

Trident Reach The People Charity

Windsor Road

Inspection report

47 Windsor Road
Oswestry
Shropshire
SY11 2UB

Tel: 01691671353

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Ratings

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

Summary of findings

Overall summary

About the service: Windsor House is a care home that provides accommodation and personal care for a maximum of 10 people with a learning impairment or associated conditions. The service accommodated eight people at the time of the inspection. The service operates from one purpose built building.

People's experience of using this service: Some of the people who used the service had complex needs and they did not express their views about the service. During the time we spent with people we saw they appeared comfortable with staff.

Systems were in place to protect people from abuse. However, we have made a recommendation about the financial arrangements that are in place for a person, as they are not independent of the organisation and could pose a conflict of interest.

There were enough staff available to provide individual care and support to each person. Staff upheld people's human rights and treated everyone with respect and dignity.

Communication was effective and staff and people were listened to. Staff said they felt well-supported and were aware of their rights and their responsibility to share any concerns about the care provided.

The atmosphere was bright and welcoming and the building was well-maintained with a good standard of hygiene.

Information was accessible to involve people in decision making about their lives. 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 knew the people they were supporting well. Care plans were in place detailing how people wished to be supported. Staff had developed good relationships with people, were caring in their approach and treated people with respect.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Staff knew the needs of the people they supported to provide individual care and records reflected the care provided. Arrangements for managing people's medicines were safe.

There were opportunities for people to follow their interests and hobbies. They were supported to be part of the local community and to go on holiday. People enjoyed their meals and their dietary needs had been catered for.

Staff were well-supported due to regular supervision, annual appraisals and an induction programme,

which developed their understanding of people and their routines. Staff received training to ensure they could support people safely and carry out their roles effectively.

There was regular consultation with people. All people were kept involved and encouraged to make decisions, whatever the level of need. They were involved in regular meetings about their care and the running of the home. Menus and activities were planned with input from people, based on their personal preferences and choices.

The registered manager monitored the quality of the service through audits and feedback received from people, their relatives, staff and external agencies.

Rating at last inspection: At the last inspection the service was rated good (11 May 2016.)

Why we inspected: This was a planned inspection to check that this service remained good.

Follow up: We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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

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 ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Windsor Road

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by an adult social care inspector.

Service and service type: Windsor House is a care home that provides accommodation and personal care. 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 building was designed and the service was developed before Registering the Right Support, the model of care proposed from 2015 and 2016 guidance that people with learning disabilities and/or autism spectrum disorder which proposed smaller community based housing. The service does promote and follow other best practice guidance and values. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave 24 hours' notice of the inspection to ensure that people would be in.

What we did: Before the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about events which the provider is required to tell us about by law.

We contacted commissioners to seek their feedback. We received no information of concern. During the site visit we carried out general observations in the communal dining/lounge. We spoke with five people, the registered manager, deputy manager, four support workers and one visitor. We reviewed a range of records. These included three people's care records and two people's medicines records. We also looked at three staff files to check staff recruitment and their training records. We reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider. We carried out general observations in the communal dining room and lounge.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People were cared for safely.
- Due to some people's complex communication needs they did not communicate verbally with us. Staff were aware of their needs and they appeared happy and comfortable as staff supported them. Other people told us they were safe living at the home. One person said, "This is my home, I'm safe here."
- We were told the organisation provided an appointee service for the finances of a person who lived at the home. This meant the organisation was responsible for the person's finances as they did not have mental capacity. We considered this was a conflict of interest as the provider was not independent as they provided the care to the person as well as being responsible for managing their finances. We discussed this with the registered manager who told us it would be addressed with the local authority commissioners. We have made a recommendation about following best practice for financial arrangements to ensure there is no conflict of interest.
- The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.
- Staff had a good understanding of safeguarding. They had received safeguarding training and had access to a whistle blowing policy which detailed how to report any concerns. They told us they would report any concerns to the person-in-charge.

Assessing risk, safety monitoring and management.

- Risks were managed well and detailed risk assessments were in place.
- Risk assessments identified risks specific to the person using the service and to the staff supporting them. These included environmental risks and any risks due to the health and support needs of the person such as for distressed behaviour.
- Where people required equipment to keep them safe, these were in place and appropriately maintained.

Staffing and recruitment.

- There were enough staff deployed to support people safely.
- Staffing levels were determined by the number of people using the service and their needs.
- The provider helped ensure people received support in the event of an emergency. Managers were able to be contacted outside of office hours should staff require advice or support.
- Systems were in place to ensure only suitable people were employed.

Using medicines safely.

- Medicines were managed safely.
- Medicines records were clear and accurate.

- Staff did not administer medicines until they had been trained to do so. Competency assessments were completed regularly to confirm staff had a good understanding in this area.

Preventing and controlling infection.

- The building was clean.
- Staff received training in infection control to make them aware of best practice. Disposable gloves and aprons were available for use as required to help reduce the spread of infection.

Learning lessons when things go wrong.

- A system was in place to record and monitor incidents to ensure people were supported safely.
- Any incidents were analysed individually and a monthly analysis took place to identify trends and patterns to reduce the likelihood of their re-occurrence.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Before people received care one of the management team carried out a detailed assessment to check if people's needs could be fully met at Windsor House care home.
- Care plans were developed for each identified care need and staff had guidance on how to meet those needs.

Supporting people to live healthier lives, access healthcare services and support.

- People were registered with a GP and received care and support from other professionals, such as the dietician and occupational therapist.
- Care plans were in place to promote and support people's health and well-being.

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

- People had a variety of food and drink to meet their needs.
- We saw people enjoying their food and they were encouraged to choose what they wanted.
- Nutrition care plans were in place and these identified requirements such as the need for a modified diet.
- Where anyone was at risk of weight loss their weight was monitored more frequently as well as their food and fluid intake.

Staff working with other agencies to provide consistent, effective, timely care.

- People were referred for any specialist advice and support from different health professionals in a timely way.
- Staff followed professionals' advice to ensure people's care and treatment needs were met.

Staff support: induction, training, skills and experience.

- Staff members received training that helped maintain their skills.
- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role.
- People were supported by staff who received ongoing training that included training in safe working practices. Staff comments included, "There are loads of training opportunities", "I'm doing a leadership course" and "We do face-to-face and e-learning training."
- Staff received regular supervision and appraisal to discuss their work performance and personal development. One staff member commented, "We [staff] are well supported, we work well as a team."

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

- The home was adapted to meet the needs of people.
- A stair lift had recently been installed to accommodate a person who had difficulty using the stairs to access their bedroom.
- A kitchen was designed and accessible with lowered sinks and benches for people who used a wheelchair.
- Bedrooms were well-personalised with furniture and decoration being chosen by the person.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had submitted DoLS applications appropriately.
- Where people did not communicate verbally staff had a good understanding of people's body language and gestures and only supported people when they were sure they were happy.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- During the inspection there was a busy, happy and pleasant atmosphere in the service. People moved around as they wanted. There was a camaraderie amongst staff and people and people with each other. We observed the caring and kindly way that people engaged and interacted with each other.
- We saw positive interactions between people and staff members. Staff spent time chatting with them and supporting them to engage.
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.
- Care plans took account of people's likes, dislikes and preferences including how they wished to be supported.
- Records gave guidance about people's daily routines if they could not tell staff themselves.

Supporting people to express their views and be involved in making decisions about their care.

- People were involved in daily decision making. People's records advised staff how to communicate with the person.
- Information was provided in ways which people could access and understand and promote their involvement. The provider complied with the Accessible Information Standard, a legal requirement to meet communication needs of people using the service.
- Care plans stated that people should make choices and be included in decisions as far as possible.
- Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them.
- Advocates were used when required. The registered manager told us that most people had relatives who advocated on behalf of people if they needed external advice and guidance.

Respecting and promoting people's privacy, dignity and independence.

- People's dignity was respected in the way that staff spoke to people and acted towards them.
- Care plans were written in a respectful, person-centred way. They outlined for the staff how to provide individually tailored care and support, that respected people's privacy, dignity and confidentiality.
- Staff respected people's personal space and were observed knocking on people's bedroom doors before entering their room.
- People were supported to be as independent as possible. Everyone was encouraged to be involved in household tasks such as cleaning, laundry and making drinks and snacks.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received individual, person-centred care that met their needs.
- Care and support was personalised and responsive to people's individual needs and interests. It was delivered by staff who knew people well. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care.
- Care records were up-to-date and contained clear information about how best to support the person, in the way they wanted and needed.
- Individual meetings took place with people to discuss their care and support needs which also included discussion about their plans for the future and their aspirations.
- People were encouraged and supported to maintain contact and visit their family. One visitor commented, "The staff are very responsive,[Name] asked for a card for a relative who wasn't well and they got it straight away."
- People took part in a range of activities. They were based on their interests. These included baking, walking, arts and crafts, knitting, horse riding, playing bingo, Dr Who and painting. Their comments included, "I like to knit", "I listen to my music" and "I paint."
- Staff provided support to people to go out in the community. People went shopping, to the park, for meals out, to discos, socialised with people in another home, bowling, cinema trips and to holiday. One person told us, "I'm going to Blackpool this year and will be staying in a hotel."

Improving care quality in response to complaints or concerns.

- A complaints policy was available. No complaints had been received.
- People were asked at their weekly meetings if they had any concerns. They also had an accessible complaints policy to help them if they needed to make a complaint. One person said, "I'd speak to the staff, if I was worried, they listen to me."

End of life care and support.

- No-one was receiving end-of-life care at the time of inspection. The registered manager told us two people had sadly died since the last inspection. Their remaining friends had received support for their grief from a psychologist as they missed the people.
- Relatives of the people, who had died, had been very appreciative of the care provided and they still visited.
- Information was available about people's religion and who was to be involved in their care at this time.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The service was well-led.
- Robust arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required. They understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager worked well to ensure the effective day-to-day running of the service. There were arrangements in place with the senior staff, for the running of the home, as the registered manager was not always present at the home, as they were registered for two locations.
- Staff and people said they were supported. They were positive about the registered manager. They all told us the registered manager was approachable and they were listened to.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly, and quarterly checks.
- The registered manager told us of the support received from the provider's representative and that they carried out regular audits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making.
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.
- Weekly meetings were held with people to gather their views and involve them in decision making about the running of the home.
- Feedback was also sought from people and relatives through meetings and surveys.

Continuous learning and improving care.

- There was an ethos of continual improvement and keeping up-to-date with best-practice in the service.

Working in partnership with others.

- Staff communicated effectively with a range of health social care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.