

Windlesham Services Limited

# Windlesham Manor

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 22 and 30 August 2017 and was unannounced.

Windlesham Manor is registered to provide personal care and accommodation for up to 40 people. There were 37 people using the service during our inspection who were living with a range of care needs. These included dementia and mobility support.

Windlesham Manor is a large detached Edwardian country house, set in landscaped gardens in the village of Crowborough, within Ashdown Forest. The home is located in a semi-rural area where there are some shops, a church, a bus and a train service.

A registered manager was in post. A registered manager is a person who has registered with the care Quality Commission to manage the service. 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.

Windlesham Manor was last inspected in December 2016, when it was rated as: 'Requires improvement' overall with a rating of 'Inadequate' in the question: 'Is the service safe?' We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 at that inspection and issued requirement actions and warning notices. The breaches of regulation related to risks around maintenance, the safe storage of medicines, safe employment checks, premises being maintained and cleaned, the monitoring and recording of falls, premises being suitable to people's needs, the provision of food and hydration to meets people's needs, care plans reflecting peoples assessed needs, and operating systems to monitor the quality of the service. The provider sent us an action plan to tell us how they would address these breaches by July 2017. At this inspection we also made a recommendation. You can see the recommendation in the main body of the report.

People were kept safe at Windlesham Manor. Staff told us they understood the importance of people's safety and knew how to report any concerns. Risks to people's health, safety and wellbeing had been assessed and plans were in place which instructed staff how to minimise any identified risks.

There were suitable arrangements in place for the safe storage and administration of people's medicines. And people received their medicines when they needed them by trained staff.

There were sufficient numbers of staff deployed to meet people's needs. Some call bells took a long time to answer but by the end of our inspection the registered manager had implemented an audit and had improved response times. The registered provider had effective and safe recruitment procedures in place and staff told us that they had the training they needed to carry out their roles.

People had access to sufficient quantities of food and drink to remain healthy and told us they liked the

food. People saw their GP or other health and care professionals as and when they needed to.

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.

Staff treated people dignity and respect. Staff were knowledgeable about people's likes, dislikes, preferences and care needs. People's privacy was respected by staff who valued people's unique characters.

Staff were kind and caring: good interactions were seen throughout our inspection, such as staff sitting and talking with people as equals and treating them with dignity and respect. People could have visits from family and friends whenever they wanted.

People did not consistently receive a person centred service. Some people had diagnoses that were not addressed in their care plans or guidelines that were not fully recorded in plans.

There was a range of activities on offer to people to maintain their interests and keep people occupied. Complaints were being used as a tool to improve services.

There was an open, transparent culture and good communication within the staff team. The registered manager took an active role within the service and led by example. There were clear lines of accountability and staff were clear about their roles and responsibilities. The provider had systems in place to assess and audit the quality of the service and utilised both internal and external auditing tools.

The registered manager had notified us of events that had occurred within the service so that we could have awareness and oversight of these to ensure that appropriate actions had been taken.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

Windlesham Manor was safe.

People were protected from the risk of harm and abuse and staff understood their role in keeping people safe.

Risk assessments were comprehensive and reduced hazards through effective control measures.

Staffing numbers met people's needs safely and call bell responses were being improved.

Medicines were managed, administered and stored safely and people received their medicines when they needed them.

### Is the service effective?

Good ●

Windlesham Manor was effective.

Staff told us they had the training they need to effectively carry out their roles.

The principles of the MCA were being adhered to and people were being supported in the least restrictive way.

People received adequate food and drink to remain healthy.

People's healthcare needs were met and people had access to a wide range of healthcare professionals when they needed them.

### Is the service caring?

Good ●

Windlesham Manor was caring.

Staff knew people well and used the information about people to effectively support them and build up caring relationships.

People and their families were involved in their lives and could make decisions about their care.

People were treated with dignity and respect and their

independence was encouraged.

### **Is the service responsive?**

Windlesham Manor service was not consistently responsive.

Some care plans did not address people's diagnoses, for example one person living with dementia did not have a care plan about their cognitive needs and another care plan did not accurately reflect guidelines.

People had access to a range of meaningful activities and were able to choose how to spend their free time.

Complaints were used as a tool for improving services. Not all complaints had been recorded correctly but they had been dealt with appropriately.

**Requires Improvement** ●

### **Is the service well-led?**

Windlesham Manor was well led.

The culture of the service was open, person focused and inclusive.

The management team provided clear leadership to the staff team and were a visible presence in the service.

Quality monitoring systems were robust and the registered provider was utilising external sources to audit quality.

**Good** ●

# Windlesham Manor

## **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 comprehensive inspection was carried out 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 was carried out on 22 and 30 August 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person with knowledge of using these types of service.

Before the inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. 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. We reviewed the PIR before our visit.

We spent time with people who lived in the home, observing the care they received and how they responded to staff. We spoke with 19 people, the registered manager, the senior care assistant, the care co-ordinator, the head chef, one team leader and five care workers. We spoke with six relatives and three visiting healthcare professionals. We also asked the local authorities quality monitoring team about their views of the service.

At our previous inspection in December 2016 the service was rated as: 'Requires improvement' overall and: 'Inadequate' under the question: 'Is the service safe?'

## Is the service safe?

### Our findings

People and their relatives told us they felt safe living at Windlesham Manor. One person commented, "I feel quite safe because I know I can ring the bell and several staff will come". Another person told us, "I feel safe: I've never really had to think about it. I ring the bell and someone answers and I've never had to wait a long time." One relative commented, "I tend to look out for the worst situations so would spot if anything was compromising safety, but from the care I observe, mum is safe." Another relative told us, "I feel 'X' is safe here."

At our last inspection on the 20 December 2016 we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 and a warning notice was served about this. They had not ensured that medicines had been stored, administered and recorded safely. In this inspection we found that some improvements had been made and the breach had been met. Since our last inspection the registered provider had refurbished the medicines room so that it was air conditioned, easy to clean, well maintained and well organised. The temperatures of the room and medicines fridge were recorded and action had been taken when one temperature had approached the higher accepted limit. We observed a medicines round where a nurse administered medicines to people before their lunch. The nurse cross-referenced information between the medicines administration record (MAR) chart and the blister packs and was careful to check the identity of each resident. The nurse took time with each resident supporting them to take the medication, and to gain the person's consent, if they were able to consent, prior to administering the medicines before the MAR was signed. The service used as required (PRN) medicines and there was a clear PRN protocol stating the maximum dosage allowed within a 24 hour period.

Controlled drugs (CD's) were in use and managed safely in line with national guidance. CD's were stored in the treatment room in a locked metal cabinet. There was a bound Controlled Drugs book with numbered pages, and a separate page for each CD for each person and remaining balances were checked at each administration of a CD. Some CDs were long lasting patches that were applied directly to the skin. These medicines should not be applied to the same site on a person's body and the provider had application records in place to ensure that staff applying patches to peoples' skin stated where the old patch has been removed from and where the new patch had been applied. We found that one patch had not been recorded to show where it was applied. The MAR had been signed to indicate the patch had been applied to the person, and the stock check showed the correct amount of patches in stock. By not completing an application record there was a risk that the person could have the patch applied to the same part of their skin. We raised this issue with the registered manager who rectified the error immediately.

At our last inspection on the 20 December 2016 we found that the registered provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that safe employment checks had been carried out. At this inspection we found that improvements had been made and the breach had been met. We looked at the recruitment records for two people who had been recently recruited. In both cases thorough recruitment procedures were followed to check that staff were of suitable character to carry out their roles. Criminal records checks had been made through the

Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. The registered provider had consistently tracked the employment history of each newly recruited person to maintain the safety of the recruitment process. Staff members had provided proof of their identity and right to reside and to work in the United Kingdom prior to starting work at the service. References had been taken up before staff members were appointed and references were obtained from the most recent employer where possible. We also checked the staff files of two staff who had been recruited more than two years before our inspection and found that all necessary checks and documents were in place and any gaps had been addressed.

At our last inspection on the 20 December 2016 we found that the registered provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that the premises were clean and the property was maintained. At this inspection we found that improvements had been made and the breach had been met. The service was kept clean and free of malodorous smells. Robust cleaning schedules and control measures minimised the risk to people from infection. One staff member told us, "We discuss control of infection at staff meetings and provide feedback from audits". We saw copies of two audits carried out in July which included environment cleanliness, waste disposal, sharps handling and disposal, hand washing and use of protective clothing. Legionella tests had been completed to ensure that water storage and delivery systems were safe. There were up to date safety certificates for gas appliances, electrical installations, portable appliances, lift and hoist maintenance. The registered manager ensured that general risks such as slips, and trips were regularly assessed. Regulatory risk assessments were completed to reduce hazards around manual handling, Control of Substances Hazardous to Health (COSHH) and food safety. Each risk assessment identified the risk and what actions were required of staff to reduce the hazard. The fire risk assessment was effective and up to date. Fire drills were happening and records showed that this included night time drills when staffing levels were lower. Staff were aware that each person had a personal emergency evacuation plan (PEEP) for the risk level associated with evacuating people safely in the event of a fire. A copy of all PEEPs were retained in an emergency folder near the fire alarm panel.

At our last inspection on the 20 December 2016 we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Falls had not been recorded and monitored appropriately meaning that care and treatment were not provided in a safe way. At this inspection we found that improvements had been made and the breach had been met. Falls risk assessments were in place for people deemed to be at risk of falling and these assessments had been updated regularly. One person's assessment had been updated six times in 2017 and included action taken following a recent fall where a sensor mat had been placed by the person's bathroom to alert staff that the person required assistance. Falls were being monitored through an electronic care planning system and reviewed regularly by the registered manager. Trends and patterns of who fell, and where in the building, were being monitored to enable the registered manager to respond and implement control measures to keep people safe.

At our last inspection on the 20 December 2016 we made a recommendation that the registered manager updates policies and procedures for safeguarding adults. At this inspection we found that improvements had been made and policies had been updated. People were protected against the risk of abuse. Staff were knowledgeable about safeguarding risks and their roles in protecting people. One staff told us, "People are safe from abuse because staff are well trained and know how to report and store information and that's why it's safe. I would report any concerns to my line manager." All members of staff we spoke with told us that they had received safeguarding training and knew how to recognise the signs of abuse and how to report any concerns they had. The service had policies and procedures in place to guide staff on how to protect people from abuse and staff told us that safeguarding was discussed at staff meetings. The safeguarding



policy had been updated to include more recent definitions of abuse such as modern slavery, and referred to the local authority multi agency safeguarding adults board. There was also a copy of the local authorities safeguarding procedures. There had been a safeguarding concern recently and the registered manager had followed the correct reporting procedure and had taken action to keep people safe.

People, their relatives and staff members told us that they thought there were sufficient staff to meet people's needs. One person commented, "Staffing is very good; I think there are enough staff." One relative told us, "There always seems to be plenty of staff and they are lovely, they really are - nothing is too much trouble." One staff member told us, "We have 6 people in the morning so never have more than 5 or 6 residents to help and we can get residents up and washed and with breakfast by 10/30 in the morning." We checked the services duty rota and saw that the levels of staffing identified by the registered manager as being required to operate the service safely had been provided. The registered manager told us that they used a dependency tool to determine staffing levels and that that they knew what staffing levels were needed by daily monitoring. The registered manager explained, "If the staff ask for more I can add more staff on. A while ago we put extra staff on for breakfast and I have asked the agency to provide an extra 07.00-11.00 shift everyday which they are looking in to, to staff it."

## Is the service effective?

### Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person told us, "I think the staff training must be OK as no one has ever been careless with me." One relative commented, "I observe the staff taking great care getting residents in and out of chairs: I think the staff are well trained." A visiting healthcare professional told us, "Staff provide me with updates about people and are happy to assist."

At our last inspection on the 20 December 2016 we found that the registered provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that the premises were suitable to meet the needs of people living with dementia. At this inspection we found that some improvements had been made and the breach had been met. We discussed with the registered manager the suitability of the environment for people who were living with dementia. The registered manager had discussed this with the owners and asked the staff team for suggestions at staff meetings. The registered manager sent us an action plan for improvements in the environment which had been agreed by the owner of the building. This action plan covered areas such as lighting, carpets, signage and corridors. The registered manager had approached a specialist occupational therapist to advise on further changes to the decoration and adaptation of the building. Some work had already been completed, such as painting corridors different colours to make the environment more suitable for people living with dementia. The registered provider had made other improvements since our last inspection. These included new door signs, pictorial signage in the building; replacement of some carpets; replacement of baths by walk in showers/wet rooms in some bedrooms; purchase of a mobility friendly bath and the refurbishment of toilets and bathrooms which incorporated contrasting colours of wall tiles and tactile handrails. There was a specialist toilet which had been installed that assisted in maintaining people's privacy and dignity by gently washing and drying after use, to support cleanliness for people who may forget to clean themselves or request support.

At our last inspection on the 20 December 2016 we found that the registered provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that food met people's assessed needs and preferences and that people had sufficient nutrition and hydration. At this inspection we found that improvements had been made and the breach had been met. One person told us, "Being [from continental Europe] I am used to well-seasoned tasty food. I don't like fish so now when it is fish on the menu the chef cooks me schnitzel or goulash." Another person told us, "Food is quite good, there is always a choice if you don't like something you can have a salad or omelette." One member of staff commented, "The food, well: I have a problem not to put on weight. The food is brilliant and I know what residents like. The chef asks residents about food and, for example, they said they would like more doughnuts so chef made doughnuts for pudding." Care plans included an assessment of people's nutritional needs and nutritional needs were assessed using the Malnutrition Universal Screening Tool (MUST) and up to date records including monthly weight checks were seen. The chef told us that they received a 'dietary notification form' for every person living at the service at the time of their admission and we reviewed five examples. The form included information related to any food allergies, if the person was at risk from choking, their likes and dislikes, if a food and fluid chart was in place, the texture of food, portion

size, special diets such as diabetic, vegetarian, information regarding weight gain or loss, advice following healthcare professionals' visits, requirements for fortified foods or smoothies. Reviews of the dietary notification forms were undertaken by the registered manager and they were then updated by the care co-ordinator. Menus were rotated four times each year and local produce was sourced and used. In addition to the set menu alternative choices were offered such as jacket potatoes or salads. The chef told us that they were aware of people's likes and dislikes and tried to cook a favourite dish for a person when possible.

At our last inspection on the 20 December 2016 we made a recommendation that the registered manager reviews systems and process for supervision and induction in line with their policy and good practice guidance. At this inspection we found that improvements had been made and staff members were receiving a comprehensive induction and regular one to one supervision sessions. We spoke to four members of staff about supervision and they all told us they had an annual appraisal, regular one to one and group supervision meetings and that there were good opportunities for training. They said the supervision sessions were useful and supported them in their role. Examples given of topics discussed during supervision meetings included health and safety, moving and handling, record keeping, fire safety, incident and accident reporting, medicines management, staff allocation and food and fluid charts. The registered manager had kept up to date records of staff annual appraisal and one to one and group supervision meetings. New staff received an effective induction and the registered manager had implemented a new induction pack that covered key areas. New staff and their line manager signed each section off on completion.

There were good opportunities for training and staff gave examples of courses attended including, moving and handling, safeguarding, and food safety. Three members of staff told us that they had received additional training related to dementia and this training, which included scenarios as part of their learning, had helped them in their practice and increased their knowledge about how the condition can affect a person and their understanding and behaviour. One member of staff told us, "If a person has challenging behaviour we try and step back and allow them to have time" and another staff commented, "We seek assistance from a colleague or someone that the person may feel confident with."

At our last inspection on the 20 December 2016 we made a recommendation that the registered manager reviews policies and procedures relating the Mental Capacity Act (2005) to ensure that staff have all the information necessary to carry out their roles. At this inspection we found that improvements had been made and an updated policy for MCA was in place. The policy had been updated in January 2017 and contained up to date information relating to the MCA as well as processes staff were expected to follow.

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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had ensured that people's freedom had not been restricted and systems were in place to keep people safe. The service had made appropriate referrals for DoLS and were using the principles of the MCA to protect people. We reviewed mental capacity assessments and found that the principles of the MCA were adhered to and where people were found to lack capacity a best interests meeting had been held to reach a decision on the person's behalf. Records of best interests meetings included involvement from a range of parties including the persons' family members, care workers, best interest assessors, GP's, psychiatrists and representatives of the service. Verbal consent was sought from people where possible and respected their refusal of tasks, for instance taking part in an

activity.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. We spoke to a doctor who visits the service regularly to provide a weekly surgery. The doctor told us, "They are very good. They are very caring and have a huge respect for the residents. They spot things and deal with the things they can. My parents are resident locally and if they needed care I would choose this home for them." People's healthcare needs were reflected in their care plans. Some care plans contained 'do not attempt resuscitation' forms signed by the person's GP. Three members of staff told us that as people's health needs changed there would be a referral made to the relevant professional for advice and guidance. Care plans were reviewed every month and examples of these were seen and up to date. The service was visited by a range of healthcare professionals, for example occupational therapists, community nurses, psychiatrists, physiotherapists, opticians and speech and language therapists. Where professionals had visited people notes of these meetings had been kept and care plans had been updated.

## Is the service caring?

### Our findings

People were treated with kindness and compassion in their day-to-day care. One person told us, "The staff seem very nice and caring and they treat me with kindness." Another person commented, "The staff do extra; one of the staff takes me for a walk." A third person told us, "On the whole I am very happy here; the girls are very kind they will do anything for you." Visiting healthcare professionals told us, "The staff are caring." and another said "Staff are welcoming and friendly". One relative said, "I think we'd find it difficult to find a better place: the care is first class and nothing is too much trouble. It's friendly, relaxed, and comfortable and we always feel welcome." Another relative told us, "I see the way staff interact with people; they're a very caring and loving group. Mum tells me in great detail about her day and it's usually good interactions with staff and if they have 10 minutes spare they sit and chat to mum."

On the day of our inspection we observed very open, familiar and appropriate relationships between people and their staff and these were apparent throughout the inspection. We observed staff talking to people in the sitting room and they were attentive and respectful in their approach and manner. One staff member told us, "Often I find if people aren't happy with something they come to me as they know me well; so I go to [manager] and we try and sort the problem out. I have that relationship with people." One person in the conservatory told a staff member that she was feeling cold. The staff member got blankets for all the people sitting together and people placed them over their laps. People were encouraged to join in and play a group game involving marbles. Staff used hand over hand support for those who required the additional help and staff members responded with laughter when one person made a joke about 'losing their marbles'. Staff knew how people liked to communicate and modulated their voice when talking to different people: one person was spoken to in a gentle whisper and another person was spoken to in a very jovial upbeat tone by the same member of staff. Staff spoke to people about the garden and the weather: how it had been hot recently and whose room was too hot or cold for their preference. One staff member facilitated a discussion around the garden with people and people remembered when the gardener found an adder in the compost. One person spoke about their time as a forest ranger and how they used to like finding snakes. Staff ensured that people were relaxed in each other's company and they were encouraged to sustain conversations about general topics.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. One staff member told us, "It's in the care plan when someone arrives we have a care plan meeting and people can say what they like and dislike and they can change their mind of course, but we will follow. Simple things like breakfast - it's written down and we also involve relatives when planning care. Every one of us is a key worker to a resident and we have care plan meetings with people and relatives [A key worker is a specific care worker who takes the lead in organising the care and support for a person]." Care documents reflected people's wishes about how they would like to receive personal care. One person's care plan stated in detail how staff should ensure that their nails were cut and cleaned, how their hair should be dressed, how their dentures should be looked after and how staff should prompt the person during personal care in order to help them maintain their routines. Other care plans detailed how people wanted to be cared for by staff. One staff member told us, "I met with the person and their relative to discuss their personal care and preferences" and another staff member added "We sometimes have to give

personal care which may be intimate and we need to be respectful". People were involved in reviewing their care plans when they were able to be. Where people lacked the ability to sign or review care plans, their relatives and legal representatives were involved. One relative commented, "I received a letter in June to review his care plan, it is reviewed every year."

People's independence was encouraged. One person told us, "I've never been told not to do anything by staff: I like to keep the lights on at night and they never say anything about that." One relative told us, "We went through a period when he wasn't remembering to get ready for bed so now they put his pyjamas out to remind him, enabling him to keep his independence a bit longer." Another relative told us, "Mum has (a medical device) fitted. I would like her to remove it and staff do try and encourage her to remove it but she doesn't want to." A third relative said, "[X] used to not want to try and walk but the staff encourage him to walk with a Zimmer frame and sit in the lounge and chat with people." Care plans detailed where people could be encouraged to do things for themselves, such as during personal care or with putting away laundry.

People's privacy and dignity was respected by staff. One person's care plan instructed staff members to knock on the person's door, gain their agreement to enter, and gain their verbal consent to all interventions. Staff were also reminded to ensure that the call bell was available for the person to use. This type of entry was typical of the care plans we reviewed and our observations during our inspection showed that staff respected people's privacy and upheld their dignity. Care plans and other documents containing personal information were kept securely in the office and paper copies were locked away. We observed staff knocking on people's bedroom doors before entering. One member of staff told us, "I always knock on the person's door before entering their bedroom."

## Is the service responsive?

### Our findings

People and their relatives told us that they were receiving a person centred service. One person told us, "I choose to stay in my room but the staff are always popping in for one thing and another." One relative told us, "Dad used to go for walks in the local area; he had a [GPS] tracker so the home could check he was OK." We spoke with two visiting healthcare professionals. One said "Staff are usually busy and try to be helpful" and another commented, "The staff engage with people and they always look well cared for." However, despite these positive comments we found some areas of practice that were not responsive.

At our last inspection on the 20 December 2016 we found that the registered provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that that care plans were reviewed regularly and reflected people's personal history. At this inspection we found that improvements had been made in relation to this breach. We reviewed 13 care plans and found one instance where needs had not been reflected. One person was living with dementia and this information was included in the front sheet summary of the person's needs. However, there were no care plans that addressed their mental state or cognition where details about how their dementia affected them in their daily routine could be included. Subsequent to our inspection the registered provider sent copies of behavioural management plans to address any behaviours that may challenge that may arise from the persons cognitive needs. However, this did not address the person's day to day dementia needs. We asked a senior care worker about the lack of information relating to people's dementia in care plans and were shown a well-being assessment. This was a tick box assessment that did not contain sufficient information to enable staff to care for people in a person centred way. Another person's care plan did not contain accurate information about guidelines from a speech and language therapist (SALT). The SALT guidelines suggested tablets should be taken with puree or yoghurt if the person was having difficulties swallowing. However, the care plan only mentioned to take tablets with yoghurt or puree: it omitted to state that this was if the person was experiencing swallowing problems. Other care plans we reviewed had been updated with personalised information. One staff member had been given the responsibility for reviewing plans and the registered manager then checked the plans after their review.

We recommend that the registered manager reviews all care plans to ensure they contain all relevant information about people's care needs.

Care plans were on a computerised system and had been reviewed regularly at set intervals and also when changes occurred. One person's falls assessment had been updated six times in the current calendar year and included action to keep the person safe. The registered manager showed us assessments where peoples' physical, emotional, and health needs were assessed prior to moving into the service. Care plans had been devised which were comprehensive and documented the person's preferences, needs and abilities. Pre-admission assessments were not routinely kept by the registered manager but after a discussion it was agreed that any future pre-admission assessments would be kept and stored as part of the person's care plan. Subsequent to our inspection we were shown copies of pre-admission assessments that had been kept.

At our last inspection on the 20 December 2016 we made a recommendation that the registered manager and provider review systems and processes to communicate available activities and review systems to ensure that activities meet people's needs. At this inspection we found that improvements had been made and people were aware of activities on offer. The activities co-ordinator had tried sending a list of activities planned every week to people, but reported to us that this had not been successful as people threw it away or forgot what was on offer. A board had been purchased to write daily activities on but this had been requested to be removed by people at a resident's meeting. The activities co-ordinator told us, "As a result of this we just go round and inform people on a day to day basis: it works better as people remember more. We try and keep a routine so people know the days." We observed staff telling people in the morning what activities were on offer and encouraging people to participate.

People had access to a range of activities and were encouraged to pursue interests they held prior to living at the service. One person told us, "I run a coffee morning for the elderly in the room downstairs on the second Wednesday of the month. I used to do it before I moved to the home so I have continued to do it here. The chef makes the cakes and organises the drinks and I organise the speaker." We saw records relating to activities that people had enjoyed. The activities co-ordinator was recording which activities had been attended and by whom to monitor people's interest and engagement. There had been manicure sessions, outings to local places of interest, hairdressing sessions, gardening club, keep fit, chair exercises, yoga, aromatherapy, cookery, cheese and wine afternoons and film evenings. There were several musicians who visited the service regularly to perform which people had told staff they looked forward to. On the second day of our inspection a therapy dog visited the service. People clearly enjoyed this activity and some people living with dementia particularly enjoyed stroking the dog. One lady who had experienced difficulties with interacting with staff members had become more animated and had started to ask questions about the dog. Other people held conversations about pets they used to keep and enjoyed the chance to be around animals again. The activities co-ordinator had recently started completing 'My Life Story' documents with people to gain more information about their history, interests, and the activities they used to enjoy attending.

We checked call bell response times on the first day of our inspection and found that some call bells were not being answered in a timely fashion. For the week preceding our inspection we found one call had taken 28 minutes to answer, another call 27 minutes to answer, one call 23 minutes, two calls 22 minutes and a further 19 calls had taken between 10 and 20 minutes to answer. On the second day of our inspection the registered manager showed us an audit tool they had created to put call bell data on to a spreadsheet. Any times that had a long response time were investigated each day and staff were asked to explain why people were left waiting. One person who had been calling frequently and had experienced some longer waiting times was now being attended to by staff to ensure the person's needs were met quickly. The registered manager told us, "Since I started checking and raising it with staff you can notice a difference in response times." We checked the records and saw that times for call bells to be answered had reduced following the new call bell audit.

At our last inspection on the 20 December 2016 we made a recommendation that the complaints procedure is reviewed and updated to ensure that people and their relatives have clear guidance. At this inspection we found that some improvements had been made and the complaints procedure had been reviewed and the breach had been met. However, we found some complaints that had not been recorded. The complaints policy had been updated to include the principles of handling a complaint and set out clearly the procedure for dealing with any complaints including the different stages with links to external organisations. There was guidance for how 'frontline staff' should respond to a complaint. People and their relatives told us that they knew how to make a complaint. We found some complaints that had been resolved appropriately and following the registered providers complaints procedure, but had not been documented. One complaint



was investigated by the registered manager and the person and their relative were involved in the resolution of the complaint. The person's relative told us, "The manager reacted quickly and it was resolved. There's never been a comment that hasn't been resolved: [manager] gets on top of things quickly." Despite the complaint being resolved it was not recorded or logged and other complaints had also been resolved informally. We raised this with the registered manager who agreed that all complaints should be logged formally. Subsequent to our inspection we were told that the registered provider had established a central log called 'Complaints & Concerns' to record all complaints and that this was being used.

At our last inspection on the 20 December 2016 we made a recommendation that registered persons review systems and procedures to seek and act on feedback from people and their relatives. At this inspection we found that improvements had been made and feedback was being sought and acted upon. A stakeholder's questionnaire had been sent out to relatives and friends and requested feedback on areas such as cleanliness, friendliness of staff and complaints. An action plan had been generated to capture suggestions to improve the service and these were given a completion date for the management team to work towards achieving.

## Is the service well-led?

### Our findings

The registered manager provided effective leadership to the service and people spoke in positive terms about the management of the service. One person told us, "The manager is excellent he is always there if anything goes wrong he is on the spot." Another person commented, "You can ask the manager anything." A relative said, "The manager welcomes feedback and we see them regularly." A visiting healthcare professional told us, "The manager is very approachable and keen to help. This is one of the best homes I visit."

At our last inspection on the 20 December 2016 we found that the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had failed to establish and operate effective systems and processes to monitor the quality of the service and had failed to maintain accurate and complete records. At this inspection we found that improvements had been made and the breach had been met.

Previously, audits had not been formally recorded, scheduled or used to improve the service delivered. In this inspection we found that audits had been planned, recorded and had generated action plans. The registered manager had implemented a new audit programme that measured accidents, incidents and falls; nutritional needs, applications to the deprivation of liberty office and dependency levels. The registered manager had worked collaboratively with the local authority quality monitoring team to address shortfalls in the quality of the service delivered and had completed an action plan. There were monthly management meeting audits where people's care, finances, maintenance and supervisions amongst other matters are discussed. The registered manager had recorded 'daily walk around' checks as a way of monitoring the quality of service people received. For example we saw one entry where the registered manager had noticed a switch on a bedside light not working and a person had requested a handrail in their bathroom. These had been promptly actioned. There were also audits of medicines and a new audit of call bell responses which had been implemented. The registered provider was utilising an external auditing company to conduct quarterly quality audit reviews. Internal audits were being carried out by both the registered provider and registered manager. The registered provider audited the registered manager's reports and these were discussed during monthly meetings between the provider and the registered manager.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. One relative told us, "I think we'd find it difficult to find a better place, the care is first class and nothing is too much trouble. It's friendly, relaxed, and comfortable and we always feel welcome." A staff member told us, "It is good; we never have problems in the staff team and we have good friendships and its why so many of us are working for so long in Windlesham. It's good. I like it there: it's relaxing in a way." One healthcare professional said "The manager encourages feedback and there is an open culture here." The registered manager told us that the culture in the service was focused on dignity and respect. The registered manager commented, "We also try and make sure the staff are proud of what they do here. I tell them how important they are and how important the work they do here is." The registered manager explained that there was a low turnover of staff and a low sickness level and this was attributed to the introduction of sick pay, free meals, overtime pay, regular working breaks, and supporting staff to achieve qualifications. This meant that

people were supported by a consistent staff team.

The registered manager was providing effective leadership to the staff team and was a visible presence in the service. One staff member told us, "I really, really, like the way [manager] leads the home. He is very approachable and it's a comfort to have him. He has to be very strict about training but in the same way he's very approachable." Another staff member told us, "If I notice something and go to [manager] he always takes action. For example, I suggested a different way of working in the afternoon to share work and the very next day it was implemented. You can talk to him about anything." Staff reported that senior managers were available out of hours to provide advice and support if staff ever needed it. The registered manager explained to us that their leadership style was to motivate staff, but when needed they would be firm. An example was given around letters being sent to staff who had not completed a training course on time. The registered manager ensured that all staff were supervised regularly and all staff had received an annual appraisal, in which they scored their performance and then this was discussed against the registered manager's scores for the person. The disciplinary procedure and performance management procedures had been used by the management team appropriately in order to maintain standards within the service. One person told us, "The manager is always around he is easy to speak to." We observed the registered manager walking around the service and speaking to staff and people throughout our inspection. The registered manager appeared to know the people well and staff were used to their manager observing their work.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The locality manager confirmed that no incidents had met the threshold for Duty of Candour. The registered manager had ensured that the CQC rating was displayed in the service near the entrance in a highly visible location.