felt supported and received regular supervisions and appraisals.
- Staff, people, and relatives spoke positively about the manager. Comments included, "I feel able to speak out I get on really well with the management. We see the managers, they are very much in attendance but not in your face" and "I enjoy working here. Management are visible and approachable. I do feel supported."

Working in partnership with others

- The provider worked in partnership with others. Comments from other professionals included, "I have

visited Windermere Grange several times and I have always found the staff to be approachable, helpful, and professional. The staff have always given me feedback on the clients I visit and are happy to talk with me."