Windy Knowe Limited

Windy Knowe Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on 06 September 2017and the inspection was unannounced. Windy Knowe Nursing Home is a is a large detached three-storey house with a large back garden and is situated in Oxton, Birkenhead, Wirral. The home is registered to provide nursing care for up to 49 older people and at the time of our visit the service was providing support for 37 people. The home offers single and double accommodation and seven bedrooms are ensuite.

The home has a registered manager. 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. The registered manager and deputy manager were in attendance at the time of the inspection.

People we spoke with told us they felt safe at the home and people's relatives also told us they felt people were safe. During our visit, however, we identified concerns with the service.

We also identified a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that there were insufficient bathing facilities in the home. However, we were able to see that the registered manager had been in contact with the provider over a significant amount of time, to attempt to remedy this. The home looked clean in some areas, however there were areas that needed updating as they were becoming an infection control concern.

Medications were not always managed safely, staff administering the medication were distracted and times were not specific for when medications were to be given.

Each person living in the home had a personalised care plan and risk assessment. However, we identified that some risk assessments needed to be more specific. Staff knew of the people's needs but this was not always clearly documented.

Staff were recruited safely and the registered nurses had the appropriate checks regarding their registration with the Nursing and Midwifery Council. We saw evidence that staff had been supervised regularly and staff told us that they felt well supported in their roles. Staff had access to a wide range of training which equipped them to deliver their roles effectively.

The Mental Capacity Act 2005 and the associated deprivation of liberties safeguards legislation had been followed in the home. The provider told us that some people at the home lacked capacity and that a number of Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care. We found that in applying for these safeguards, peoples' legal right to consent to and be involved in any decision making had been respected.

The people who lived at the home and their relatives were happy with the support that staff gave them and there was a good rapport between them.

We saw that the people living in the home knew who the registered manager and deputy manager was. People and relatives we spoke with said they would know how to make a complaint; none of the people or their relatives we spoke with had any complaints.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime; we were told that the food was good and was enjoyed.

The home had quality assurance processes in place including various audits, staff meetings, quality questionnaires and residents meetings. The home also had up to date policies in place that were updated regularly.

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

Medication was not always safely managed.

Some of the communal internal areas were in need of updating as there was an infection control concern. The décor in general was tired and faded in the majority of areas including bedrooms and there were insufficient bathing facilities.

People were protected from harm and received support from staff who safeguarded them.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Is the service effective?

Good

The service was effective.

Staff were supported through a structured induction, regular supervision and training.

People enjoyed and were given enough to eat and drink and had a choice of suitable foods to meet their dietary needs.

The registered manager understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and had made the appropriate referrals to the local authority.

Is the service caring?

Good

The service was caring.

Families and people living at the home said there were no limitations on visiting.

Staff respected people's privacy and dignity.

There were systems in place to ensure end of life care was always able to be provided.

Is the service responsive?

Good

The service was responsive.

The complaints procedure was openly displayed and people told us that they knew who to go to if they had to complain about the service.

We looked at seven care plans and each person had a care plan that meet their individual needs.

People had prompt access to other healthcare professionals when required and this was fully documented.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The home had issues surrounding environment and bathing facilities that the provider had not addressed.

The service had a manager who was registered with the Care Quality Commission.

The registered manager and deputy manager were clearly visible and staff said communication was encouraged.

The service had up to date policies in place.

Windy Knowe Nursing Home

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 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 inspection took place on 06 September 2017 and was unannounced. The inspection was carried out by one adult social care (ASC) inspector, a specialist advisor who was a healthcare professional with experience in the nursing care of older people 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.

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 the service does well and improvements they plan to make. Prior to the inspection we reviewed any information we had received about the provider since the last inspection. We contacted the local authority quality assurance team, to ask their views about the quality of the service provided. We also checked with Healthwatch Wirral for any additional information about the home. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of the care.

During the inspection we spoke to two people living at Windy Knowe Nursing Home and six relatives of people living at the home. We talked with nine staff on duty including the registered manager and deputy manager. We were also able to speak to a visiting health care professional. We observed several other people who were supported by the service, who did not want, or were unable to talk with us.

We observed support for the majority of people who lived at the home. We reviewed a range of documentation including seven care plans, medication records, and records for five staff members, staff training records, policies and procedures, auditing records, health and safety records and other records

relating to how the home is managed.

Requires Improvement

Is the service safe?

Our findings

People we spoke with and their relatives told us they thought he service was safe and clean. We were told "There are always cleaners about and it looks tidy." Another said "For the age of the property it's as good as it can be."

We had concerns about the environment. We looked at two pieces of equipment (padded mats) in people's rooms; however these did not look clean. We identified that a number of areas of the home including the foyer were malodourous. Although we saw staff shampooed the carpets regularly, the carpet in the main areas appeared old and in need of changing due to ingrained odours. We discussed that this was an infection control concern with the registered manager. Other parts of the home however, seemed clean and as well maintained as possible. Staff had clearly made an effort to decorate themed areas around the home, however, the décor in general was tired and faded in the majority of areas including bedrooms. One room was noted to have a peeling wallpaper border and the curtains were not all attached to their hooks. These issues had previously been identified by the registered manager and referred to the provider.

We identified that weekly and monthly checks had been carried out on aspects of the home for example lighting, hoists, nurse call equipment and water temperatures. However, it was not apparent that the checks on the door guards that are supposed to release in the event of a fire, had regularly been carried out. This was immediately brought to the registered manager's attention.

We also saw that the home only had two showers for the 37 people living in the home. The bathrooms were out of commission. We did see that four bedrooms were en-suite with personal sinks. We discussed with the registered manager that there were insufficient bathing facilities and they was able to show where they had repeatedly requested the provider to action this.

The provider had not ensured the premises and equipment were safe to use for their intended purpose. This is a breach of the This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed the staff administering medications and we saw that the staff nurse wore a red tabard to indicate to others that they should not be disturbed during medication round, however we saw that they had the unit phone on their person and answered an external call. This was discussed with the manager as there appeared to be other staff, including administrators, who would be better suited to have the phone during medication rounds.

People's medications were prescribed for morning, lunchtime, evening and night time. We asked how staff ensured that sufficient spacing of doses was achieved and were told that there was no system in place such as marking dose times on MAR (Medication Administration Records). An exception was for 'as and when' medications. The same nurse undertook both morning and lunchtime medications so that they knew who had had their medications at what times. We were advised that the nurse on duty gave a verbal handover to the nurse on the next shift about what time medication rounds had started and this was written down on

the handover to night staff. The lack of systems in place to ensure adequate spacing of doses, was inadequate and potentially unsafe. This was again discussed with the management, however there appeared to be little insight into the problems this may cause.

The clinic room was clean and tidy and 'homely' remedies were all in date. Medications for disposal were stored in a locked cupboard. The medication trolleys also appeared clean and well organised, as did the files containing MAR charts that had been fully completed. Fridge temperatures were recorded as checked daily and were within acceptable range. Stock checks had taken place, sometimes within three days of one another; we were advised that these were undertaken when instructed by the registered manager. We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and were safe. There was a fire evacuation plan that had been reviewed and updated. Personal emergency evacuation plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in case they were required.

We noted that risks to people's safety and well-being had been identified, such as the risks associated with moving and handling, falls, pressure area care and nutrition and that plans had been put in place to minimise risk. We also saw that risk assessments had been put into place for those people who were unable to use their call bells, we saw how this reduced the risk to people's safety. However we also identified that some risk assessments were not always detailed, examples included the use of continence equipment and pressure area care. We saw that the staff were aware of the needs of people living in the home however the documentation did not always reflect the person's current needs.

One person had been risk assessed as at high risk of absconding, however the actions in place to manage risk were not specific; 'regular' checks on the person's whereabouts are instructed. We saw that observations charts were in place and were specific and stated every 15 minutes. Risk assessment instructed staff to monitor the front door area, however this was not observed to take place during inspection. On discussion with the registered manager this appeared to be a measure that needed re-evaluating. Previous attempts by the person to leave the home were not noted on the risk assessment.

We looked at staffing levels and saw that these had been consistent over the previous month. The people we spoke with thought there were enough people on duty and all visitors said the staffing levels did not seem to be an issue. We were told "Staffing levels seem fine. I visit in the evening and weekends and they never seem short staffed." Another visitor said "I call every day and have never seen a problem."

We looked at the personnel files of five staff. All of the files included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment in Windy Knowe Care Home. The home also had disciplinary policies and procedures in place that had been used appropriately.

We spoke with two people who lived at the home and their relatives and asked if they felt safe. They all told us 'yes' and all of the relatives were happy that there family member was in a safe environment.

The manager maintained a clear audit trail of any safeguarding incidents, showing what action had been taken to support the person. The required notifications had been sent to CQC. We asked staff members if they knew safeguarding processes and asked if they felt confident to report any type of potential abuse. All the staff we spoke with were able to show an understanding of the different types of abuse and how to report abuse.

Good

Is the service effective?

Our findings

The home was well lit and toilets appropriately signed for the people living in the home using pictures. Bedrooms were identifiable by room number; however some people would benefit from a picture of themselves, or some other visual method to help them more easily identify their own bedroom.

We asked people about their quality of life, they confirmed the staff were skilled and that there were enough staff on duty to ensure they had a good quality of life. All relatives thought their family members had a good quality of life. One said "Yes my uncle is well looked after and well fed and I could not find a better place for him." Another said "Yes she put herself in here 6 years ago because she did not want to live alone after her husband died. She loves it and is always happy when I visit."

People we spoke with felt that staff were correctly trained and all had the correct skills to deal with them. At the start of employment staff received a comprehensive induction that was tailored to their role in the home, examples being as a nurse, a care worker or ancillary staff. We saw that staff had attended a variety of training that included, dementia care, basic food hygiene, first aid, fire safety, infection control, moving and handling and safeguarding. We identified during the course of the inspection that staff would benefit with additional training surrounding breakaway techniques, this would support staff to appropriately support people who have dementia or had behaviour that challenged. This was discussed with the registered manager who told us that they would action this.

We saw evidence that the registered manager had a supervision and appraisal system in place for the staff. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. These had been carried out on a regular basis and staff we spoke to told us that the supervisions were helpful.

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. The application procedures for this in care homes and hospitals are 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 and found that they were. The registered manager had a full understanding of the MCA and its application and people had MCA assessments. We saw evidence in care documents that people who were able to have been involved in discussions regarding their care. This showed that people's legal right to consent to their care had been respected.

Everyone we spoke with said that the food was good. One relative said "Fantastic choice and lovely food on

offer." Another said "The food appears good and they have offered me a meal when I am visiting over lunch time" and "I come in at lunch time to assist with my mum's feeding, I am not asked to do this but do it by choice. The food smells good and always looks tasty. My mum always clears the plate." One person who lives in the home told us "There are always plenty of choices."

Everyone we spoke with told us that they get plenty of snacks and drinks throughout the day and a milky drink in the evening. They could choose whether they had meals in their rooms, the lounge or the dining room. Both people we spoke with living in the home said they get a choice of menu and were asked in the dining room what they wish to have for their lunch.

We saw that people's weights were monitored and people had been referred to dietetic services when problems had been identified. However, not all monitoring information was complete. We saw that one person's care plan stipulated weekly weights however the last weight on file was in August 2017 which was several weeks prior to this inspection date. Dietetics recommended that the person's diet and fluid intake was monitored; however the care plan only instructed staff to ensure that they had adequate fluids and the majority of dates between four weeks did not have completed intake charts on file. This was discussed with the staff on duty and was to be actioned. However, people living in the home appeared to have received adequate nutrition and fluids.

Good

Is the service caring?

Our findings

We asked people, relatives and visitors if they thought the staff were caring and they told us "Staff are very kind and knowledgeable about mums needs." Another resident said "The staff are very kind and very patient." All the relatives we spoke with said that the staff knew their relatives very well and knew likes and dislikes. They knew which chair they like to sit in or which area they liked to be sat.

All relatives said there family member is treated with dignity and respect. We were told that the staff were very kind and considerate to their family member. One visitor said "Staff are very respectful to residents. Even when they have to put up with some challenging behaviour that I witness in the lounge. They deal with it professionally and kindly."

Both of the people we spoke with in the home said they were helped to get washed, showered and shaved and that they were treated with dignity and respect. One person said "I have not been here very long but they treat me as if I have always been here and they know me well." Both said that the carers always have time to sit and have a chat with them." A visitor said "My Nan always looks smart and clean. She is helped to wash and dress and she does have regular showers."

We observed staff chatting with people about day to day things and spending time making sure that people's needs were met. We heard that music from the 1950s and 1960's was playing . This showed that thought and planning had gone into making the environment pleasant for people living in the home.

We observed staff throughout the day supporting people who lived at the home. Interactions between staff and the people they cared for were positive. Staff were observed to utilise their knowledge of people's histories and social connections in their conversations, examples being staff engaging one person in conversation about their previous work and staff talking to relatives about when their loved ones would be visiting. We saw bedrooms were decorated with memorabilia from people's earlier lives which was used as a talking point.

No one living in the home was receiving end of life care at the time of inspection, however the registered manager and some staff had completed end of life care training. This meant that the home had staff who would be able to care for people appropriately when needed. The health care professional we spoke with was able to tell us how the home had been proactive in ensuring that a person had sufficient end of life care in place as they began to deteriorate prior to a weekend, when such things are more difficult to arrange.

All of the relatives we spoke with told us that they were always kept informed and updated if necessary. All visitors we spoke with said there are no visiting restrictions and felt welcomed any time they visited the home. One visitor said "You are welcomed by all the staff from cleaners, carers, nurses, by everyone." Everyone said that they were offered refreshments when visiting and some mentioned being offered meals if their visits coincided with meal times.

Good

Is the service responsive?

Our findings

We asked if people felt comfortable raising concerns or complaints. The two people we spoke with said they had never had to complain but they would tell the staff if they did have a complaint. One person said "I would tell anyone. They usually listen." All of the visitors had never had cause to complain but told us they would not hesitate to do so if they felt it was necessary. We saw a copy of the complaints procedure was clearly displayed on a noticeboard in the reception area. We also saw that the complaints procedure was available in pictoral form. This meant that people had access to up to date information on how to make a complaint.

We reviewed seven care files, and found all the information about the person and their care needs was documented in the file. The care files contained plans describing how the person should be supported. Assessment and care planning information identified people's needs and the care they required including mobility, nutrition, communication, personal care, and social needs. We saw how monthly reviews for all assessments and plans had been regularly completed.

The people living in the home that we spoke with had no involvement with their care plans through choice. We asked relatives if they were involved in care plans and we were told 'yes'. One relative told us "The family are all involved in [name] care plan. They kept us informed as the plan altered because [name] had lost a lot of weight in hospital. Now she's put weight back on and it's reflected in her plan."

We saw that people had prompt access to medical and other healthcare support as and when needed. There were documented visits from district nurses, dieticians and G.P's. The people we spoke with felt they received the right medical care and they were happy with the facilities. We also spoke to relatives about other professionals being involved in care one relative said "My mum as her hair done regularly and also sees the chiropodist." All the other visitors mentioned their relatives had the chiropodist visit regularly.

We also spoke with a visiting advanced nurse practitioner who told us that the home had built up good links with them and the GP practice and benefitted from weekly visits. We were told that the staff at Windy Knowe had good knowledge of the people living in the home and their needs and are able to provide reliable information when needed. We were given an example that if the home phoned the surgery with suspicions that a person had an infection, the home had already gathered monitoring information such as temperature and blood pressure that could aid in diagnosis and treatment. The nurse practitioner expressed that she had no negative issues at all to report in her dealings with the home and in fact looked forward to visiting.

The two people we spoke with were not interested in taking part in activities, however we saw that activities were available to people living in the home if they wished. One relative told us "The atmosphere is great. There was a singer last Saturday and my Dad really enjoyed it. Dad would not take part in any other activities, he's not interested." We saw staff had clearly made an effort to decorate themed areas around the home including reminiscence areas that incorporated 1950s and 1960's areas. The home also had created and planted a sensory area in the garden for the benefit of the people living in the home. This was to stimulate peoples touch, smell and sight. The home also enabled the people living there to speak to long

distance relatives by using the internet.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager who had been in post since April 2016 and a deputy manager who were both present during the inspection. Everyone we spoke with who the manager and the deputy manager were. All said they were both approachable and all felt they would act straight away if they made a complaint. One of the people living in the home we spoke with knew the registered manager by name and the other said "Any staff are here to speak to."

We spoke with the registered manager and deputy manager and we found both to be receptive to our feedback, this was demonstrated by re-contacting the provider who had not acted on the identified issues surrounding the environment and the bathing facilities. Our concerns were significant to show a breach of a regulation as the provider had not taken appropriate action to maintain the standards and quality of the environment in the home.

The registered manager understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information. From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. Windy Knowe Nursing Home were displaying their ratings appropriately.

When asked about the atmosphere in the home, relatives told us said "It's always tidy, the staff are always courteous. I have no qualms about leaving my uncle here. I come here at any time of the day and night and it's always the same." Another relative told us "It's like coming to my Nans home. Everyone seems happy and the staff are lovely. The staff go above and beyond to make it a lovely place to live" and "Its lovely, the staff and residents are always happy. The staff are all very nice."

We saw how the service had carried out a relative's quality survey and that the feedback was acted on by the home developing an action plan that was current and we saw evidence that areas of improvement had been identified then acted on. An example of this was surrounding activities. We also saw how additional feedback had been asked for following the improvements. One relative told us "I am not attending any meetings because I am kept informed when I come into the home on a daily basis." Another said "I have attended meetings and contributed in the past. The date goes on the notice board."

We looked at the minutes of the team meetings which were held for all members of the team. We saw that staff were able to express their views and any concerns they had. We also saw that the registered manager had carried out a staff quality assurance survey that had also resulted in an action plan. Staff had access to policies and procedures on areas of practice such as safeguarding, whistle blowing and safe handling of medicines. These provided staff with up to date guidance. Staff said the registered manager's door was always open if they wished to speak with them. This helped to promote a positive and open culture to keep people safe.

The registered manager regularly monitored the quality of care at the home and we saw that there were procedures in place to monitor this. This included audits surrounding care plans, infection control and staff

competency checks. These identified if any action were needed. We also saw a system in place for fault reporting and repairs and we were able to see how these were actioned and completed. However, the environmental issues had not been actioned although the service was aware of the problems.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the premises and equipment were safe to use for their intended purpose.