

# Mr John Albert Pownall

# Windsor House

## Inspection report

23 Wilford Lane  
West Bridgford  
Nottingham  
Nottinghamshire  
NG2 7QZ

Tel: 01159818096

Date of inspection visit:  
13 July 2016

Date of publication:  
24 August 2016

## 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

We inspected the service on 13 July 2016. The inspection was unannounced. Windsor House provides care and support for up to six people with a learning disability. On the day of our inspection five people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

People were supported by staff who knew how to recognise and respond to abuse and systems were in place to minimise the risk of harm. Risks associated with people's care and support were effectively assessed and managed.

Medicines were managed safely and people received their medicines as prescribed. People were supported to eat and drink enough. People had access to healthcare and people's health needs were monitored and responded to.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. There were sufficient numbers of staff available to meet people's needs. Safe recruitment practices were followed and staff were provided with regular supervision and support.

People were supported to make informed decisions and where a person lacked capacity to make certain decisions they were protected under the Mental Capacity Act 2005. People were provided with information in a way that was accessible to them.

Staff were kind and compassionate and treated people with respect and people's rights to privacy and dignity were promoted and upheld. People were supported to raise issues and staff knew how to deal with concerns if they were raised.

People and their families were involved in planning their care and support, staff knew people's individual preferences and tailored support to meet their needs. People were enabled to make choices about their care and support and encouraged to be as independent as possible. People led full and varied lives and were supported to have a social life and to be part of the local community.

The service had a warm and friendly atmosphere and staff and managers were passionate about enabling people to have good lives. People using the service and staff were involved in giving their views on how the service was run and there were effective systems in place to monitor and improve the quality of the service provided.

## 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.

People felt safe in the service and there were systems and processes in place to minimise the risk of abuse. Risks associated with people's care and support were effectively assessed and managed.

People received their medicines as prescribed and these were managed safely.

There were enough staff to provide care and support to people when they needed it.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training and supervision.

People were enabled to make decisions and where a person lacked capacity to make a certain decision they were protected under the Mental Capacity Act 2005.

People were supported to eat and drink enough. People had access to healthcare and their health needs were monitored and responded to.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with respect. People's rights to privacy and dignity were promoted.

People were provided with information in a way that was accessible to them.

People were enabled to have control over their lives and were supported to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in planning their care and support.

People were supported to have a social life and to be a part of their local community.

People were supported to raise issues and staff knew how to deal with concerns if they were raised.

### Is the service well-led?

Good ●

The service was well led.

People and staff were involved in giving their views on how the service was run.

The management team were open, approachable, warm and friendly.

There were effective systems in place to monitor and improve the quality of the service.

# 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.

We inspected the service on 13 July 2016. The inspection was unannounced and the inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit to Windsor House we spoke with three people who used the service and the relatives of three people. We spoke with two members of care staff, the registered manager and the operations manager. We looked at the care records of three people who used the service, medicines records of four people, staff recruitment and training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and operations manager.

# Is the service safe?

## Our findings

People felt safe in the service. All three people we spoke with told us they felt safe, one person said, "I do (feel safe), it's a nice area and staff help." People's relatives also told us they felt that their relations were safe, one relative told us, "Yes it's definitely a safe environment for [person]." People we spoke with had a good understanding about keeping themselves safe and about their rights. We saw records of monthly meetings which showed that issues such as bullying and staying safe were regularly discussed with people using the service.

There were systems and processes in place to minimise the risk of abuse and staff had received training in protecting people from abuse and avoidable harm. Staff we spoke with had a good knowledge of how to recognise allegations or incidents of abuse and understood their role in reporting any concerns to the registered manager and escalating concerns to external agencies if needed. One member of staff we spoke with said, "I have loads of managers I could talk to if I was worried about anything." Staff were confident that any concerns they raised with the management team would be dealt with appropriately. We saw the operations manager had taken appropriate action and shared information with the local authority when it was needed.

Care plans were in place which detailed risks relating to people's care and support and how these risks should be managed. These plans addressed the need to keep people safe whilst also promoting their independence. For example we looked at one person's care plan who enjoyed going out and travelling independently, there was a clear risk assessment in place and the management team had worked with the person to develop agreements with them to ensure their safety when out alone in the community. Some people using the service communicated with their behaviour. For these people there were clear plans in place detailing how to keep the person and others safe and staff we spoke with had a good knowledge of these plans.

We saw there were systems in place to assess the safety of the service such as fire and the risk of scalding and control measures were in place to reduce these risks. Staff had been trained in health and safety and how to respond if there was a fire in the service. There were also effective systems in place to safeguard people's finances.

People could be assured that there were enough staff available to meet their needs. People living at Windsor House told us that there were enough staff and during our inspection we observed that people's needs were met in a timely way and there were staff available to give support throughout the day. Relatives we spoke with told us that although there had been the odd occasion where staffing levels had been "a struggle" generally there were enough staff. Staff told us that the provider had a number of local services and staff were shared across the sites as needed so there was always cover. We saw from records that the management team provided cover for shifts when there were any staff absences.

The operations manager told us that staffing was flexible based on people's needs and preferences. One person who had one to one support told us that they sometimes chose not to have this support. We spoke

with the operations manager who told us there was a system in place to ensure that this was available to the person should they choose to access the support.

People could be assured that safe recruitment practices were followed. The service had taken the necessary steps to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identity and appropriate references had been obtained prior to employment and were retained in staff files. Where people had previous convictions the management team had conducted a thorough risk assessment to ensure that the member of staff was suitable to support people.

People were given their medicines as prescribed by their doctor. Everyone we spoke with and their relatives told us that they received their medicines as prescribed. One person said, "Staff remind me (to take medication) and give it to me." Medicines systems were organised and records were completed accurately to show when people had been given their medications. There were protocols in place for 'as required' medications, these required further detail to ensure staff knew when to give people these medicines. We discussed with the management team on the day of our visit and they took immediate action to rectify this.

Staff were following safe protocols to ensure medicines were given as prescribed, for example the manager told us that medicines were always given by two members of staff to reduce the likelihood of error. Staff had been trained in the safe handling and administration of medicines and had their competency assessed annually to make sure they were keeping up to date with good practice. Medicines audits were carried out monthly to ensure medicines were being managed safely and these were effective in identifying issues.

# Is the service effective?

## Our findings

People were supported by staff who had supervision and support. Staff we spoke with told us that they felt supported and they had had recent supervision meetings. One member of staff we spoke with told us that they felt well supported, and said, "We have supervision, its useful to talk about your concerns, we always have a topic that we look at in supervision which is good because you can ask questions if you are unsure." The operations manager told us that topics such as safeguarding and the mental capacity act were discussed in supervision and this was used as an opportunity to test staff knowledge on these areas.

People were supported by staff who had received appropriate training. Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. One member of staff told us, "We've had loads of training." Relatives of people living in the service told us that they thought that staff had the skills and knowledge required to support their relations. We saw records which showed that staff had up to date training in a number of areas including safeguarding, the Mental Capacity Act, infection control, first aid and fire safety. The provider told us they had recently introduced new courses in record keeping and person centred approaches. Staff had training relating to the specific needs of people using the service such supporting people who sometimes communicated through their behaviour.

The operations manager also told us most staff had completed or were in the process of completing the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. Staff we spoke with were knowledgeable about systems and processes in the service and about aspects of safe care delivery.

Staff were provided with an induction period when starting work at Windsor House. The operations manager told us that staff completed all mandatory training during their induction and also spent time shadowing more experienced staff members and reading care plans to learn about the needs of people using the service. Staff we spoke with told us that they felt competent to support people following their induction.

People were supported to make decisions on a day to day basis. The people we spoke with told us they made decisions relating to their care and support. One person said, "Staff offer me help but it's my choice." Another person told us, "We choose." People's relatives also felt that people were given appropriate support with decision making, one relative told us, "Yes, they (people who use service) are supported to make choices." People's care plans clearly detailed how to support people to make decisions to maximise their choice and control. One member of staff we spoke with explained the importance of ensuring people made informed choices by giving them as much information as possible and checking their understanding.

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 were supported by staff who had a good knowledge and understanding of the MCA. Both staff and managers we spoke with had a good level of knowledge about their duties under the MCA and how to support people with decision making. People's support plans contained clear information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had made applications for DoLS where appropriate. For example, one person had been assessed as requiring support from staff if they went out into the community and they were not free to leave the service alone. There was an up to date DoLS authorisation in place for this person. The operations manager had also made further DoLS applications for other people to ensure that they were not being deprived of their liberty unlawfully.

People were protected from the use of avoidable restraint. People who sometimes communicated through their behaviour were supported by staff who recognised how to support the person and how to respond in a positive way. There were care plans in place informing staff of what may trigger the behaviour and detailing how staff should respond. Staff were given training on how to respond to behaviour using least restrictive methods and the techniques which worked for each person were clearly recording in people's care plans. We found that staff we spoke with had a good knowledge of these plans and applied this knowledge when supporting people throughout our visit.

People were supported to eat and drink enough. Peoples relatives we spoke with told us that their relations had enough to eat and drink, one person's relative told us, "I know [person] is involved in choosing food and they get enough, when I have raised issues with food in past they have always been resolved." We observed that people were provided with frequent snacks throughout the day and people were also supported to access the kitchen and help themselves to snacks and drinks.

People's nutritional needs were assessed regularly and there were support plans in place with clear details of the support people required in this area. One relative we spoke with told us, "They (staff) are good at managing [person's] diet, [person] would not be able to make healthy choices themselves." One person had health risks in relation to their weight and staff had worked with the person to implement a healthy eating plan and we saw that this person was given advice and prompts throughout the duration of our visit. Staff we spoke with told us that people were provided with healthy options, one member of staff said "we always make sure that we offer people plenty of fruit and people here love salads."

People were supported with their day to day healthcare needs. People were supported to attend regular appointments and to get their health checked. People had their healthcare detailed in their support plan and each person had a health action plan specifying support they required with their health. The registered manager told us in the PIR that they were currently in the early stages of a project to enable people using the service to access GP services face to face online.

Staff sought advice from external professionals when people's health and support needs changed. Staff

made referrals to physical and mental health specialist teams when advice and support was needed and we saw the advice received was included in people's support plans and acted on.

## Is the service caring?

### Our findings

People were supported by staff who were kind and caring in their approach. People told us that they got on well with the staff and they enjoyed spending time with them. One person told us, "They (the staff) are very nice to talk to and understanding, couldn't fault any of them. I feel like they are problem solvers." Another person said, "Staff are nice and kind." Peoples relatives all told us that staff were kind and caring, one relative said, "Yes they (staff) are definitely kind and caring."

We observed positive, friendly relationships had developed between staff and people who used the service. People treated each other with mutual respect and appeared to know each other well and enjoy each other's company. Staff told us they enjoyed supporting people to grow and become more independent. One member of staff told us, "I like to make a difference, people have a better life with us being here." They went on to tell us, "I have a close bond with people living here."

The service worked hard to respect people's diverse needs. One person who used the service had support needs relating to their individuality and how they expressed this. The operations manager described how they had worked with the person and the staff team to ensure that the person was enabled to express themselves in the safest way possible. We looked at this person's support plan and there was clear information available for staff on how the person should be supported in this area. Staff we spoke with described how this person had grown in confidence as a result of this support.

People were supported to make day to day choices and to spend their day as they wished. One person told us, "I do what I want, I can go out when I want, I like visiting [name] and I like my own space." Relatives we spoke with confirmed that people spent their time as they wished and were supported to make choices about this. People told us they had been involved in choosing the decoration of their bedrooms and all three people that we talked with spoke with pride about their bedrooms. We saw that bedrooms were highly personalised to reflect people's preferences. We saw people discussed areas such as the decoration of their rooms and plans about how to spend their time at monthly meetings.

People were supported to develop their independence. People told us that they were encouraged and supported to take part in household activities. One person said, "I help do jobs, I do my room and I help with cooking." Relatives told us staff enabled people to develop daily living skills and we observed people being enabled to cook a meal on the day of our visit. The operations manager told us about one person who had recently moved out of Windsor House into a supported living service, they described the support the person had been given to build their independence to achieve this.

People were provided with information in a format that was accessible to them. We saw that information was provided in a variety of formats including signs, symbols and photos. One person's routine was very important to them and we saw that pictorial timetables had been developed to help them plan their time and reduce their anxiety. We also heard staff providing verbal explanations to people using the service using language that was appropriate to the person.

People had access to an advocate if they wished to use one. Two people we spoke with told us that they knew about advocacy and when to use an advocate. The operations manager told us that one person was currently using an independent advocate to support them to make decisions. Advocates are trained professionals who support, enable and empower people to speak up. The operations manager also informed us that an advocate had attended a meeting for people using the service to share information about advocacy services and we saw that advocacy was discussed regularly in dignity meetings which were attended by people using the service and staff.

People's rights to privacy and dignity were respected. People we spoke with told us that staff respected their right to privacy, one person said, "Yes staff knock on my door." People also told us that they got to spend time alone if they wished. People had a good understanding of their rights relating to privacy and dignity and the operations manager told us that they held monthly dignity meetings which were inclusive of both staff and people using the service. We saw posters that had been developed by people using the service in these meetings were displayed around the service reminding people to knock on doors. One person we spoke with had a clear understanding of how to respect the privacy of others and explained to us, "People's bedrooms are private, you can't just go in there like you would at home." Another person we spoke with told us that they wanted a change made to their room to further ensure their privacy, we discussed this with the management team who were responsive to this request assured us that they would take immediate action on this request.

Staff we spoke with had regular training focused on dignity and privacy and were aware of how to respect and promote people's privacy and dignity. A member of staff explained to us how they preserved people's dignity whilst also ensuring their safety.

## Is the service responsive?

### Our findings

People and their relatives were involved in planning their own care and support and support plans were focused on people's individual needs and preferences. People we spoke with told us they knew about their support plans and we saw people looking at their plans throughout our visit. Relatives we spoke with told us that they had been involved in the initial development of people's support plans. Support plans contained clear detail about the person's level of independence as well as details of areas where support from staff was required. Information about people's personal history and details of how to support people with choices and decision making was also included in these plans.

Support plans were reviewed monthly by the staff team and information contained in plans was up to date. Staff we spoke with told us that they were given time to read and contribute to people's support plans and demonstrated a good knowledge of people's preferences and support needs.

People had also been supported to develop individual 'all about me' books, which contained photos and information about activities and social events that the person had been involved in. One person took pride in using their 'all about me' book to share information about themselves with us during our visit.

People's goals were recorded so that the service could support people to achieve these. One person had a goal of moving on to live independently and records were kept which showed how the person was progressing towards this goal. Another person had identified that they wanted to join a football team, staff we spoke with told us about work that they had done with the person to make this happen and we spoke with this person who told us, "I do my football on a Friday in a team."

People were supported to maintain and develop their hobbies and interests and have an active social life. One person was a big fan of a local sports team, this person was supported to attend matches and had purchased equipment to enable them to become part of a local team which they now attended on a weekly basis. Another person was fascinated by a particular television programme and we saw that their bedroom had been personalised to reflect this and they had also been supported to access the internet to watch the programme and find out more about it. People we spoke with told us they took part in activities at the home and in the community, one person told us, "I don't get bored." We also saw that people were given the opportunity to go on holiday with others using the service.

People were supported to pursue their education if they chose to, a number of people attended local colleges, one person told us, "I do maths and ICT at college." People's relatives told us that people normally had enough to do but they felt that the service could be further improved by additional forward planning for people as they left college and moved to the next phase of their life. We shared this feedback with the operations manager who told us they would arrange an open afternoon for families to attend to discuss planning for the future.

People were enabled to make choices about their meals. One person told us that the people using the service chose the food, helped with the shopping and then did the cooking. One the day of our visit we saw

one person was out helping with the food shop and they were also supported to cook the evening meal for others.

The staff team held regular meetings with people using the service to enable them to plan their activities, social lives and meals. We saw records of weekly 'speaking up' meetings where people discussed what they would like to eat and talked about activities and their social plans for the following week.

People were supported to maintain relationships with their families and friends and to develop new friendships. One person told us that they had recently been supported to join a sports club and they were hoping to make new friends there. On the day of our inspection two people had been out visiting family members and another person was supported to go and visit friends at another service managed by the provider. The provider had a number of homes within close proximity and the operations manager told us that people were encouraged to develop friendships with people in the other homes and at joint events such as discos and a choir. We saw photos displayed around the service which showed people taking part in activities at other homes.

Relatives we spoke with told us that they felt that staff were effective in managing relationships between the people living at Windsor House. We spoke with one relative who told us that the service had responded satisfactorily to a previous concern about relationships between people who use the service. We also observed that staff responded quickly to mediate tensions in relationships and there was detail of this in people's support plans where necessary. People were also given support to manage complex relationships in their lives. Staff we spoke with described how the support they had provided in this area had resulted in one person feeling more secure and confident and also led to a reduction in behaviours which put them and others at risk.

People could be assured that complaints would be taken seriously and acted upon. People we spoke with told us they did not currently have any concerns but would feel comfortable telling the staff or manager if they did. One person told us, "I'd go to the management...top dog." People's relatives told us that they would feel comfortable and confident in raising an issue or complaint with the management team and also told us that when they had raised concerns in the past the service had taken appropriate action to resolve these.

Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to report concerns to the manager. One member of staff told us, "I would encourage it and provide the person with support." Staff were confident that the management team would act upon complaints appropriately. There was a procedure on display in the service informing people how they should make a complaint. This was written in a format people who used the service would understand. There had been one complaint made in the past 12 months and we saw that this had been recorded and addressed.

## Is the service well-led?

### Our findings

We observed a warm and friendly atmosphere within the service. People spoke positively about the service they were getting at Windsor House and told us they were happy there. One person told us, "I'd give it 10 (out of 10)." Another person said "They are very friendly and always here for you when you need them." Relatives of people using the service also commented positively on the service. One relative told us they thought it was "brilliant" and another relative told us, "It's a good place and [person] is eager to get back (to the service) when they have been away."

People who used the service and their families were supported to have a say in how the service was run through regular meetings and an annual satisfaction survey. We saw positive results from the most recent survey and evidence that suggestions for improvement had been acted upon. The results of the survey were shared with people so they knew what improvements had been made.

People we spoke with told us they had regular meetings to discuss the how the service was run and to make suggestions for changes. One person told us, "We go to meetings to talk about days out, what people want to do and what staff could do better." Records of the meetings showed that people used these meetings to discuss things such as activities, shopping and things they wanted to change about the service or their support. There was an action plan developed at each meeting and notes were made against actions that had been completed.

There was a registered manager in place and she visited the service daily. There was also a deputy manager and team coordinator employed to oversee the day to day running of the service when the registered manager was not present. The operations managers visited the service on a daily basis to oversee the quality of the service. We checked our records which showed that the management team had notified us of events in the service. A notification is information about important events which the provider is required to send us by law.

People told us the managers and staff team were approachable and listened to them. We observed people using the service had a good relationship with all members of the management team. The registered manager and operations managers clearly knew people well and were warm and affectionate towards people, spending time talking to people and taking an interest in their lives. Relatives we spoke with also said the management team were approachable and easy to talk to, one relative told us, "They are always there at the end of the phone." The management and staff team had a clear shared vision for the service based upon enabling people to reach their full potential, empowering them to be as independent as possible and supporting people to move on to more independent living where appropriate. One member of staff we spoke with said, "Everyone is different and I like that, in time, people are able to move on and become more independent," another member of staff said, "I like seeing people develop."

Feedback about communication between staff and families was mixed. Some people's relatives did not always feel that communication within the service was effective. One relative told us communication in the week was good, but this was not always the case at weekends, another relative told us, "I'm not always sure

what [person] does, I get told that they are planning things but then I am never sure if it has happened as things aren't always followed up. However another relative told us that they were kept up to date with news about their relation. We discussed this with the operations manager who informed us that they would discuss this with the staff team.

Staff were given an opportunity to have a say in the service in bimonthly staff meetings. Records of these meetings showed that these were used to discuss how things were going for each person using the service and to address issues within the service and refresh staff knowledge in relation to areas such as confidentiality and safeguarding. Staff we spoke with told us they felt well supported and enjoyed working in the service. One member of staff told us, "I feel valued, I get positive feedback which is nice to hear, especially from people's families," another member of staff said, "They (managers) are very supportive, they help me with any problems, doesn't matter what time of day."

The management team had signed up to the Social Care Commitment. The Social Care Commitment was developed by Skills for Care and is a promise made by people who work in social care to give the best care and support they can. The management team told us that they had made a commitment to providing high quality care and we saw that staff were supported to work towards this commitment in supervisions and team meetings.

There were systems in place to ensure that staff received effective support from their managers. The provider had commissioned an independent organisation to deliver advice and support on human resources (HR) and health and safety. We saw that where this service had been consulted for advice on issues arising within the staff team these had been successfully resolved. This meant that staff could be assured that their rights would be respected.

There were systems and processes in place to monitor and improve the quality of the service. We saw that the deputy manager conducted weekly audits covering maintenance, infection control, staff files, finances, risk assessments and other areas. The quality of this audit was then checked by the registered manager. In addition to this operations manager conducted a monthly audit which covered many areas including care delivery, infection control, the environment, care planning and staffing. The operations manager also conducted observations of staff practice as part of this audit. We saw that these audits were effective in identifying and responding to areas for improvement within the service.