

Silverlake Care 2 Limited

Windermere House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Windermere House is a residential care home that provides care, accommodation, nursing and rehabilitation for people with an acquired brain injury (ABI). It was registered for the support of up to 41 people. Five people were living at the service on the day of our inspection.

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

People received personalised care and support specific to their needs and preferences. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Staff understood the risks associated with the people they supported. Risk assessments provided guidance for staff about individual and environmental risks. People received their medicines safely, when they needed them.

Care was person-centred and promoted people's dignity, privacy and human rights. People's individual needs and choices were recognised, and respected. This had been effective in supporting people to achieve goals and facilitate their rehabilitation. People were supported to have 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.

The provider and staff had worked hard to develop good leadership. Quality monitoring systems had been embedded and morale was good amongst the staff team. We spoke at length with the management of the service about their ongoing plans for Windermere House. They gave us assurances and described positive plans as to how they wished to develop and advance the service over time and when occupancy levels increased.

We received positive feedback in relation to the care people received and how the service was run. One person told us, "I'm happy here, they're a good bunch. I get to do the things that I want." A relative added, "I can't fault the care, I think they are brilliant."

Due to the COVID-19 pandemic, the provider had ensured that appropriate infection control procedures were in place to keep people safe. This included increased cleaning and ensuring adequate supplies of personal protective equipment (PPE) were available. Staff completed training in relation to COVID-19. We were assured the provider managed infection prevention and control through the COVID-19 pandemic.

Staff had the skills and knowledge to meet people's needs and preferences. They received training, regular supervision and attended team meetings to support them in their roles. People's nutritional and hydrational needs were met. There was regular involvement from health and social care professionals, who spoke positively about the support people received. One health professional told us, "I'm very pleased with the work they do for my client. They make sure they follow our guidance and we're seeing really good progress."

We observed a kind and caring culture. People and professionals spoke positively about the support staff gave to people. We observed positive interactions between people and staff throughout the inspection.

People's care plans were personalised and gave staff the information they needed to support people. We saw people were supported with their communication needs and their preferred activities in accordance with their care plans.

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

Rating at last inspection

This service was registered with us on 17 December 2021. This is the first inspection.

Why we inspected

This was the first inspection for this service and was carried out to support an increase local capacity for this specialist service type.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Windermere House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Windermere House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission (CQC). Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and professionals who work with the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person using the service and six members of staff, including the registered manager, the regional manager, a registered nurse, the chef, a physiotherapist and care staff. We also spoke with two relatives and two health professionals over the phone.

Some people living at the service were not able to fully verbalise their views with us. Due to people's needs, we spent time observing people with staff supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records, medicine records, and further records relating to the quality assurance of the service, including audits and training records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 and care practices were safe. Safeguarding training was provided and completed by all staff. Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- We observed the support people received and their interactions with staff which were relaxed and demonstrated trust and confidence. One person told us, "The staff are good, I'm happy here. They help me with anything that I need."
- Staff had a good understanding of how to protect people from abuse. They referred to the provider's whistleblowing policy and said they would not hesitate to report poor or unsafe care. One member of staff told us, "We raise any issues we have with the managers or the authorities."

Using medicines safely

- Registered nurses were trained in the administration of medicines. A member of staff explained the medicines procedures to us. They were knowledgeable and knew what medicine people needed and how they liked to take them.
- The medicines people took were recorded in Medication Administration Records (MAR). The MARs we looked at were completed correctly. We saw evidence of audit activity that showed where any errors were found that action had been taken and recorded.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. People we spoke with did not express any concerns around medicines.

Staffing and recruitment

- People told us there were enough staff to meet their needs safely. One person told us, "I ring my bell and they come to me, there's never really a wait unless they are helping someone else." The registered manager said, "We have enough staff recruited and we are retaining staff." Our own observations supported this, and we saw people and staff spending social time together, as well as staff responding to people's needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and regular agency staff were used when required.
- We asked the management of the service about their plans for staffing levels when the occupancy levels at the service increased. They told us about their ongoing plans for Windermere House and demonstrated how staffing levels would be increased in line with occupancy.
- Managers gave us assurances that new admissions to the service would only happen if they had adequate staffing and could ensure they met people's assessed needs.

- The provider had a dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure potential staff were safe to work within the care sector.
- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

Assessing risk, safety monitoring and management

- People had risk assessments in place with detailed guidance for staff on how to recognise, assess and reduce risk. Staff spoke confidently about people's risks and how they reduce these. One member of staff told us, "Everything is assessed and planned, the residents are always safe."
- People's care plans contained detailed information that supported staff in understanding risks their safety, health and wellbeing.
- The building was kept safe with regular health and safety checks by staff and external professionals. This included fire safety, equipment maintenance, water temperature checks and legionella monitoring.
- Personal Emergency Evacuation Plans (PEEPS) were in place to guide staff on how to safely support people from the building in an emergency.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw systems where specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

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.
- Visiting arrangements at the service aligned with current government guidance. Both inside and outside space was available for relatives and friends to visit their loved ones.
- 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. We found the service had effective measures in place to make sure this requirement was being met.

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.

This is the first inspection for this newly registered service. This key question has been rated as 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

- Assessments had been completed with people, their relatives and health professionals to ensure the service was suitable and could meet their needs. These assessments covered all aspects of their care and support needs and were used to draw-up care plans and risk assessments.
- Care was provided in line with relevant national guidance. Staff kept up to date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings.

Staff support: induction, training, skills and experience

- Staff received support, training and supervision to carry out their roles safely and effectively. Supervision and appraisal meetings had been completed in line with the provider's policy.
- Staff completed an induction upon commencement of their employment. New staff shadowed senior staff until they were deemed competent and felt confident to support people.
- In respect to training, a member of staff told us, "There is training available all the time."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People received support to maintain their health. Staff worked closely with health professionals for the benefit of people in the service. A healthcare professional we spoke with told us, "I'm really pleased with the progress they are making with my client. The staff and manager are very passionate and full of good ideas. They understand and implement the guidance we give."
- Care plans documented people's healthcare requirements and clearly identified any involvement with healthcare services.
- The service was fully adapted to meet people's needs. Communal lounges and kitchen areas were spacious. People had choice of how to decorate their bedroom and had access to the gardens.

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

- People's nutrition and hydration needs were met. People were offered healthy and nutritious food which they enjoyed.
- People who required special diets were catered for and the chef provided vegetarian and culturally appropriate foods.
- Any specific eating requirements were followed to keep people safe, for example providing people with pureed or fork mashable diets.

- Some people at the service could not eat orally and were fed through percutaneous endoscopic gastrostomy (PEG). This is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Staff were well trained on using PEGs and people's nutrition and weights were monitored closely.

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

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

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

- Where there were authorised applications to deprive people of their liberty for their protection (DoLS), we found that the required paperwork was in place. Any conditions were being followed and kept under review to consider a reapplication when needed.
- Staff received training and information to help them understand how people were to be supported in line with the key principles of the Act. Staff demonstrated a good understanding of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who knew their needs and cared for them in a respectful way. The interactions we observed were positive, with staff and people engaging well and staff being attentive to people's needs.
- People told us they were well treated and supported. We observed that they enjoyed being in the company of staff. One person told us, "I get in on very well with my main carer, we do a lot together. I get on with most of them though."
- People told us staff were caring and attentive. A relative told us, "The staff are amazing they are always so kind and ready to go the extra mile."
- Staff had all received training in equality and diversity and understood the importance of recognising and respecting people's differences. One member of staff said, "People here have very different conditions and needs. We make sure we know what everybody needs and that they are respected."
- The provider and staff supported people's privacy and dignity and promoted independence. We saw how staff ensured they did not discuss anything of a personal nature in front of other people. People were also encouraged, where possible, to carry out day to day tasks for themselves.

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

- People were encouraged to be involved in their care and to make decisions about how they spent their time. Staff ensured that people, families and professionals were involved in assessment and care planning to guide them on the best way to care for and support people.
- Throughout our inspection, we saw staff responded and interacted with people in the way best suited to their individual communication needs.
- People's communication needs were detailed in their care plans and a member of staff told us, "Some people can't talk with us, but we get to know what people want through their expressions, gestures and actions."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's support plans were person-centred and comprehensive providing information and guidance about people's health and care needs, and how best to support them.
- The service focused on rehabilitation from an acquired brain injury (ABI) and had specific staff deployed to assess and assist people to rehabilitate. Staff told us how goals were developed with the person. These were set within each person's level of achievement and rehabilitation.
- Specific rehabilitation rooms, physiotherapy, communication and exercise activities were available. A member of staff told us, "We have specific plans in place to help to rehabilitate people. To help them build strength, understanding and confidence."
- We saw examples whereby through rehabilitation work, the use of equipment and ongoing physiotherapy, some people could now stand. Improvements were also seen in respect to people's cognitive and communication skills. A relative told us, "They have worked really hard with [my relative] they have got him the right equipment and are helping him build up to doing more things."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Management and staff understood people's communication needs and preferences. Information was available in a variety of formats to meet people's communication needs. These included easy read and pictures.
- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood.

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 offered activities which included trips out to local attractions. The service also had a cinema, and IT suite and often planned social events.
- People were also supported with hobbies and interests that were important to them, such as cooking, fishing, music and exercise. One person told us, "I enjoy cooking and fishing and staff help me to do that. We barbeque food outside and we get food from the country I come from."

Improving care quality in response to complaints or concerns; End of life care and support

- The service had a complaints procedure which was given to people, relatives and next of kin. It was displayed for people's reference and was also available in an easy read format.
- At the time of our inspection no one using the service required end of life support. The provider had an end of life care planning policy and procedure in place and had experience of supporting people at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Quality assurance systems were effective, and we saw a number of audits, checks and monitoring systems including, the environment, medicines, training and infection control. These systems had been implemented to show where shortfalls were, and to enable staff to take action.
- Records were detailed, accessible and gave staff the information they needed to provide person centred care and drive improvement.
- We spoke at length with the management of the service about their ongoing plans for Windermere House. They gave us assurances and described positive plans as to how they wished to develop and advance the service over time and when occupancy levels increased.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff told us about the positive impact the service had on people's lives and how much they enjoyed working there. One member of staff told us, "There have been a lot of changes recently, but the new owners and managers are really good and are making positive changes." This was echoed by the registered manager who told us, "We are now implementing systems and processes that are sustainable. I'm fully supported by the new provider. I've seen a boost in morale since the new provider has come in."
- The culture of the service was positive and inclusive. We saw that there was a positive atmosphere between people and staff. Staff spoke about people with care and compassion. They told us of the importance of keeping people safe and well-looked after especially during the COVID-19 pandemic. The registered manager told us, "We focus on attention to detail, to make sure we can meet people's needs and care for them effectively. We have an excellent team."
- We received positive feedback in relation to how the service was run, and our own observations supported this. A relative told us, "I can't fault the service they do everything that [my relative] needs and they contact me all the time to give me updates."
- The service liaised with organisations within the local community. For example, local charities, the Local Authority and the Clinical Commissioning Group to share information and learning about local issues and best practice in care delivery, as well as to assist each other in investigating any concerns. A health professional told us, "I think Windermere House is a very good service, I have no concerns about their ability to care for people with complex health needs."
- People were involved in the running of the service. People and relatives had opportunities to give

feedback and make suggestions through regular meetings and reviews of care. One relative told us, "We're fully involved with [my relative's] care and care planning. They listen to us and get in touch with us when they need to."

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

- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.