

Winslow Court Limited

# Winslow Court

## 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

The inspection took place on 25 July 2018 and was unannounced.

Winslow Court provides accommodation and personal care for up to 26 people with learning disabilities or autism. Accommodation and care is provided across three units set around two courtyards. At the time of our inspection visit, 13 people were living at the 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 is required to have a registered manager and there was a registered manager in post. 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.

At the last inspection on 1 September 2015, the service was rated 'Good.' At this inspection, we found the service remained 'Good.' This inspection report is written in a shorter format, because our overall rating of the service has not changed since our last inspection.

People told us they continued to feel safe with staff and the support they provided at Winslow Court. Staff understood their responsibilities to protect people from abuse, discrimination and avoidable harm. Risks to people continued to be managed in a way that protected them and kept them safe from avoidable harm. The provider had systems in place to ensure they reflected on any shortcomings and that improvements were made.

There were sufficient numbers of suitably qualified, competent and experienced staff deployed to meet people's needs, who supported people in a way that was respectful and compassionate. People's dietary requirements were assessed and people were provided with sufficient food and drink.

Staff and the registered manager understood their responsibilities with regards to the protection of people's rights and what to do when someone did not have the capacity to make their own decisions. People told us they were listened to by staff and felt able to voice their opinions.

People's relatives and community professionals were able to express their views on the service and to participate in care planning and reviews. People continued to receive a responsive service that reflected their assessed care and support needs. People continued to be involved in activities of their choice.

Staff told us they felt valued and appreciated by the provider, and were confident that they would be listened to if they raised any concerns with a management about the service. Systems were in place, which enabled the provider to monitor the safety and quality of care provided to people.

Further information is in the detailed findings below.

## 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 remained Safe.

### Is the service effective?

Good ●

The service remained Effective.

### Is the service caring?

Good ●

The service remained Caring.

### Is the service responsive?

Good ●

The service remains Responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Winslow Court

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 July 2018, and was unannounced. 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.

Prior to our 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. We took this information into account during our inspection of the service.

As part of the inspection, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also asked commissioning teams from local authorities and Healthwatch for any information they had, which would aid our inspection.

During the inspection visit, we spoke with four people who used the service, three relatives, a social worker, and an independent advocate. It was not possible to talk to more people because they were not able to speak with us. We spent time in the communal areas of the home and observed interaction between staff and people who used the service.

In addition, we spoke with the registered manager, the deputy manager, the provider's campus principle, three team leaders, four members of support staff, the health and well-being manager and the quality assurance coordinator. We looked at a number of records, including four people's care files, medicines records, complaints records, accident and incidents records, staff training records, two staff recruitment files and records associated with the provider's quality assurance.

# Is the service safe?

## Our findings

People told us they continued to feel safe with staff and the support they provided at Winslow Court. One person told us, "I'm happy here. I'm well supported." Another person said, "Winslow is a safe place." One relative told us, that their loved one was safe and well looked after, whilst another relative said their family member was "safe and secure" at the home.

Staff told us they were trained to look out for potential signs of abuse, such as changes in people's behaviour, appearance, and any unexplained marks or bruising. They told us they would not hesitate to report any concerns to the management team, and were confident they would take the appropriate action to ensure people were safe. There continued to be systems in place to protect people who lived at the home by ensuring appropriate safeguarding referrals were made

Risks to people continued to be managed in a way that protected them and kept them safe from avoidable harm. Plans were in place to ensure people were protected from risks both within the home environment and when out in the community. These included managing people's challenging behaviour, allergies, specific medical conditions and their safety whilst participating in activities. Staff were aware of risks associated with people's care and knew the support they needed to help keep them safe.

The provider had systems in place to ensure they reflected on any shortcomings and that improvements were made. The management team monitored all accidents or incidents involving people living at the home, to ensure lessons were learnt to avoid repeated incidents. For example, following a safeguarding incident, which had involved staff giving a person food to which they were allergic to, the provider had introduced additional training. This provided staff with knowledge to better understand food product labels, and interpreting them effectively when involved in food preparation. An action plan was devised to continuously check staff knowledge to ensure there were no repeated incidents.

People were supported by sufficient numbers of staff to meet their needs safely. Relatives told us they never had concerns about staffing levels at the home. One relative told us, "In my view there are enough staff; it has never been a concern. There are always staff available to respond to my relative's needs." Staff told us staffing levels were generally adequate to support people effectively. Occasionally, there were shortages through sickness and other absence, which were addressed through voluntary staff overtime, or the use of regular relief and agency staff. The provider continued to follow safe recruitment practices to ensure prospective staff were suitable to work with people at the home.

Staff said they had received guidance and training on infection control and prevention and were satisfied with the range of personal protective equipment (PPE) and hand gel provided. Staff were aware of infection control issues, especially when working with some people with low immune systems. Staff told us management undertook 'spot checks' to ensure they were following correct infection control procedures.

The provider had systems and procedures in place to ensure people continued to receive their medicines safely. Staff involved in the handling and administration of medicines received training and underwent

periodic reassessment and competency checks. The health and well-being manager told us that the provider had introduced an electronic system for the management and administration of people's medicines. Since its implementation, medicine errors by staff had been reduced significantly. Managers were able to proactively monitor medication records and ensure medicines were administered in line with people's prescription. There were also effective systems in place to ensure regular audits of medicines administration and storage were undertaken by the provider.

## Is the service effective?

### Our findings

People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. One relative told us, "There is in-house training and staff are competent and well trained. I'm very confident in the abilities of staff. My relative has stabilised and improved since coming here; it has been a really positive outcome. Their behaviour is better and they are a happy young person again." One member of staff said, "I've done the mandatory safeguarding, health and wellbeing and specific behaviour training related to the residents. We've got the training needed here. It's excellent and there's plenty to read on individual care plans. This is probably one of the better training places I've ever been to." Staff received training to ensure people's protected characteristics were taken into account and to avoid any discrimination in the planning or delivery of people's care.

Staff spoke positively about their induction programme, which included the completion of the Care Certificate. The Care Certificate is a nationally recognised qualification in adult social care. Staff told us they received constructive feedback on their work, and were able to raise any training requests or issues during supervisions. Staff undertook a rolling programme of training, which reflected their duties and responsibilities and people's individual care and support needs. It included non-abusive psychology and physical intervention (NAPPI) to support people with challenging behaviour. Staff also told us they received training in Makaton, which had improved their ability to communicate with the people. Makaton is a language programme based upon signs and symbols used with speech to help people to communicate.

Some staff told us they would welcome training in mental health issues, such as working with schizophrenia, bipolar disorder, and Angelman's syndrome. They felt a deeper understanding of these conditions would be beneficial to their role. We did not observe any adverse impact during our visit and spoke to the registered manager, who told us all training requests would be considered.

Relatives told us they continued to be involved in care assessments and care planning and were happy with the care and support family members received from the provider. The provider worked closely with a range of health and social care professionals, and independent advocates to ensure people received care and support reflected their needs. One independent advocate told us the provider was very responsive to people's needs and listened effectively to ensure people received positive outcomes. One social care professional told us the provider worked in the best interests of the person and was open and transparent in their communications with professionals. People were supported to attend all health appointments to ensure their overall health and any medical conditions were monitored.

People's rights with regards to consent and making their own decisions continued to be respected by staff. Staff and the registered manager understood their responsibilities with regards to the protection of people's rights and what to do when someone did not have the capacity to make their own decisions. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).



We found the registered manager and staff understood people's rights under the MCA. Appropriate applications for DoLS authorisations had been made, and the registered manager recognised the need to review and comply with any conditions on granted authorisations. We saw evidence of mental capacity assessments and best-interests decision-making in the care files we looked at, which reflected the requirements of the MCA. Staff demonstrated a good understanding of the Mental Capacity Act (MCA) and were able to describe the principles of the legislation.

People's dietary requirements were assessed and people were provided with sufficient food and drink. People told us the food was "alright" and "good." During our visit a 'sports day' was taking place and people were able to attend a BBQ, where burgers and chips were available. People's weights were monitored weekly and staff were aware of people's individual needs such as diabetes, gluten intolerance and any allergies. Guidelines regarding allergies was clearly displayed in the kitchen areas for the benefit of staff.

Corridors and communal areas were spacious and bright and people freely chose whether to spend their time in their rooms or with other people. People were supported to access the garden areas by staff during our visit. Living areas had been adapted to meet people's needs. For example, one lounge had nothing on any surfaces, because people living there struck surfaces, which could result in harm. The registered manager told us adaptations had been made to the environment to support people more effectively. These included the replacement of baths with walk in showers and the reconfiguration of bathrooms to enable better accessibility for people, and wooden shutters added to bedrooms as this is what people liked.

## Is the service caring?

### Our findings

People continued to receive support from staff who were kind, caring and compassionate. People and relatives told us staff adopted a caring approach to their work. We asked people if they thought staff were kind. One person said, "Sometimes staff chat. If I was worried I'd tell [staff member]. Sometimes I've been worried. Staff listen." One relative said, "I highly recommend the home to anyone. Staff are very friendly and caring. The longer they [relative] are there, the more stable they have become. They are happy and relaxed." Another relative told us, "[Relative] has what they need. Staff are kind, patient and respectful."

Throughout our visit, we saw staff treat people with dignity and respect, ensuring people were appropriately dressed and covered up. We saw staff knock on doors before entering people's rooms. People were encouraged to be independent, express their views and make choices about the care and support they received. One person told us how they went shopping and helped chose the food for the week. Another person was being supported to manage their finances and purchases, and they also sometimes helped to prepare food. A further person was supported in paid employment for one day a week at a local school, working in the kitchen. People told us they were given choices of when they got up and went go to bed, and when they showered or bathed. Staff were able to explain to us the importance of people retaining their independence to support their well-being. Staff told us how they would encourage people to do as much as they could for themselves, such as dressing and personal care. This achieved positive outcomes for people in respect of their confidence.

People and relatives told us they were listened to by staff and felt able to voice their opinions. Relatives also felt actively involved in decision-making about their loved one's care and support needs. They told us they had been fully consulted and involved in reviews of care. One relative said, "I have been fully involved in my relative's care and reviews." Another relative said, "Management are always prepared to listen to me. It's very inclusive and they send me photos of my relative to show me what they are doing." One independent advocate told us they had asked to be included in reviews, which had been facilitated by the provider. They felt respected by management and staff as having something valuable to contribute to the care and support of the person.

## Is the service responsive?

### Our findings

People continued to receive a responsive service that reflected their assessed care and support needs. Relatives told us they had been consulted about their loved one's individual needs and were aware that this information was contained within individual care plans. Relatives told us they felt their loved ones had made progress and developed since arriving at the home. One relative said, "We have regular reviews about their progress, involving other professionals. This is the best they have been. They have definitely improved since going there." Another relative told us their loved one had improved so much, because staff knew them and understood their needs.

Care files we looked at were complete and had been reviewed and discussed with the people themselves. People's needs were then regularly reviewed. Staff told us people's care plans included information about their personal backgrounds and preferences, together with guidance on how to meet individual's specific care needs. This enabled them to get to know people as individuals and what was most important to them. People with sensory needs that affected their ability to communicate, had an individual support plan and communication passport in place. This provided clear information on how best to communicate with them. Each person also had a Hospital Passport for health appointments to aid communication with other professionals.

Staff demonstrated an awareness of the need to be sensitive and considerate about issues around equality, diversity and human rights. Staff told us they also believed the provider promoted lesbian, gay, bi-sexual and transgender (LGBT) issues, in respect of both people and staff. The provider told us they were fully committed to values that demonstrated they were an inclusive service by actively promoting awareness of equality; diversity; human rights and LGBT rights.

Relatives said they were happy and confident to raise any concerns with the registered manager or management team. They had information on how to make a complaint and told us they knew they would be listened to. This information had been adapted into an accessible format to aid the understanding of the people who lived at the home. We looked at the complaints register of current complaints received by the service and found consistent action had been taken to investigate and respond to people's concerns.

People continued to be involved in meaningful and stimulating activities of their choice. The majority of activities took place off site and included a diverse variety. These included 'Yam Jams' (music and movement); Snoezelen (a multi-sensory environment); pottery; swimming/hydropool; farm and wood working; bowling; leisure barn; and car outings. Within the home there was an art coordinator and facilities, and we saw evidence of artwork around the site. We saw laminated sheets with photographs and symbols, including "finished" and "more help" and "don't like" options so that people could express their preferences on the activities on offer.

During our inspection visit, the registered manager told us they were not providing end of life care for anyone at that time. The registered manager told us 'end of life' support was discussed with people and relatives during the review process, where they obtained the person and their family's wishes. These 'wishes'

were then detailed in a care plan and would include a funeral plan for example. The registered manager told us that the provider was also currently sourcing training in end of life care.

## Is the service well-led?

### Our findings

People told us that they continued to be involved in how the service was provided and they were asked to comment on the care they received. People, community professional and staff told us they had been asked to complete surveys about the services provided. One health care professional had commented in a survey return, that it was an amazing staff team, who worked very hard, resulting in massive improvements with the resident. They described everyone as approachable and caring. One relative told us, "The place is organised and well managed. Staff have had hard time with my relative, but they have made positive strides."

Staff told us they felt valued and appreciated by the provider. They described the values of the service as "keeping people safe and happy," and "giving people the best life you can under the circumstances." Staff described the registered manager as 'excellent' in and out of work. Management were described as 'visible on the floor,' and were seen on a daily basis providing support and guidance. Staff described the culture within the home, as one in which they were able to speak openly with the registered manager and management team. Staff told us they were confident that they would be listened to if they raised any concerns with management about the service. Staff also felt confident about challenging working practices within the service, or decisions taken by the provider, if they needed to. Staff knew about the whistle blowing policy and said they would be confident to use it if necessary. The whistle blowing policy enabled staff to report any concerns or poor practice. A social care professional described the home as one of their better providers, who listened and responded effectively.

Systems were in place, to monitor the safety and quality of the care provided to people. The management team completed regular audits, which included checks on people's care records and medications records, and the monitoring of safeguarding incidents and complaints. The provider also undertook checks on the home's fire safety systems and equipment, testing of electrical appliances, and water temperature and maintenance checks. Where issues were raised or identified, action was recorded to demonstrate how the matter had been addressed.

The registered manager told us they worked closely and in partnership with the local authority quality audit team, received training from the local learning disability team, and attended a local care forum where they were able to network with other registered managers, sharing good practice. They also maintained effective working relationships with local GPs, who carried out weekly home visits at the service.

Winslow Court is Non Abusive Psychology and Physical Intervention (NAPPI) Centre of Excellence. A NAPPI Centre of Excellence award is granted to an organisation that can demonstrate a high standard of NAPPI training, and are required to reapply for the award after three years.

The service is required to have a registered manager in post. The registered manager had been in post since December 2014 and understood their regulatory responsibilities. 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.

