

Windy Knowe Limited

Windy Knowe Nursing Home

Inspection report

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Date of inspection visit:
03 December 2019
04 December 2019

Date of publication:
02 January 2020

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

Windy Knowe Nursing Home is a large detached three-storey house set in its own grounds. People lived on the ground and first floor. The home is registered to provide nursing care for up to 49 older people and at the time of our visit the service was providing support for 28 people.

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

Improvements had been made to medicines and to the documentation. Medicines were managed safely and there were processes in place to make sure the environment and equipment were at an appropriate standard.

We observed care being delivered in the home and saw that this was done in a caring and patient manner. We saw that people were comfortable in the presence of staff and positive relationships had developed between people receiving support, relatives and care staff. Visitors told us staff were kind and treated their relatives with dignity and respect.

People had detailed care plans and risk assessments in place that gave guidance on how people were to be supported according to their wishes and needs. These were regularly reviewed. People received the support they needed to eat and drink and maintain a healthy and balanced diet. Staff knew people's dietary needs and we observed how people enjoyed the food available to them.

Staff were recruited safely and received regular training, supervisions, attended staff meetings and had regular practice checks. Agency staff also received an induction into the home prior to them starting their shifts.

The provider and management team had a range of audits in place that helped drive improvement and ensure quality service for people living in the home.

The activities co-ordinator had recently left, however the provider and registered manager assured us that the staff were continuing with the activities. The registered manager had designed social events that promoted family relationships and communication between visitors and the home.

Complaints, accidents and incidents were managed appropriately and referrals were made to other professionals in a timely when people living in the home were in need.

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

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

Rating at last inspection The last rating for this service was requires improvement (published 20 December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Windy Knowe Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Windy Knowe Nursing Home is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was in the process becoming the deputy manager. However, the plan was for the current registered manager to continue in the role until the new manager was fully registered.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch Wirral. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five relatives about their experience of the care provided. We spoke with seven members of staff including the current registered manager, deputy operations manager, senior care workers, care workers and the chef. We also spoke with a visiting GP. 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 and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- During our previous inspection we identified that a prescribed product used for thickening people's drinks if they had swallowing difficulties, had been inappropriately stored. This had been rectified and a robust system was in place to ensure the safe administration of the thickener.
- The protocols in place for those people who needed 'as and when' medication were clear and very detailed. This was an improvement on the previous inspection.
- Medications were stored securely, and medication was only administered by staff who had the correct training to do so.
- There were procedures in place to support the safe administration of medicines. There was a medication policy which covered the process staff needed to follow. Staff also had access to best practice guidance regarding medicines.

Systems and processes to safeguard people from the risk of abuse

- The four visitors we spoke with all felt their relatives were safe at all times. One said "I have peace of mind now [person] is cared for here."
- People were protected from the risk of abuse. There was a policy in place to ensure that people were protected from the risk of harm and referrals had been made to the local authority safeguarding team when abuse had been suspected.

Assessing risk, safety monitoring and management

- Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.
- People's care plans contained a wide range of assessments identifying potential risks. Records showed that measures were in place to mitigate those risks.
- We were able to observe how staff were fully aware of the risk to people's pressure areas and took action to reduce risk of any issues occurring.
- Systems were in place for checks and monitoring of the safety of the environment.

Staffing and recruitment

- During the inspection we saw that there appeared to be an appropriate number of staff on duty. However, the feedback we received from visitors indicated that this was not always the case. This feedback was shared with the registered manager who informed us that recruitment was ongoing.
- Staff were safely recruited by the service. Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to

work with vulnerable adults were employed.

- The registered manager had followed the company's disciplinary procedures appropriately and in accordance with policies.

Preventing and controlling infection

- The environment was visibly clean and there was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- The kitchen had recently been awarded a score of 5 by the Food Standards Agency. This is the highest score that can be awarded.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection
- Feed back from visitors indicated that the home was at times malodorous. However, we were able to see how the staff and management had an ongoing work to improve this.

Learning lessons when things go wrong

- There was a system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed regularly by the registered manager which enabled them to analyse trends.
- The provider had used the previous inspection report to improve services.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- An assessment of people's needs was carried out before they came to live at Windy Knowe Nursing Home to ensure that they could be met. This information, along with input from relevant people involved in the person's care and support, was used to formulate care and support plans.
- People's needs and choices about their care were clearly reflected in their care plans.
- Policies promoted equality and diversity. People were treated fairly, and characteristics protected by law, such as sexuality and religion were considered.

Staff support: induction, training, skills and experience

- The visitors we spoke with felt the staff were very well trained especially in the area of dementia care. The visitors who had relatives requiring the use of lifting equipment said this was always undertaken by two staff and were always professional with the minimum of upset. One visitor said "My relative is hoisted and this is always done by two staff who reassure my relative whilst they are undertaking the task."
- Permanent and agency staff were given an induction in accordance with recognised standards for care staff. Staff were also given regular additional training to improve their skills and knowledge.
- Staff received an appropriate level of support for their role through regular supervision and appraisal.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. Where needed, people were supported with specific diets associated with their individual needs.
- There were smaller kitchen areas within the home that allowed people and their visitors to access their own drinks and snacks when they wanted to.
- All the visitors we spoke with said the food was excellent and there was plenty of it. One said "The food is very good and they have a breakfast club once a month which I bring my grandchildren to, it is a brilliant initiative. I also come along to the Tuesday afternoon tea when I can get here. My relative eats well and they have put weight on since moving into the home." Another said "The food is tip top, excellent and plenty of it."

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

- People had access to healthcare services when they needed it. People were referred for healthcare assessments promptly if required. One visitor told us "Yes they call for doctors quickly and a chiropodist comes every other month."

- When other health and social care professionals were involved in people's care, any advice given was incorporated within their plans of care.

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

- Improvements had been made, and where ongoing, to the environment since the previous inspection. The home was undergoing a redecoration and refurbishment plan.
- There was dementia friendly décor in place and there were furnishings that were of a specific decade in areas of the home.
- The home was set on its own grounds and the registered manager and staff had implemented a sensory garden for the benefit of the people living in the home.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Staff obtained consent for people's care and support. Each visitor we spoke with told us how the staff always check before they offer care to any of their relatives.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We observed that people living in the home looked comfortable with the staff. Each visitor we spoke with held the staff in high regard. We were told "The permanent staff are excellent even though they are run off their feet. They go the extra mile for the residents. My relative is always clean and tidy." Another said "The staff are very kind and patient and I have no worries at all."
- We observed warm and caring interactions between staff and people using the service. The staff we spoke to were able to discuss in detail the needs and preferences of the people living in the home.
- The equality and diversity of people was respected. This included respecting people's preferred gender and religion. This was clearly documented and staff were fully aware of people's preferences and needs. One relative told us "You can tell they [staff] are dedicated to their work."
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).

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

- We spoke with relatives and were told that they had been involved with the development of care plans. They also told us that they had completed life histories about their relatives. One visitor said "I ask for my relatives care plan every two months and I look through what has been recorded. The staff are happy for me to do this and they never have any objections."
- We observed how staff would ask people their wishes during the day and respect their choices.
- We saw how meetings were held with relatives and if possible with people living in the home where they could put forward their opinions on aspects of the home. The management had listened to relatives and had adapted the times of the meetings so that a greater number of people could attend.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respect each person's privacy and dignity throughout the inspection.
- We saw how the home had strategies in place to try and keep people's independence. An example of this was the 'red plate' scheme. This encouraged people to eat and drink more as they would be able to recognise their food and encourage independence when eating.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 individual needs had been assessed and care plans developed to meet those needs.
- People's preferences in relation to their care and treatment, daily routines and how they liked to spend their time was clearly documented. Examples of this included how one person preferred to be dressed and how a person loved writing poetry.
- The registered manager and staff knew the people they supported well, including their dietary needs and preferences and activities they preferred. We were able to discuss people's needs in depth with staff.
- We observed staff using effective distraction techniques with people who became agitated. This calmed people and reduced a persons anxiety.

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.

- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. Examples included if a person needed hearing support or glasses.
- People's support plans also included guidance on how to appropriately communicate with a person. For instance, a person who was hard of hearing or the use of non-verbal cues to help communication.
- Documents were available in different formats for people. An example was the complaints procedure that was in an easy read version or available in another language. The menus were also available in pictorial formats for to enable people to make clear choices.

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

- The activities co-ordinator had recently left however the registered manager informed us that the staff were continuing with the programme. We were told that people were encouraged to join in but never forced.
- During the inspection the home had arranged for a pantomime to take place in the lounge and there were plans for future events.
- The registered manager and staff held regular social events specifically for families and people. This was an afternoon tea on a Tuesday and a Saturday breakfast that was widely used.

Improving care quality in response to complaints or concerns

- A complaints policy was available, and this was on display. This was also available in an 'easy read' version or another language for ease of understanding for those living in the home.
- Visitors told us they knew how to make a complaint should they need to. Where concerns had been raised, these had been dealt with appropriately and to the families satisfaction.
- The registered manager maintained a log of any complaints received and records showed they were investigated and responded to appropriately.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care. However, people's care plans documented peoples wishes if they wanted to discuss it.
- The registered manager told us how they would support people wishes. Policies and procedures were in place to support end of life care.
- A visiting GP told us that the staff and management had previously supported a person with their end of life needs and had been impressed with the care and professionalism shown.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and registered manager had used the previous inspection report findings to improve the processes so that the care being delivered was safe, effective and responsive. For example, electronic medication records had been implemented and in depth information held about those people needing 'as and when' medications.
- The current registered manager was stepping into the deputy manager role however was still registered while the new manager was being registered.
- Policies and procedures were in place, including infection control, data protection and disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Ratings from the last inspection were clearly displayed within the home as required.
- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements.
- When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
- The registered managers had shared information with the CQC as required.
- The registered manager and staff were clear with regards of what was expected of them within the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Visitors and staff spoke positively about the manager. Staff said they felt that they were part of a team.
- We were told by a relative how the management and staff had been supportive in every way with both them and the person living in the home. We were told "They gave me all forms of support." We were also told by one visitor how they had also attended a staff training session on dementia.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Professionals we spoke with all told us that the communication with staff and management was good and that there were no issues.

- Staff were supported to express their views and contribute to the development of the service at team meetings
- Professionals we spoke with and visitors told us how the communication was very good with the management and the staff. One relative said "We've been kept informed of the change to management."
- The provider had a 'ward round' where on set days GP's would visit the home and see those who needed medical interventions. A visiting GP told us that any instruction given was followed and that they had implemented a new process to ensure the communication was effective.
- The provider had started to develop a three monthly newsletter that would be another way to communicate with people and their relatives.