Parkcare Homes (No.2) Limited

Windsor House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 11 December 2017 and was unannounced.

Windsor House is a care home registered to provide accommodation and personal care for up to 14 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People living at the service had a range of learning disabilities and required support with behaviours that challenged.

Downstairs there were two lounges, a kitchen and dining room. There were 14 bedrooms and some bathrooms spread across the remaining two floors. At the time of the inspection there were 10 people living at the service.

The service had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission (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.

We last inspected Windsor House in May 2017, we found significant shortfalls and the service was rated inadequate and placed into special measures. There was no registered manager in post. There were not enough staff to keep people safe. Conditions on people's Deprivation of Liberty Safeguards authorisations (DoLS) had not been met and appropriate action had not been taken when safeguarding alerts had been raised. Risks relating to people's care and support were not always adequately assessed or mitigated. People's needs had not always been assessed before they moved into the service. Complaints had not been adequately investigated or responded to. The quality assurance audits were not effective to ensure that all shortfalls in the service were identified and acted on. The provider had failed to notify CQC in a timely manner of important events that had happened in the service.

We took enforcement action and issued a warning notice relating to 'Good Governance.' We required the provider to make improvements. This service was placed in special measures. Services that are in special measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. We received an action plan from the provider, and they told us they would be compliant with all regulations by 31 August 2017.At this inspection we found that improvements had been made in many areas. A new registered manager had been employed and there were no breaches of the regulations.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of

Special Measures.

At our previous inspection we found that the care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At this inspection we found that many improvements been made, however, there was still further work to ensure that people were encouraged to be as independent as possible and formalise goals for people to work towards. People with profound learning disabilities required more specialist support from staff regarding their sensory needs. We made a recommendation regarding this.

Since our last inspection the new registered manager and new deputy manager had made many improvements. There was now enough staff to keep people safe. The registered manager had employed more staff and there was now a cook and cleaner in place so care staff could focus on supporting people and not on other tasks. People were able to go out when they wished and when people had conditions on their DoLS to access the community regularly these were now being met.

No one new had moved into the service since our last inspection, however, the registered manager and deputy manager had re-written each person's care plan. These contained detailed guidance for staff on how to support people effectively and risks relating to people's care and support were now fully assessed and mitigated. There was clear, person centred information regarding how people liked to be supported and how they communicated. Staff had made referrals to appropriate healthcare professionals to ensure they had up to date guidance on how to support people safely when moving or with eating and drinking. People received support to manage their health care needs.

The registered manager had a good knowledge of the regulatory requirements. They completed regular checks and audits to ensure that the improvements they had implemented were being continued by staff, The registered manager had only been in post since July so we were unable to assess if the improvements they had made had been fully embedded. The registered manager had informed CQC of any important events that occurred at the service, in line with current legislation. Any potential safeguarding issues had been discussed with and when necessary reported to the local authority safeguarding team. The registered manager worked closely with other professionals and was open and transparent, seeking advice and guidance when necessary. When incidents had happened they had been fully analysed and action had been taken to reduce the risk of them happening again. The registered manager told us they had learnt from each incident that occurred.

The registered manager had worked to change the culture of the service. They had encouraged to staff to be open to change and there was now a positive, inclusive culture at the service. Staff told us they felt well supported by the registered manger and felt that things were changing for the better. Staff received the training, support and supervision from the registered manager to carry out their roles effectively. Staff were kind and caring and knew people well. Some people needed support to communicate and staff were able to interpret their non-verbal communication. People were treated with respect and dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had an understanding of The Mental Capacity Act (2005) and any restrictions on people's liberty had been legally authorised.

The registered manager had made changes to the décor and layout of the service. They had moved their

office downstairs, so they had more oversight of the service and were a visible presence. There was now a dining room, which meant people had more space to eat, and they did not have to eat in the lounge. People were supported to plan their meals and were supported to eat and drink safely. People's rooms were personalised and people had been involved in choosing the decoration of their rooms.

The registered manager had sought feedback from people, their relatives, staff and other stakeholders regarding their views on the service. They had followed up on complaints that we had identified at our last inspection and ensured people were happy with the outcome. The provider had displayed their rating clearly and legibly on their website and at the service.

Medicines were managed safely and people received their medicines as and when they needed them. Staff were recruited safely. The environment was safe. Equipment had been regularly serviced and staff knew how to support people to leave the service in the event of a fire. The service was clean and people were protected from the spread of infection.

The service was not currently supporting anyone at the end of their life. The registered manager had arranged for one person to have support from an advocate when planning the end of their life, but other people's needs had not been considered.

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.

There was enough staff to keep people safe. The registered manager had recruited new staff since our last inspection and these had been recruited safely.

The registered manager had re-written people's care plans since our last inspection. Risks relating to people's care and support had been assessed and mitigated.

The registered manager had reported any safeguarding concerns to the local authority. Any incidents that occurred had been documented and lessons learnt if things had gone wrong.

The environment was safe. The service was clean and tidy.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Any conditions on people's Deprivation of Liberty Safeguards (DoLS) authorisations were now adhered to. People were supported to make choices about their lives.

Senior staff were knowledgeable about best practice when supporting people with learning disabilities.

Staff had received necessary training and had the support to carry out their roles effectively.

People had been involved in making decisions about the décor and design of the service.

Staff consulted with other professionals regarding people's care.

People received support to manage their healthcare needs. People were supported to eat and drink safely.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

Staff knew people well and were able to interpret their non-verbal communication.

Staff treated people with respect and dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were now able to go out and took part in more activities. However, the registered manager agreed that activities for people with profound learning disabilities required further development.

There were no plans in place to increase people's independence. This was an area for improvement.

The registered manager had followed up on complaints we had identified at the last inspection.

The service was not currently supporting anyone at the end of their life.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Staff told us the registered manager had a positive impact on the service and the culture had improved, but there had not been enough time for us to tell if these had been embedded within the service.

The registered manager and representatives of the provider completed regular checks and audits on the service, but there were still areas of improvement identified at this inspection.

The registered manager had a good knowledge of the regulatory requirements and had made improvements to the service.

People, their relatives, staff and other stakeholders were asked their views on the service.

The service worked in partnership with a range of other agencies such as the local authority safeguarding and commissioning team.

Windsor House

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 11 December 2017 and was unannounced. The inspection was carried out by three 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 looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager, and six members of care staff. We looked at five people's care plans and the associated risk assessments and guidance. We looked at a range of other records including two staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

Some people were unable to tell us about their experience of the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We received feedback from one healthcare professional.

During the inspection we spoke with one visiting health care professional.

Good

Is the service safe?

Our findings

People told us and indicated they felt safe living at the service. People told us they liked the staff and that they gave them the support they needed.

At our inspection on 14 December 2016 we found that the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found there were not enough staff to meet people's needs, especially their social needs. At this inspection, the breach had been met. Staffing levels had improved and the provider was now meeting the requirements of the regulation. There were 10 people living at the service, one person required one to one staff support for nine hours a day. The records showed that there were four members of care staff on duty during the day and staff were allocated to give one to one support. Care staff were now supported each day by a domestic and a cook, which meant that care staff were now only responsible for supporting people. The staff were supported by the registered and deputy manager, who worked with people, on a day-to-day basis. The service no longer used agency staff which meant that people were not supported by people they did not know and had not met before.

There had been a positive impact on people's social activities, people were able to go out regularly including trips away. Staff told us that having more staff had improved the running of the service. One staff member said, "Things have changed. We were short staffed and used a lot of agency staff. We have got enough staff now and it seems to be running well." The registered manager told us that they were starting to recruit staff to work on an as required basis to cover holiday and sickness.

At our previous inspection the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. People had been supported to move using unsafe moving and handling practices. There had been no risk assessments in place regarding how to move a person safely and a safeguarding alert was raised during the inspection. At this inspection the registered manager and deputy manager had re-written each person's care plan to ensure there was accurate guidance regarding how to support people safely. One person's mobility had declined and they had been immediately referred to an occupational therapist. Staff now assisted the person to move using a hoist and we observed staff doing so safely throughout the inspection.

Other risks associated with people's care, such as their behaviours, eating and drinking and any healthcare conditions had been identified and there was clear guidance in place to show how to minimise the risks. Staff supported people positively with their specific behaviours, which were recorded in their individual care plans. There was information to show staff what may trigger behaviour and staff were aware of the strategies to minimise any future occurrence. One person preferred being supported by female staff members, and having a male staff member supporting them could be a trigger for a behaviour. This was clearly documented and we observed the person receiving support from a female staff member throughout the inspection.

At our previous inspection the registered provider was in breach of Regulation 13 of the Health and Social

Care Act 2008 (regulated activities) Regulations 2014. Safeguarding incidents, including the poor moving and handling practice had not been raised with the local authority safeguarding team. We asked the provider to make safeguarding referrals during the inspection due to the concerns we found. At this inspection, the breach had been met. Staff knew how to recognise and respond to abuse. They told us they had confidence in the registered manager to report and deal with any concerns that were raised. All potential incidents of abuse had been reported by the registered manager. They had an open and honest relationship with the local safeguarding team and had called them to discuss any potential safeguarding concerns.

Any incidents that occurred were documented by staff and the registered or deputy manager reviewed the incidents and took action to resolve them. Incidents were collated and analysed to look for trends and patterns and any steps which could be taken to reduce the risk of them happening again. The registered manager had identified that one person could display behaviours that challenged at a specific time of day. They had changed the staff rota to ensure there was additional staff available at this time to ensure the person was able to receive the support they needed. The registered manager told us they used each incident as a learning experience and to ensure improvements could be made to the service.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of being scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency. The service was clean and since our last inspection a cleaner had been employed to allow care staff to focus on providing support to people whilst ensuring the service remained clean. Staff had received training in infection control and wore gloves and aprons when assisting people with their personal care, to prevent the spread of infection.

Staff were recruited safely. Recruitment checks were completed to make sure staff were honest, reliable and trustworthy to work with people. These included a full employment history. References were checked to ensure they were satisfactory, including previous employers. Disclosure and Barring Service (DBS) criminal records checks were completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

People received their medicines safely and when they needed them. Staff knew how people preferred to take their medicines and ensured their preference was followed, to promote people's independence. People's medicines were stored in a locked cupboard in their rooms. The medicines were stored at the correct temperature to ensure they were effective. Medication administration records (MAR) charts were completed. Some people were prescribed medicines on 'an as and when' basis. There was guidance for staff on when these medicines should be administered. Staff had guidance where to apply creams and these were recorded.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our previous inspection the registered provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. People's liberty was being unlawfully restricted. Applications to renew people's DoLS had not been submitted and conditions on people's DoLS had not been adhered to. At this inspection improvements had been made.

The registered manager had submitted applications for DoLS for everyone who required them. Some people had conditions on their DoLS that they should access the community weekly. The registered manager had introduced a monitoring sheet to track when people accessed the community to ensure they were doing so regularly. People were regularly going out more than once a week. On the day of the inspection some people went out for breakfast and others went out to look at Christmas lights. The new management team had met with some people's legally appointed representatives under the DoLS process and explained about the improvements they were making to the service.

Staff had an understanding of the MCA. One member of staff told us, "Always assume people have capacity. If they make a bad decision, that is fine. We support people to be as independent as possible." People were supported to make day-to-day decisions about what they wanted to do, eat and wear.

At the last inspection, staff had not received training updates to ensure they working to recognised best practice. At this inspection, improvements had been made. The registered manager had identified the training that staff needed to complete. All staff had completed essential training including equality and diversity, staff had started to complete specialist training such as managing challenging behaviour. We observed staff supporting people safely and in line with best practice. When people became anxious staff responded quickly and diverted their attention, assisting them to remain calm.

New staff worked through an induction. Staff completed a six month probation period, this included working alongside staff who knew people well, to get to know people's choices and preferences. Staff completed the Care Certificate as part of their induction, which is an identified set of standards that social care workers work through based on their competency.

Staff received one to one supervision. The registered manager had made this a priority to support staff and

identify any training and development needs they may need. The registered manager told us they planned to start the appraisals in January. Staff told us that they felt supported by the management team and they were able to bring any concerns to them that they may have.

At our last inspection people had to wait to receive their lunch time meal due to a lack of staff. At this inspection people received the support they needed in a timely manner. The registered manager had consulted with people and created a dining room in one of the communal spaces downstairs. People now had the choice of eating in the lounge or in the dining room. People's rooms were personalised and people had been involved in choosing the decoration of their rooms.

There was a weekly menu displayed in the kitchen and people took it in turns to choose the main meal of the day. At lunch and breakfast time people were individually given the choice about what they would like to eat. At lunch time one person was offered two different types of soup and chose between the different cans. Another person was supported to make toast and staff encouraged them to butter their toast independently.

Some people had eating and drinking guidelines in place from a speech and language therapist. Each meal was prepared in line with the guidelines and we saw people being given drinks thickened to the correct level. Staff supported people to eat and drink safely.

Windsor House had been converted to meet the needs of people living at the service. Some people were wheelchair users and there was a lift which allowed them to access the first floor. The registered manager had changed how some communal rooms were used, in response to people's needs. There was now a dining room at the service which meant people had more space to eat, and they did not have to eat in the lounge.

The registered manager was knowledgeable about best practice when supporting people with learning disabilities. With the new deputy manager, they had re-written each person's care plan to ensure that it was detailed, accurate and reflected best practice regarding person centred and positive behaviour support. They were in the process of mentoring staff to ensure people's individual key workers (staff with responsibility for co-ordinating a person's care and support) could update people's care plans going forward.

At the last inspection, one person had transferred into the service and they had not been assessed by specialist healthcare professionals. There had been no admissions into the service since the last inspection. The registered manager understood the importance of working with other professionals to ensure that people received the support they needed. On the day of the inspection an external professional visited the service to carry out an exercise class. They told us they felt things were improving since our last inspection and the appointment of the new registered manager. They said, "It is a lot more organised and people have more structure so they seem happier."

People were supported with their healthcare needs. Since the new registered manager had been in post they had ensured that people had been reviewed by a variety of healthcare professionals, including speech and language therapists and occupational therapists to ensure people were receiving the correct support. When people's support needs had changed this had been clearly documented and new guidelines had been put in place for staff to ensure they supported people effectively. Some people were living with health conditions such as epilepsy. There were clear guidelines in place for staff regarding people's seizures and what action to take if they occurred.

Staff assisted people to attend a variety of healthcare appointments and check-ups. On the day of the inspection one person was visiting the hospital after staff had informed the person's doctor they had been unwell. Some people were unable to communicate verbally but staff told us they knew when people were unwell as they knew them well and were able to pick up any changes in their behaviour or demeanour. The outcome of all appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result.

There was information in place for people to take with them if they were admitted to hospital. This laid out important information, which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed

Good

Is the service caring?

Our findings

Staff treated people with kindness and compassion. They responded quickly if people appeared distressed or anxious and we observed numerous warm and caring interactions. People appeared relaxed in the company of staff and there was lots of smiling and laughter throughout the inspection.

Staff knew how people preferred to communicate and we observed staff communicating with people effectively. Information was presented in ways people could understand including the use of pictures and photographs to show who was on duty that day. Staff spoke with people and to each other with patience and respect.

Staff knew people well and were able to interpret their non-verbal communication. During the inspection one person had been out earlier in the morning for breakfast. On their return to the service they had not wanted to take their coat off and did not want to get out of their wheelchair. Staff told us that this meant the person wanted to go out again. Staff smiled at the person and told them that it was fine for them to go out again. They explained clearly that other people needed to get ready and put their coats on and they would then be going out to look at some Christmas lights. The person smiled and waited patiently for the other people to be ready before going out again to look at the lights. When they returned from the trip out they appeared happy and relaxed, took their coat off, and got out of their wheelchair immediately, indicating they were now happy to be back and remain at the service. Staff told us that although some people were unable to verbally communicate, their actions and body language meant they were able to understand what people wanted and allowed people to make their needs known.

At lunch time one person was not eating their meal. Staff spoke with us sensitively and explained that the person could be anxious when people they did not know were present. They asked if we could leave the room as that may encourage the person to eat. We left the room and went into the kitchen. Staff sat with the person and offered them reassurance. The person then began to eat their lunch. Staff's timely intervention ensured that the person received the support they needed and they were able to enjoy their lunch time meal.

People met monthly with their key workers during 'Your Voice Meetings'. Key workers are named members of staff with responsibility for co-ordinating people's care. Your Voice Meetings were an opportunity to review people's care over the past month. Some people had identified trips out they wanted to take or items that they wanted to purchase during these meetings and these had been completed month on month.

Visitors were always welcome at the service and staff supported people to keep in touch with their family and friends. During the inspection one person's relative visited and then assisted their loved one to attend an important appointment. Other people told us how staff had supported them to visit their relatives at home, and that they enjoyed these visits.

People were treated with respect and dignity. Throughout the inspection staff responded to people in a discreet and caring manner. They dropped their voice when speaking to people about potentially sensitive

or personal things and gave people the support they needed. Each person had their own bedroom and staff knocked on people's doors before entering.

People were encouraged to use advocacy services if they were needed. The registered manager had referred one person to an advocate to help make decisions about what they wanted to happen at the end of their life. An advocate is someone who supports a person to make sure their views are heard and their rights upheld.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially.

Requires Improvement

Is the service responsive?

Our findings

Staff told us that since the new registered manager had started the service was now more responsive. One staff member told us, "I do think it is better. The staffing is a lot better and the activities are better. It means the atmosphere in the home is better."

Some people required support to take part in activities within the service and to go out. At the last inspection the registered provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. There were no activity plans in place for people, so nothing was planned in advance. Activities were ad hoc and depended on staff having the time to arrange and lead them. As staff levels were often too low, activities were limited.

At this inspection, improvements had been made. There was now enough staff on shift to support people to take part in the activities they wanted to. On the day of the inspection staff supported people to go out for breakfast and go on a mini bus to look at Christmas lights at a garden centre. Some people chose to stay at home and they took part in a range of craft activities. One person helped to decorate the service Christmas tree. Staff told us that having more staff on shift meant there was more opportunities to interact with people. One staff member said, "Now we spend more time with them [people] you can see they are happier."

In the lead up to Christmas people had gone out regularly and been Christmas shopping, attended Christmas fairs and been to see Christmas lights in the local town. Staff had introduced regular activities for people to take part in, which they had not had the opportunity to do before. Some people were now regularly going swimming, for example.

Although people were now regularly going out there was still room for improvement. The registered manager told us they had worked to change the culture of the service to ensure people were encouraged to do things more independently but this was a work in progress. People did not have goals in place to formally identify tasks and activities that they wanted to learn to do or take part in. As these were not formalised there was a risk that staff would support people inconsistently and although people's lives had improved for the better, their goals may not be achieved.

Some people had profound learning disabilities. Staff did interact with them, spending time talking to them and moving down to their level to give them eye contact but there was limited activities that they could participate in whilst at home. For much of the day people with more profound needs sat watching the television but there was no other method of ensuring their sensory needs were met. We discussed the range of specialist activities and support needed for people with profound learning disabilities with the registered manager and they agreed this was an area that they wanted to develop further.

We recommend that the provider and registered manager seek advice from a reputable and recognised source regarding goal planning and activities for people with profound learning disabilities.

At our previous inspection one person had moved into the service from another service owned by the provider. No assessment had been carried out of their needs and staff had used unsafe moving and handling practices when assisting the person to move. At this inspection no one new had moved into the service. However, the registered manager had re-written each person's care plan. There was now detailed, up to date guidance regarding how to support each person with each aspect of their lives.

Preferences about people's personal care and daily routine were also documented in their care plan. Some people were unable to tell staff how they wanted to be supported, so the registered manager had spoken and involved others who knew people well to ensure the new care plans were accurate. Care plans contained important information about what made people feel happy and relaxed such as wearing their slippers when inside, or having specific hand held sensory toys available. We saw these were in place during the inspection.

Detailed guidance was in place to ensure that staff were supporting people consistently to minimise their anxieties and any triggers for behaviours. Some people needed support with their communication and each person had up to date information in their care plan about how best to support them, and what their different signs and vocalisations may mean. Staff were able to communicate with people throughout the inspection, engaging with them, offering them choices and ensuring they were happy and relaxed.

The service was not currently providing support to anyone at the end of their life. Some people living at the service were older and lived there for some time. The registered manager had recognised that one person had no one to support them with deciding what they wanted to happen when they died, so they had made a referral to an advocate to support them with this decision. However, no consideration had been made about supporting other people to discuss or decide what they wanted to happen at the end of their lives. We discussed this with the registered manager and they agreed this was an area for improvement. We will follow this up at our next inspection.

At the last inspection, a complaint from December 2016 had not been responded to in line with the provider's policy. The registered provider was in breach of Regulation 16 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. At this inspection, the registered manager had contacted the person who had made the complaint and discussed if they were happy with the action taken. The registered manager recorded the person was satisfied with the outcome, they had also met with the person and discussed how to take things forward. There had been no complaints since the last inspection. The registered manager understood their responsibilities to investigate complaints following the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection, the management of the service had been unstable for a period of time. There had been little oversight of the service, with no registered or deputy manager in post. The provider had not met a condition of their registration that the service should have a registered manager in post.

At this inspection, there was a registered and deputy manager in post. They had day to day oversight of the service, they were now supported by a quality lead, to improve the quality of the service. The breaches from the last inspection had been met and the registered manager had plans about how to continue improving the service. Feedback from staff and external professionals regarding the new management team was positive and they told us they felt there had been improvements at the service. One member of staff told us, "I think they [the management team] have done a good job. They are putting more things in place. We have had more staff meetings. They are focussed on getting stuff done."

Although improvements had been made, and there were no longer any breaches of the regulations, for a service to be rated Good they need to be able to demonstrate sustained and continual improvement. The registered manager had only been in post since July so we were unable to tell if the improvements they had made were embedded within the service. We will follow this up at our next inspection.

Previously checks and audits had not been completed consistently or been effective when shortfalls had been identified. The registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We took enforcement action, and issued a warning notice, telling the provider they had to make improvements. At this inspection, the registered manager had completed regular checks and audits on all areas of the service and shortfalls had been identified. However, it was not consistently documented what action had been taken, but the next audit showed that the shortfall had been rectified. This was an area for improvement. The registered manager told us that they were going to have a sheet showing what action had been taken and when, in each audit folder.

The provider had completed a monthly compliance visit, following the CQC methodology. They looked at if the service was safe, effective, caring, responsive and well-led. We reviewed the last two audits. The reports were not consistent in the areas assessed and did not follow through shortfalls identified from the previous month, to support the registered manager to know where improvements needed to be made. This was an area for improvement.

Since the last inspection, the number of staff supporting people within the service including domestic staff had increased. Staff told us that they felt supported by the management team. They were able to support people in a positive way and this had impacted on the quality of people's lives for the better. People were now able to go out locally on a regular basis, also on longer trips to visit attractions and family.

The registered manager told us about their vision for the people living at Windsor House. They planned to increase people's independence, by encouraging and supporting them to prepare their own food and drink. They had also identified what people wanted to do and had started to make this happen for example, going

to Wembley to watch football. Staff confirmed this vision and were committed to improving the lives of people living at Windsor House. One staff member told us they saw the vision of the service as, "Happiness. Seeing them with a smile on their face. Making their day."

The registered manager told us that they would be implementing further improvements in the New Year, such as getting passports for people to allow them to travel abroad. The registered manager told us they wanted to involve staff and ensure that any ideas staff had were incorporated into the plans. Staff told us they felt listened to and valued, and that any ideas they had were considered. One member of staff said, "If you have got an idea they do listen. They are very approachable. I could not ask for a better manager and deputy manager."

The registered manager had moved the office to the ground floor, so that people were able to see them and feel happy to go into the office and chat. During the inspection, people were happy to come into the office and knew both the deputy and registered manager. Staff told us that they felt reassured from having a visible management presence and the consistent approach of the management team ensured they felt able to raise issues and they would be dealt with. One member of staff said, "It is 1000 times better. You have got someone you can go and speak to and you know the same person will be there tomorrow." The registered manager had started to produce pictorial information for people, so they could be more involved in the service.

At the previous inspection, quality assurance surveys had not been sent since 2015. Quality assurance surveys had now been completed by people, relatives, staff and stakeholders such as GP's. The results from people, relatives and stakeholders were positive, an action plan had been put in place to respond to the suggestions made in the responses. These actions included giving people more choice at mealtimes and 'Your Voice' meetings. During the inspection, we were shown how people were given more choice at meals and that 'Your Voice' meetings were taking place regularly. The response to the staff survey had not been analysed by the provider, as the closing date for the survey was October 2017.

Regular staff meetings were held, these were used to keep staff up to date with changes and to ensure that staff understood important policies such as whistle blowing. Staff were asked their opinions on suggestions and this was taken into account when decisions were made. For example, the registered manager asked staff for suggestions about how to manage a person's behaviour, and the outcome was based on staff suggestions.

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. CQC then check that appropriate action has been taken. Previously, the service had not notified CQC as required by law. The registered provider had been in breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. At this inspection, the registered manager had informed CQC about events in the service. The registered manager had been proactive in contacting CQC and the local safeguarding team when incidents had happened.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the service and on their website.