

MMCG (2) Limited

Windmill Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 18 and 19 September and was unannounced. This was the services first inspection since Windmill Care Centre joined Maria Mallaband Care Group in August 2017. Windmill Care Centre provides care for up to 53 older people including nursing care. At the time of our inspection there were 43 people using the service.

The service was required to have a registered manager to manage the service. At the time of our inspection a registered manager was managing the service.

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.

Windmill Care Centre 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. Windmill Care Centre accommodates 53 people in one adapted building across three separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia.

Medicines were not managed effectively at the service. We found some people were without their medicines due to insufficient stock.

People spoke positively about the service and told us they felt safe. Comments included, "Good staff, a lot of changes since the new company took over, but it has settled down now" and "Everyone here will give you a positive response, they treat you like family."

Staff had an awareness and understanding of abuse and knew what to do to make sure people were protected. Staff were up to date with training in safeguarding and followed local procedures when required. We saw local safeguarding procedures displayed in areas throughout the service.

Risk assessments were in place for people with an identified risk, such as repositioning due to frail skin and fluid monitoring for people at risk of dehydration. Records we viewed had been completed accurately.

The service followed the requirements of the Mental Capacity Act 2005 (MCA). We found clear information in relation to people's applications, reviews and expiry dates for standard Deprivation of Liberty Safeguards (DoLS).

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

Recruitment systems were robust and ensured only the right staff were recruited to support people. Files we saw contained relevant checks before staff were appointed. We observed there were sufficient numbers of staff to support people.

Care plans we viewed were specific to individual needs and were reviewed regularly or as people's needs changed.

Whilst there were regular quality assurance systems which maintained an oversight of the quality of the service people received. Audits had failed to identify issues with staff training and competency checks being carried out.

People's nutritional needs were met and appropriate measures were in place where people were at risk of malnutrition. There was good partnership working with community specialists to monitor people's well-being.

We found clinical staff had not received specific training by the provider and had not had competency checks carried out to ensure they were safe to carry out clinical tasks.

The service provided a programme of activities and social events for people to take part in.

The service needed refurbishment and decoration at the time of our inspection. We saw areas of damaged ceiling tiles and poor-quality living areas. However, we were told refurbishment was soon to take place.

During this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 not always safe.

Medicines were not managed in a way that promoted people's safety and welfare.

Risk assessments were managed with actions taken.

Recruitment procedures ensured only suitable staff were appointed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were not always supported by staff with relevant training to enable them to perform their role effectively.

Staff received regular supervisions and appraisals.

Requires Improvement ●

Is the service caring?

The service was caring.

People's dignity was protected and staff treated them with respect.

People and their families were involved in treatment plans.

Families could visit without restriction.

Good ●

Is the service responsive?

The service was not always responsive.

People did not always receive care as requested by health professionals.

People and their relatives knew how to make a complaint.

Complaints were responded to appropriately.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Systems for monitoring and improving the quality of the service were not operating effectively.

Statutory notifications to Care Quality Commission were made when required.

Requires Improvement 

Windmill Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 19 September 2018 and was unannounced. This was the services first inspection since Windmill Care Centre joined Maria Mallaband Care Group in August 2017. 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 service. Their area of expertise was mental health.

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 it does well and any improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager, the area manager, the deputy manager and five members of the care staff. In addition, we spoke with five people living at the service, one relative and two members of the activity team.

We observed medicine administration and checked each person's medication administration record (MAR). We reviewed records in relation to food and fluid intake. We looked at five people's care plans and related risk assessments. In addition, we looked at four recruitment files, supervision records, accident records and the staff training matrix. We also viewed quality assurance documents and other records relating to the way the service provided.

Some people were unable to tell us their experience of living at Windmill Care Centre because of

communication difficulties. We therefore used the Short Observational Framework for Inspecting (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked throughout the premises and observed people's interactions with staff during the inspection.

Is the service safe?

Our findings

People spoke positively about the service and told us they felt safe. Comments included, "Good staff, a lot of changes since the new company took over, but it has settled down now", "On the whole ok" and "Everyone here will give you a positive response, they treat you like family."

During our inspection we observed medicines administration and viewed medication administration records (MAR) for each person. We also completed a stock check of some medicines which included controlled drugs. Controlled drugs are medicines subject to strict control by legislation. We found the stock checks we completed were correct at the time of our visit. However, when checking the MAR charts, we found some people had been without their medicines. For example, one person had been without their night time sedative medicine for three days and another person had been without their medicine for the treatment of chronic constipation for six days. This could cause unpleasant side effects if these medicines were stopped abruptly. For example, sleep disorders and abdominal pain and discomfort. We could not be assured people had received their medicines as the prescriber intended which meant people were at risk of harm. We discussed this with the registered manager. They said they would look into this.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff demonstrated knowledge of what to do if they witnessed, or had concerns about allegations of abuse. We saw that policies in relation to safeguarding reflected local procedures and relevant contact information. Staff we spoke with told us they would not hesitate to report any concerns they had.

The provider had systems in place to assess the suitability and character of staff before they commenced employment. We looked at four recruitment files and found relevant documentation was in place which included Disclosure and Barring Service (DBS) checks. We saw there were enough staff to support people. People commented, "Yes there is always somebody around", "There is enough staff for everybody", "They check on you while you are asleep."

Accidents and incidents were reported according to the provider's policy and procedure. Staff were clear about actions required following accidents and incidents. We saw evidence of this in the accident and incident records. Improvements were made and lessons were learned when things went wrong.

Risk assessments were identified on admission to the service. The risk assessments included maintenance of skin integrity, nutrition, challenging behaviour and mobility. Identified risks were monitored and changes made when required.

There were robust plans in place for fire evacuation. Each person had a personal emergency evacuation plan in place (PEEP). We saw that regular fire alarm testing took place, fire drills were carried out on a regular basis. Fire safety training was part of the services mandatory training and was updated when required. Records we viewed confirmed this.

We found the service to be cleaned to high standards. Staff understood their roles and responsibilities in relation to infection control. Staff used personal protective equipment (PPE), for example plastic aprons and gloves were worn when required. One person told us, "Everyday it is cleaned and dusted, the kitchen is spotless you could eat your food off the floor." Staff had completed food hygiene training and followed correct procedures in relation to food preparation. Policies and procedures were followed in line with current guidance. Health and safety records showed that regular checks of equipment such as hoists had been completed. In addition, risk assessments in relation to water testing had been checked regularly by the maintenance member of staff.

Is the service effective?

Our findings

Staff received mandatory training and regular updates in subjects such as fire safety, infection control, safeguarding adults and moving and handling. New staff completed the Care Certificate prior to their appointment. The Care Certificate is a set of standards that social care staff use in their daily working life. We were aware that a member of the nursing team was responsible for carrying out routine blood collection for people living at Windmill Care Centre. The deputy manager told us the member of staff carried this out when requested by the GP. We asked to see the staff member's training details and any completed competency checks. The registered manager told us they did not have any evidence of training that had been undertaken by the member of staff or details that any competency checks had been carried out. The Nursing and Midwifery Council (NMC) states that all nurses that practice venepuncture must have received approved training and documented, supervised practice. In addition, practitioners must operate within the protocols and guidelines of their organisation. However, the provider did not have protocols and guidelines in relation to this practice. Therefore, people were at risk of receiving care from staff without their required qualifications and competence to carry out the role. We were told following our inspection that the district nurse assist the service with taking routine bloods for people.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service needed refurbishment and decoration at the time of our inspection. We saw areas of damaged ceiling tiles and poor-quality living areas. However, we were told refurbishment was soon to take place. Due to the poor quality of the premises people were not provided with an environment which promoted their independence. However, we were told plans were in place to improve this and to make the environment more appropriate for people living with dementia. We received further information following our inspection and were told the refurbishment program was in progress.

Pre- assessments were carried out prior to people coming to live at the service to ensure the service could meet their needs. People and their families were offered a trial stay if they wished. Following the pre-assessment, a person-centred care plan was created which included any identified risks. The risk assessments were reviewed monthly or as needs changed.

We asked people if they felt the staff supported them effectively. They told us, "They do alright there is nothing we would change" and "To some extent but there are limits, I have got my walker, my stick and my wheelchair from the council. My wheelchair fits well and meets my needs."

Staff told us they felt supported and had regular supervisions. Documents we saw confirmed this. Staff told us, "It has been a big transition, communication is better now. They always tell us what is happening. I feel more supported now" and "I have support, (registered manager) is very open, you can disturb her anytime."

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, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so they can receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is 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. We saw that 32 people were subject to an authorisation under the Deprivation of Liberty Safeguards.

Care plans we looked at included a capacity assessment and where people were assessed as not having capacity, applications had been submitted to the local authority for further assessment and approval. Best interest decisions were made when required in accordance with legislation.

Staff we spoke with demonstrated they had a good understanding of the MCA. Staff told us, "We encourage choices for people and help them make decisions on a daily basis" and "If people have dementia they might make everyday choices such as what they want to wear but more difficult choices may be a problem." Our observations confirmed that staff asked people for consent before they assisted them with any aspect of their care and support.

For people who were unable to express their views an advocacy service was available including an independent mental capacity advocate (IMCA). IMCAs provide a type of statutory advocacy introduced by the Mental Capacity Act 2005 (MCA). The MCA gives some people who lack capacity a right to receive support from an IMCA.

The provider had regular contact with health care professionals to discuss any concerns about people's well-being. We saw the GP carried out regular reviews with people and referrals were made to specialist professionals such as speech and language therapists (SALT) when required.

The service catered for people's dietary requirements. This included people who were at risk of malnutrition or required a specific consistency of foods. For example, for people that had difficulty in swallowing, diets were modified so that food was soft and palatable. This was as recommended by the SALT team. There was a menu of choices of meals being prepared that day. People could choose where they ate. We saw that some people preferred to eat in their rooms. People commented, "We get a choice of food which is tasty" and "It is alright and I eat well." We saw that lunch time was relaxed and staff assisted people when required.

Do not attempt resuscitation (DNAR) orders were in place where appropriate. Discussions were held with relevant others when required.

Is the service caring?

Our findings

We received positive comments from people and their relatives about the caring nature of staff. We received comments such as, "The regular carers know about you", "They are always polite" and "They look after me well." Relatives told us, "They are really good and support [my relative] well" and "They discuss things with us, we are involved in any changes." We saw many positive interactions and acts of kindness between staff and the people living at Windmill Care Centre. For example, one person wanted to remain in the dining area after lunch had finished. We saw a member of staff sitting talking to the person so they were not alone.

The care and support we observed was given with attention to people's dignity and was provided in a respectful manner. For example, staff knocked on people's doors before entering. People told us staff respected their privacy and dignity and always knocked before entering and closed doors when carrying out personal care.

Staff demonstrated an understanding of the importance of treating people as individuals irrespective of their gender, ethnicity or their physical or cognitive abilities. We saw there was a multicultural staff team and one member of staff told us they were able to communicate with people when English was not the person's first language.

The service enabled people and their families to be involved in decisions about their care and support. We saw regular reviews took place with people and their families where appropriate. People we spoke with and their relatives told us they were consulted in any changes in their family members care.

People's needs and preferences were clearly identified during the assessment and planning process. People were encouraged to take part in the planning of their care and to make decisions on how the service was run. We saw that people were consulted on the refurbishment of the service and had been involved in choosing the colour schemes of the communal areas.

People could be assured that information held about them was treated confidentially which complied with the General Data Protection Regulation (GDPR). Records were stored securely on each floor of the service.

Friends and families could visit without restriction. We saw family members visiting during our inspection. One visitor told us, "I don't live here, I just come for the enjoyment and I enjoy it."

Is the service responsive?

Our findings

Care plans gave information for staff on how to meet the needs of people. For example, they provided information in how to support people with mobility and personal care. We saw that the care plans were reviewed monthly or as people's needs changed. Referrals were made to appropriate multi-disciplinary professionals when needs changed. However, we saw that follow up requests from professionals was not always actioned. For example, a request was made from the GP to the nursing team at the service to carry out monitoring of a person. The GP requested for bloods to be taken, to monitor the person's urine output and to complete weekly weights. In addition, a review was requested on 11 September 2018 by the GP for a person to have a review with the community psychiatric nurse (CPN). This was to review the person's medicines as they were on multiple medicines for mental health issues. We did not see any follow up or actions taken in relation to the requests apart from a message left on 12 September 2018 for the CPN to call the service. We discussed this with the deputy manager and the registered manager and they confirmed this was an oversight and they would look into this. This meant health professionals who were involved in supporting people would not have up to date information as requested which may have impinged on people's health outcomes.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An assessment of people's support needs was carried out prior to people moving into Windmill Care Centre. The assessment reflected people's physical, emotional, mental and social needs. This included people's preferences in relation to care staff. The service used key workers to support people. A key worker is the first point of contact for people should they have any needs outside of their day to day routine. For example, the key worker would help arrange a visit to shops or hospital visits.

People had the opportunity to express how they felt about the service through monthly meetings and make any comments or suggestions about changes they would like to see. In addition, there was a weekly 'manager's surgery' available for people and their families to have a dedicated slot to discuss any concerns.

The service offered a range of activities for people to take part in which was displayed throughout the service. People told us, "I like doing knitting, crochet and cross stitch", "I like to go out for walks, I like to do the activities in the group, I do go out with my group on trips", "We go out ourselves", "It is nice to go out as we all like theatre, Windsor is a favourite" and "It depends on what is going on sometimes I just read or watch television." One relative told us there had been a family open day and a barbeque during the summer. The service promoted links with the local community and catered for different faiths, a local gospel choir visited on a regular basis.

We saw a general knowledge quiz taking place during the first morning of our inspection which was well attended. People were helped to join in by two activity coordinators.

There was a complaints procedure given to people and their families when they first joined the service.

People told us they knew how to make a complaint. We saw complaints were responded to appropriately. Records of complaints we saw were cleanliness of rooms, people wandering into other people's rooms and missing items. We saw each complaint had been responded to with changes made to make improvements.

The service enabled people to have access to information they needed in a way they could understand. The service complied with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw the service ensured people had access to large print, braille or translation to aid communication.

We were told the service supported people at the end of their life. This was supported by the palliative care team and the GP. At the time of our inspection one person was receiving end of life support.

Is the service well-led?

Our findings

Windmill Care Centre joined Marie Mallaband Care Group in August 2017. Refurbishments were planned at the time the new provider took over and work was due to start in June 2018. However, we saw only one area of the home had been completed and many areas of the building were still in need of repair and refurbishment to enable people to have a pleasant environment in which to live. We asked the registered manager why work had not yet been completed and they told us work was due to start soon as there had been problems with the company who had been appointed to complete the work.

The registered manager registered with CQC in August this year and told us they had plans to make improvements to the service. For example, to enhance the environment to make it more dementia friendly. In addition, they were updating care plans to the new format of the current provider.

We received positive comments about the new management of the service. Staff told us, "When I first came here I felt I was at risk. But since [registered manager] has been here things have settled down and changed for the better", "There has been a big transition, we have less agency staff now and communication is better, "The home is moving forward", "I think we are nearly there."

Whilst there were regular quality assurance systems which maintained an oversight of the quality of the service people received. Audits had failed to identify issues with staff training and competency.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had an open and transparent culture. Staff told us the registered manager had an open-door policy and told us "We can always disturb them." Incidents were shared with the staff team to enable learning to take place. Regular staff meetings ensured information was transferred and concerns highlighted.

The provider was registered with Investors in People. Windmill Care Centre had been involved in the Skin Tear Project with the local Clinical Commissioning Groups (CCG). The registered manager had also recently been involved with the Hydration Project with the local CCG. The hydration project is aimed to encourage people to drink more fluids and bring about a reduction in urinary tract infections. The registered manager told us they had already seen an improvement and had less people diagnosed with urine infections as a result of not drinking adequate fluids.

Referrals to safeguarding teams and CQC notifications were completed promptly and submitted appropriately. Providers are required to comply with the Duty of Candour statutory Regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting on their behalf) in relation to care and treatment. It sets

out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was aware of the requirement. There had not yet been a requirement to comply with the Duty of Candour regulation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's medicines were not always managed and administered as prescribed. Care and treatment was not always carried out as advised by health professionals.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes did not assess monitor and improve the quality of the service effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider did not ensure staff received training as is necessary to enable them to carry out the duties they are employed to perform.