

Oxbridge Care Limited

Windsor Lodge

Inspection report

60 Bowesfield Lane
Stockton On Tees
Cleveland
TS18 3ET

Tel: 01642617306
Website: www.windsorcourtuk.com

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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 2017 and was unannounced. This meant the provider and staff did not know we were going to visit.

We last inspected this service in July 2015, when it was found to be complying with all the regulations and we rated the service as 'Good.'

Windsor Lodge provides care and accommodation for up to 15 people who have functional mental health needs. On the ground floor of the home there is a kitchen, dining room and small lounge. On the first floor there is a large communal lounge. Bedrooms are situated on the ground, first and second floor of the home.

At the time of our inspection there were nine people living at Windsor Lodge who did not require assistance with their personal care. We discussed with the provider and manager whether they needed to maintain the registration of the service, as personal care was not being provided. We heard how staff occasionally needed to support two people with their personal care needs and envisaged that in the future this may become a more frequent occurrence.

The service had a registered manager who was also one of the provider's directors. They had been the registered manager of the service since January 2012. 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 told us they were happy being supported by the service and felt the staff were friendly and helpful. People were extremely independent and organised their day. However, any risks they might encounter were assessed by the staff and actions were taken to minimise any harm to them. Staff had been trained in safeguarding issues and knew how to recognise and report any abuse.

People's medicines were managed safely.

There were enough staff to meet people's needs. Any new staff were appropriately vetted to make sure they were suitable and had the skills to work at the service. The staff team had been in post since the last inspection and had a good knowledge of people's needs and preferences. They were given support by means of regular training, supervision and appraisal.

All of the people were able to make informed decisions about the support they received and how they lived their lives. Some restrictions were in place, such as people needing to be let back into the service after they had been out and informing staff when they intended to go out. But we found that people agreed with the restrictions because it prevented unwanted guests entering the home and meant in the event of a fire staff would not be looking for them if they were out.

Staff made the meals but if people wanted they could make their own. Each person's dietary needs were fully understood and people told us staff encouraged them to eat a healthy diet.

People were supported, where appropriate to manage their health needs. Staff responded promptly to any changes in a person's health or general demeanour.

People told us staff treated them with respect and protected their privacy and dignity at all times.

People were encouraged to be as independent as possible.

Support plans were in place to meet people's assessed needs. These plans incorporated people's wishes and preferences about how their support was to be given. We discussed how these could be enhanced by making them more focused on supporting people's rehabilitation.

People enjoyed active social lives and used the full range of community resources.

People told us they had no complaints about their care, but would feel able to share any concerns they had with the manager.

Systems were in place for auditing the quality of the service and for making improvements.

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 remains good	Good ●
Is the service effective? The service remains good	Good ●
Is the service caring? The service remains good	Good ●
Is the service responsive? The service remains good	Good ●
Is the service well-led? The service remains good	Good ●

Windsor Lodge

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 was 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 unannounced inspection took place on 25 July 2017. It was carried out by an 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 a service for people living with a mental health condition.

We reviewed the information we held about the service prior to our inspection, including the provider information return (PIR) which was sent to us on 1 February 2017. The PIR is a form the provider completes that details a range of information about the operation of the service. 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 the inspection we spoke with the five of the nine people who used the service. We spoke with the manager who is also a director of the company, another of the directors and a support worker.

We spent time with people in the communal areas of the home and with people's permission in their bedrooms. We observed how staff interacted and supported individuals. We also looked around the service and observed the meal time experience. We looked at five people's care records, three staff personnel files, rotas and training records, as well as records relating to the management and operation of the service.

Is the service safe?

Our findings

People told us they liked the staff and from our observations we found that they were relaxed, able to follow their own routines and supported to remain safe. One person said, "It is good here, we are able to just get on with living our lives." Another person told us, "The staff are great, as is the manager and they make sure we are alright."

None of the people required support with their personal care, however they did need support to develop the skills needed to live independently and manage their mental health conditions.

Risk assessments were tailored to the needs of each individual and covered issues such as exploitation, falls and managing money. These assessments had been regularly reviewed. Staff had a good understanding of the risk management strategies to be used.

Regular checks of the premises and equipment were carried out to ensure they were safe to use and required maintenance certificates were in place. Accidents were monitored, but no one had been involved in an accident for a number of years.

Staff told us that they regularly received safeguarding training. Staff told us they knew how to raise concerns and were confident that the manager would take the appropriate action. However, they had never found this to be an issue and we found from the review of the information that no concerns had been raised. The manager discussed recent measures they had put in place to assist one person to reduce the risk of them selling all of their belongings and their bedroom furnishings. We saw that the measures had negated this risk and now the person was learning to manage their budget more effectively.

Staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions.

Staff and people told us they felt there were always enough staff on duty. One member of staff was on duty at all times. Each day three staff completed a shift. A domestic member of staff worked until about 2pm each day and the manager worked until about 6pm and was always on call. The other director also worked several hours a day at the home. The manager told us that they were happy to be contacted at any time. One staff member told us, "We find that people are so independent that it is very quiet here during the day. On an evening people tend to go out socialising so only really need us to let them in and to be in charge in the event of an emergency."

People's medicines were managed safely. Staff received training to handle medicines safely, and medicine

administration records (MARs) were correctly completed. Medicines were safely and securely stored, and stocks were monitored to ensure people had access to their medicines when they needed them. One person managed their own medicines, and this had been risk assessed.

Is the service effective?

Our findings

People told us that the staff were motivated and made sure the service met their needs. Information from visiting professionals described how staff worked well with the people who used the service. One person said, "The staff are really good and I can't fault them. [Staff member's names] are perfect and the meals they make are beautiful." Another person told us, "I get on well with the staff."

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

Staff understood when the requirements of MCA applied and when DoLS authorisations would need to be sought. We found that in line with the MCA code of practice a capacity assessment was only completed when evidence suggested a person might lack capacity. None of the people who used the service lacked capacity to make informed decisions about their lives.

Staff received mandatory training in a number of areas to support people effectively. Mandatory training is courses and updates the provider thinks are necessary to support people safely. This included training in areas such as health and safety, fire safety, first aid, infection control, moving and handling and food hygiene. Additional training was also provided in areas such as working with people who had mental health conditions. We found people who used the service were supported by staff who had sufficient knowledge and skills to perform their roles.

When new staff had been employed in the service the provider ensured they completed an induction programme, which incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

Staff we spoke with during the inspection told us the manager completed supervision sessions and conducted an annual appraisal with them. Supervision is a process, usually a meeting, by which managers provide guidance and support to staff. We saw records which showed that staff had received an annual appraisal and supervision sessions on a regular basis.

We saw evidence in care plans that staff contacted external healthcare professionals such as GPs, nurses and specialist doctors, when needed.

Staff cooked an evening meal for everyone and made whatever meal people wanted at lunchtime. People helped themselves to breakfast. Staff told us that the provider made sure there were ample ingredients and they never had any issues around providing nutritious meals for people. People told us that there was a wide variety of food options and the meals were good.

We saw that the Malnutrition Universal Screening Tool, which is used to monitor whether people's weights were within healthy ranges were being accurately completed. We found that all of the people had gained weight whilst at the home and the majority were within a healthy range.

Is the service caring?

Our findings

People were complimentary about the staff and described them as kind and caring. One person said, "They are a good bunch and I don't think you'd find a better lot elsewhere." Another person said, "The staff are really friendly and I enjoy being here."

The staff that we spoke with showed genuine concern for people's wellbeing. It was evident from our discussions that the staff knew people very well and encouraged people to develop their independent living skills. We heard how since moving to the service people had become more confident and this had led to them feeling able to socialise and create a very active life. People told us this development had occurred because staff were so supportive.

We found that people were extremely independent. Staff worked with people to assist them to identify their triggers for any deterioration in their mental health. Staff also assisted people to identify how they could develop the skills they needed to live independently.

The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff sought people's views and engaged people in conversations about their day. Staff spent time chatting, encouraging, laughing, and joking with people. People we spoke with were complimentary of the staff who supported them.

Staff knew how to access advocacy services but at the time of the inspection people did not need this support. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

At the time of our inspection no one was receiving end of life care. Care records contained evidence of discussions with people about end of life care so that they could be supported to stay at the service if they wished.

We saw that staff treated people who used the service in a dignified and respectful manner. The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them.

Is the service responsive?

Our findings

People who used the service did not need staff to support them with their personal care but did require assistance to manage their medication, to deal with any deterioration in their mental health condition, and develop the independent living skills. We found that the staff made sure the service worked to meet the individual needs and goals of each person.

We found the care records clearly detailed each person's needs. We saw as people's needs changed their assessments were updated as were the support plans and risk assessments. The care files included an evaluation sheet for each support plan that was completed by a member of staff with the person who used the service. The person who used the service discussed their current goals, how things were going with that goal and what support they would need. For example, one person had written they would like to move into their own flat but needed to get better at cooking and completing domestic tasks. We saw that the staff had been working with the person to achieve this and kept track of their success in meeting this goal.

We saw staff had given consideration to the impact people's mental health needs had upon them and how to manage these. We found that all of the people's mental health conditions had been stable over the last few years but staff were able to spot any changes and ensure healthcare professionals were made aware of the change in presentation.

We found that people went out to paid and voluntary work, visited their family and friends, and enjoyed a range of social activities within the local community. The provider also organised trips, which people told us they enjoyed and we saw staff playing dominoes with people. One person told us they liked playing dungeon and dragons games and staff took an interest in this activity. The person told us they found that this meant they could have meaningful conversations about the game with staff.

We saw that the complaints procedure was on display and that people were provided with a copy. People told us that the manager was always open to suggestions, would actively listen to them and took action, when needed, to resolve concerns.

We looked at the complaints procedure and saw it clearly informed people how and who to make a complaint to and gave timescales for action. We saw that no complaints had been made in the last 12 months. The manager discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the procedure.

Is the service well-led?

Our findings

People and staff spoke positively about the service and thought it was well run. One person said, "The manager is really good and is interested in what I have to say." A member of staff told us, "I find the home is helping people and it is well-managed."

The manager had registered with the Care Quality Commission in 2012. The manager was also one of the directors and was clearly committed to operating a service that was designed to support people meet their goals. Over the years people had been supported to move into their own flats either with or without support from care agencies.

We found that the provider had systems in place for monitoring the service, which the manager fully implemented. They completed monthly audits of all aspects of the service, such as health and safety, medicine management, and staff development. They used these audits to inform their review of the service. We found the audits identified areas they could improve upon and the manager took the necessary action to make the improvements.

Staff told us they had regular meetings and felt able to discuss the operation of the service and make suggestions about how they could improve the service. A member of staff said, "We are able to share our views." The people who used the service told us they were also involved in making decisions about how their home was run. We heard that every month they had a one-to-one session with staff. At these they were asked how they felt the service was running and if any improvements could be made.

The manager regularly sent surveys to the people who used the service, staff and visiting professionals. They used the information from these to draw up a development plan for the forthcoming year. We found that they had taken on board comments from the previous year around the décor and refurbished many parts of the service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager knew they needed to inform CQC of significant events in a timely way by submitting the required notifications but had never needed to do so. They had displayed their previous CQC performance ratings, both at the service and on their website, in line with legal requirements. This meant people who are interested in the service can see how well they have performed against the regulations.