Leonard Cheshire Disability

White Windows - Care Home with Nursing Physical Disabilities

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection of White Windows took place on 7 and 8 August 2019 and was unannounced. At the last inspection in January 2019, the service was rated as Inadequate and identified six breaches of regulation which related to safe care and treatment (medicines management and risk assessment), staffing, consent, person centred care, dignity and respect and good governance.

We took enforcement action in relation to the breaches of regulation.

During this inspection the provider demonstrated that improvements have been made. We found the service had achieved compliance in four regulations but was still in breach of regulations relating to safe care and treatment (medicines management and risk assessment) and good governance.

White Windows is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package. CQC regulates both the premises and the care provided, and both were looked at during this inspection. White Windows has four floors with living accommodation on two floors which are accessible by a lift. The home is registered to provide accommodation for up to 25 people and there were 20 people living in the home during our inspection

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

Systems for managing medicines were not always safe. Medicines were not being stored at correct temperatures and one person had not received their topical medicine. There were no audits of medicines management.

Systems for auditing the safety and quality of the service were not sufficiently robust to identify issues which could affect people's safety.

Risks to people's health and wellbeing were not consistently well managed. Risk assessments were in care files but identified risks had not always been addressed.

There were enough staff available to meet people's needs but improvements were needed in relation to delegation of staff to make sure people received the support they needed in a timely way. Some improvements were needed to make sure all staff received the training they needed.

There was a lack of evidence of actions taken to comply with the Accessible Information Standard (AIS), which sets out a specific approach to meeting the information and communication support needs of people with disabilities, impairment or sensory losses.

Staff had received training in safeguarding people and knew what to do if they thought someone was at risk. Safeguarding issues were recognised and reported appropriately.

Accidents and incidents that happened in the home were managed well.

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.

People said there had been significant improvements in their ability to make choices about their care and support. However, improvements were needed to support people being able to independently leave and access the service.

People's healthcare needs were met effectively. Some improvements were needed to make sure care documentation consistently reflected people's up do date needs.

People said the food was very good and plenty of choice was available. People were able to make drinks, access snacks and use cooking facilities independently.

People praised the service's own staff for their caring and supportive approach. However, several people reported issues with agency staff working at the service.

People said they were involved in their care planning and this was done with a person centred approach. Staff did not always provide support in line with people's needs and preferences as detailed in their care plans which meant people's dignity needs were not consistently met.

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

Rating at last inspection (and update)
This service has been in Special Measures since January 2019. During this inspection the provider demonstrated that improvements have been made. We found the service had achieved compliance in four regulations but was still in breach of regulations relating to safe care and treatment (medicines management and risk assessment) and good governance. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

White Windows - Care Home with Nursing Physical Disabilities

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
This inspection took place on 7 and 8 January 2019 and was unannounced. The inspection team on the first day consisted of three inspectors, a medicines 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. On the second day the team consisted of three inspectors

Service and service type
White Windows 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. A manager was in place and they were in the process of applying to the Care Quality Commission for registration. A registered manager alongside the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 ten people using the service and three of their relatives. In addition, we spoke with ten members of staff including support workers, nurses, the cook, the activities organiser, the manager, the quality lead and the regional manager.
We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three 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.

Requires Improvement

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 Inadequate. At this inspection this key question has improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Environmental risks to people were not always well managed. The door to a cupboard on a ground floor had a number lock on it but the door was open. The cupboard housed a large hot water tank wrapped in insulation, but large parts of the tank were exposed and were very hot to touch.

●Care files included personal risk assessments. Most of these included good detail about the person's needs and "Staying Safe" care plans were in place and up to date. However, one person told us they had suffered two falls in one of the bathrooms when trying to use the toilet because the handrails were loose. A falls risk assessment for this person dated April 2019 stated the handrails in the toilet needed to be reviewed. The person told us they had reported the issue with the handrails to two different managers within the service, but no action had been taken. The person showed us the handrails which we found to be very loose and not safe to support a person using them.

One person had experienced two choking incidents and a referral had been made to the appropriate health professional. The person's care plan had been updated to detail their changed needs in relation to their diet, but their dietary profile and related risk assessment had not been updated.

●Records showed the emergency lighting within the service had not been working fully since January 2019. The service improvement plan included this but gave a target date for obtaining quotes for work on the system as end of August 2019.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Using medicines safely

●Peoples medicines were mostly managed safely. However, guidance to enable staff to safely administer medicines prescribed 'as and when required' or PRN was often lacking in detail. The behaviours the person might display to indicate when the medicine was needed were not always recorded.

●One person was prescribed a waterproof skin spray which provides protection from bodily fluids and friction. However, nursing staff had incorrectly transcribed the information onto a handwritten topical administration record as a waterproof skin cream. Staff had not applied the treatment for five consecutive days during August 2019 and recorded that the cream was out of stock. Staff had not identified the error and failed to notice that stocks of the prescribed spray were available in the cupboard were medicines were

stored. This meant the person had not received their prescribed medication.
●Temperature records to ensure the safe storage of medicines were not always completed daily in accordance with national guidance. Temperatures above the recommended range for storing medicines had been recorded for 15 days in July 2019 and four days in August 2019. The therapeutic effect of medicines can be affected when stored at above the recommended temperatures.

At our last inspection the provider had failed to make sure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Systems and processes to safeguard people from the risk of abuse
● Staff understood safeguarding and knew what to do if they thought somebody was at risk. The registered manager made appropriate referrals to the local authority safeguarding team.
● People told us they felt safe with regular staff but expressed concerns about agency staff. For example, one person said, "I feel safe when they are using the hoist, but I don't feel safe with the agency staff."

Staffing and recruitment
●People and relatives expressed concerns about the high usage of agency staff. Recruitment was ongoing and procedures for recruiting new staff were safe and included criminal record (DBS) checks. However, we noted that current DBS checks were not in place for all the people registered a volunteers at the service. The manager told us those without current DBS checks would not work with people until the checks were complete.
●Checks on nurse's registration status had been identified as requiring update at clinical care review meetings in July and August 2019. This had not been completed.
● Staff said they thought there were enough staff available to meet people's needs and keep them safe. However, two people told us they were often made to wait between 5 and 6.30pm, as there was insufficient staff at these times to support them to their rooms.
● One person who was being nursed in bed told us at 1.15pm they had not received any personal care since the early hours of the morning. We saw this person's catheter bag was very full. We raised this immediately and were told this was due to an issue with staff deployment rather than insufficient staffing.

Preventing and controlling infection
●The service was clean throughout. Staff followed good infection control procedures.

Learning lessons when things go wrong
●The provider had been providing weekly updates to CQC and the local authority in relation to the action plans they had put in place since the last inspection.

Requires Improvement

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff differed in their opinion of the training and support they received. Some said they received good levels of training, but another said they couldn't remember when they last had training or if it was up to date. The training matrix showed not all staff had received up to date training in areas including health and safety awareness, infection control and person centred working.
- One staff member said they had received a thorough induction but had not received training specific to their role.
- People told us they thought the service's own staff were well trained but expressed concerns about the skills of some agency staff. Some said they did not feel safe when agency staff were supporting them to use moving and handling equipment.

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

- People were consistent in their praise for the chef and the quality and choice of the food they received. People said, "They give me time to choose my food, I get to be able to look at what is available and then make a choice", "The food is fantastic, (chef) is fantastic such a nice man, he's my friend. The food it brilliant you never see things going back here it's all good", "I'm vegetarian and they have a choice for me on every meal" and "The chef is fantastic, so obliging".
- People who needed help were supported by staff who sat with them and chatted to them as they assisted them with meals and drinks.
- Monitoring was in place to make sure people were not at risk of weight loss.

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

- People's care records showed referrals were made, as needed, to a variety of health care professionals including speech and language therapy (SALT), GPs, occupational therapy, community matrons and dieticians. People had access to a dentist, optician and chiropodist.
- Hospital passports were in place. Hospital passports are used to inform medical staff of people's needs and abilities in the event of admission to hospital. These were detailed and up to date.

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

- Since the last inspection a working kitchen, which could be adapted to meet the needs of people using wheelchairs, had been fitted in the main dining area.
- People had ease of movement around the interior of the home, but people told us they found it difficult to

access the garden. One said, "It would be nice if we could go out in the garden I don't like going out the front and sitting in the car park where people staring at you from the road" and another said" I'd like to go outside more, I'd like to go and do some gardening".

●People were not able to leave and access the home without staff support.

●One person told us they had a key to their room but was not able to lock the door when they left their room as they didn't have the dexterity to manage the key. We did not see evidence of any alternatives having been explored to support this person with this.

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.

●Assessments of people's capacity were included within care files. Where people lacked capacity, and where needed, DoLS applications had been made.

●There were processes in place to monitor people's DOLS and ensure applications for re-authorisations were made before these expired. Where there was a delay in receiving a new DOLS there were records of when the local authority had been asked for an update. People's families or paid advocates were informed when a re-application was submitted and asked to contribute to the assessments and any best interests' decisions that were needed. These requests were sent in a timely way and contained information which would help people understand the restrictions needed to ensure their relative or client remained safe.

● People who had capacity had signed consent forms for their care and treatment, medicines, data protection and photographs.

Requires Improvement

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring in their interactions with people. People praised the permanent staff who they said were very good. However, several people raised concerns about the agency staff. One person said, "They treat you like you're a child like your six or seven, very disrespectful, not all of them but I just don't like agency staff at all." Another said, "Regular staff are very nice but the agency, it's really difficult, is not often you get introduced to them and it's difficult because they don't know you and sometimes they don't ask if you want things doing, they just do it to you." A relative said, "The staff are lovely but there's no consistency."
- People were supported to meet their needs in relation to religion and spirituality.
- One relative said" I just wish (person) could access more in the way of people from our own community where (they) can have conversations and relationships will the people (they would relate to). The activities organiser was looking at ways in which they could better support people to engage in groups and activities outside the home which met their needs in relation to lifestyle and diversity.
- One person told us there had been significant improvements since the change of management within the service. They said they felt respected and valued as a person.

Supporting people to express their views and be involved in making decisions about their care. Respecting and promoting people's privacy, dignity and independence

- People told us they were involved in making decisions about their care and support. One person said they had sat with a staff member to go through and agree their care plan.
- Staff knocked on people's doors and asked if they could come in before entering people's rooms and personal care was carried out in private. However, not everyone was supported to maintain their appearance. One person's support plan showed their appearance was very important to them and stated they liked to wear make-up and needed help from staff with this. On the first day of the inspection the person was upset that their hair was greasy and had not been washed. They could not remember the last time they had had a shower or bath. There was no information in their support plan about bathing or showering. We raised this and when we visited the next day the person's hair had been washed. However, they were not wearing make up on either day and told us staff did not support them to do this.
- A relative told us they frequently found other people's clothes in their relative's wardrobe and drawers. They said the clothes were clearly named but had still been put in the wrong person's room.

Requires Improvement

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Some people told us they were involved in the development and review of their care plans. Care plans included the statement 'As part of our customer charter we are committed to ensuring you are you are fully involved in developing and reviewing your support and health plan. We also need to ensure that you agree with the plan and consent to our supporting you in the ways we have agreed in the plan'.

● People could consent to each part of the plan or the whole plan. One of the care plans we looked at had been signed by the person to say they agreed with the whole plan. However, the agreement was not dated and not signed by either the key worker or service manager as the form required.

● People's care records had been reviewed and updated and contained some person-centred information about individual likes and preferences. However, there were also inconsistencies about people's care needs within different records. For example, one person's care plan showed they required a diabetic diet, yet their hospital passport stated they had a normal diet. Another part said the person had declined to attend a health screening appointment, yet review notes showed they had attended. Another person's assessment from the local authority said they had regular injections to help alleviate their condition, yet this was not mentioned in the person's care plans. The assessment also detailed how important support with appearance was for the person. Again, this had not been included in their care plan.

● A member of care staff said they always took part in handover but did not have time to look at people's care plans. This meant that whilst staff might know the person's needs for that day, they may not be aware of the person's preferences in relation to their care.

● One person told us they had more choice in their care. They said, "You can have a bath when you like or a shower now, so that's good things have changed, it's nice to be able to just have a bath when you want rather than when staff say they have time."

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 communication care plan for a person who experienced challenges with verbal communication was clear but brief and did not include any detail of technological communication aids being used or explored with the person. We asked the person if staff had spoken to them about this and they said not.

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

● People said there had been some improvement in relation to opportunities to engage in activities of their choice, but several said they would like to get out more. People said, "I'd like to go outside more, I'd like to go and do some gardening", "I'd like to go to my hometown a little bit more, visit where I used to live, there's not much opportunity to get out here" and "It will be good to be able to have a driver to take you out"

● The service had it's own transport and the manager told us they were trying to recruit more drivers to support people to go out but, in the meantime, people were having to use taxis to attend clubs and social events. One relative said, (Person's) paid £44 per week to be able to get to the day services because there is no driver to take (them)". Another person said, "I'm paying £60 on Saturday to get to an event in Halifax, (approximately three miles) it's really expensive booking accessible taxis"

The provider's customer transport policy said, 'We are committed to campaigning nationally and locally to ensure the increased availability of affordable accessible transport'. However, staff had not identified the issue of people paying such high rates for accessible taxis.

● The new activity organiser was trying hard to make improvements and had lots of ideas. They had made links with a local school and was looking to get people who chose to get involved in the school's allotment. They had also discovered a local authority scheme providing cheap transport to care homes to help people get out more. They had talked with people individually to find out what they'd like to do and was looking at ways to meet people's choices. For example, they had found a meeting group which met one person's needs and had organised to support them to take part. People told us they had enjoyed recent group trips out and activities such as a visit from birds of prey and a takeaway evening.

Improving care quality in response to complaints or concerns

● Records of complaints made to the service were stored as safeguarding issues. The quality lead said this was because they always extracted any safeguarding concerns from complaints. However, it was not clear what actions, other than safeguarding referrals, had been taken in relation to managing the complaint or responding to the complainant.

● People told us they would be happy to speak with staff or the manager if they had any concerns or complaints.

End of life care and support

● People had been supported to develop care plans detailing their wishes at the end of their lives. One care plan gave details of the person's preferred funeral venue, their preferred minister and hymns.

Requires Improvement

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- A service improvement plan was in place which had achieved inconsistent results in driving the required improvements in the service in a timely way. For example, the service improvement plan gave a date of August 2019 for obtaining quotes for repair of the emergency lighting system.
- Although some improvements to the service had been made, there remained areas of concern which governance systems had failed to identify. For example, we identified issues relating to risk minimisation and medicines management the provider was unaware of prior to our inspection.
- CQC had been informed of several medicines errors within the service and an update to the service improvement plan dated 22 June 2019 stated monthly and weekly audits of medicines management were to take place the following week. We found, and the quality lead confirmed, auditing of medicines management had not taken place.
- Actions planned to reduce risk were not always addressed in a timely way.
- Some audits did not give specific detail of the actions required. For example, the 'Clinical care review meetings' dated July and August 2019 both stated 'Some clinical PCPs require updating still' but did not identify which ones and did not include detail of any progress from previous audit.
- There was no overview of complaints made to the service.

At our last inspection the provider had failed to make sure that systems for auditing the safety and quality of the service were sufficiently robust to identify risks to people's safety and welfare. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

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

- People said the new manager was approachable and were confident in how they were making the changes and listening to their voices and suggestions of how to make things better. One said "There's been a massive change, we have more choice. Before everything used to get pushed under the carpet, it's very much improved it's more about us. (Manager) has even given up her office so we can have a (better)

computer room."
● People did not describe the same confidence in the provider. One said, "I think they've made some really good changes since your visit, I'm not sure they'd have done it if CQC hadn't of give them bad rating though".

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
● Governance processes reviewed whether duty of candour had been followed for all applicable accidents and incidents. Accident and incident records showed families were informed as a result of staff decision or by request from the service user. It was hard to establish a clear picture of how complaints were managed, and outcomes communicated to people.
● Notification of events within the home were made to CQC as required by regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The new manager was working to improve the service in accordance with the provider's service improvement plan. However, they had not made themselves familiar with the detail of the enforcement action taken by CQC.
● Minutes of various staff meetings showed discussion had taken place about staff roles and possible changes and development of such as team leader roles. Staff had opportunity to feedback on these changes. Minutes of meetings did not always evidence follow up actions on issues previously raised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others
● People said they had attended meetings and were able to give their opinions and suggestions.
● The provider had been working with the local authority contracts and safeguarding teams and Clinical Commissioning Group for support in improving standards of care and quality within the service.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's heath and safety were not always assessed and managed well. Medicines were not always stored appropriately and people did not always receive their medicines as prescribed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for auditing the safety and quality of the service were not sufficiently robust to identify risks to people's safety and welfare.