

MNS Care Plc

# Windy Ridge Care Home

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Windy Ridge Care Home on 22 & 23 June 2016. This was an unannounced inspection.

Windy Ridge Care Home is a care home for older people, some of whom are living with dementia. The home is registered to provide nursing care, personal care and accommodation for up to 21 people. At the time of our inspection there were 21 people living at Windy Ridge. The home is set in well maintained gardens and consists of a main house with a large conservatory which acts as a lounge and dining room and is decorated to meet the needs of people with dementia.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Individualised risks were assessed and there was effective maintenance of the premises. Staff had good knowledge of medicines and there were systems in place to manage, record and administer medicines safely.

People were protected from possible harm. Staff were knowledgeable about the home's safeguarding processes and procedures and who to contact if they had any concerns. Staff told us they felt they would be taken seriously and concerns would be acted upon.

The provider operated effective recruitment and retention processes. Relevant checks were carried out before staff were employed. There were sufficient staff deployed to provide person centred care and keep people safe. Staff were supported in their roles with on-going training, supervision and appraisals.

People living at the home, their visitors and health care professionals were positive about the management of the home. There was an open culture and a clear management structure, with systems to monitor the quality of care and deliver improvements. Staff told us they felt supported and were involved in the development of the home.

There was a strong focus on personalised care, in line with people's needs and preferences. Staff interacted positively with people and were caring and kind and respected their dignity. The home was welcoming and thought had been given to the environment to help people with dementia with orientation around the home.

People were supported to maintain their health and specialist medical advice and treatment was sought promptly when required. A range of health professionals were involved in people's care including GPs, speech and language therapists and opticians.

Staff encouraged people to maintain their independence, to make decisions and to have as much control over their lives as possible. The staff had good natured encounters with people, seemed to know them well, and had time to sit and chat with them. There was a range of activities on offer throughout the week. Most activities took place within the home, such as singing, physical games and quiz games.

People were offered a varied diet, prepared in a way that met their specific needs. Important information, such as their likes and dislikes and allergies, was known by staff. Staff patiently assisted and encouraged people to eat if they needed help.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood this legislation and had submitted DoLS applications for people living at the home where required. Staff were aware of their responsibilities under this legislation and under the Mental Capacity Act (2005).

Quality assurance systems were in place to assess and monitor the quality of care and drive improvements. Records were regularly reviewed. Minor issues raised with records were addressed with staff by the registered manager at the time.

We last inspected the home in November 2013 when we found no concerns.

## 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. Staff protected people from avoidable harm and understood the importance of keeping people safe. Risks were managed safely and incidents were reported and investigated.

People received their medicines safely. Staff were competent and had good knowledge of medicines management and administration.

There were sufficient suitable staff with the right skills and experience to care for people safely.

### Is the service effective?

Good ●

The service was effective. Staff were supported with on-going training and development.

People were supported to maintain their health and wellbeing, and were supported to eat and drink sufficient for their needs.

People had received assessments under the Mental Capacity Act (2005) and the home met the requirements of the Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

The service was caring. Staff listened to people's views and preferences and acted upon them.

Staff interactions with people were kind, friendly and helpful, and staff respected their privacy and dignity.

Staff provided sensitive and compassionate reassurance to people when they were anxious.

### Is the service responsive?

Good ●

The service was responsive. People and their relatives contributed to the planning of their care. Care plans were detailed and person centred, and included information about people's life histories, preferences and hobbies and interests.

People were encouraged to participate in a variety of activities and events.

People knew how to make a complaint if they needed to. However, the home had not received any formal complaints.

**Is the service well-led?**

**Good** ●

The service was well led. The registered manager was visible and worked alongside the staff team. The home had an open and transparent culture and people were encouraged to give their views about the care they received.

Records were detailed and regularly reviewed. Minor issues identified were addressed by the registered manager at the time.

Quality assurance systems were in place, and a wide range of monthly audits were carried out to monitor and assess the quality of care and drive improvements.

# Windy Ridge Care 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 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. to check the provider had.

We inspected Windy Ridge Care Home on 22 & 23 June 2016. This was an unannounced inspection and was carried out by one inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is when the registered manager tells us about important issues and events which have happened at the 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. We used this information to help us decide what areas to focus on during inspection.

We spoke with two people, four relatives and a friend who were visiting, a member of care staff, three registered nurses and the registered manager. We carried out observations throughout the day and while the lunch meal was served in the dining room and to one person who stayed in their room. We reviewed three people's care plans and pathway tracked two people's care to check that they had received the care they needed. (We did this by looking at care documents to show what actions staff had taken, who else they had involved such as a GP, and the outcome for the person). We looked at other records relating to the management of the service, including eight staff recruitment, training and development records, medication records, quality audits, maintenance and health and safety records. Following the inspection we spoke with a health professional to gain their views of the home.

# Is the service safe?

## Our findings

Relatives and visitors told us they thought there were enough staff on duty to keep people safe and had no concerns. One visitor told us "[The person] hasn't fallen since coming here. They had constant falls in the previous home. I feel secure knowing they're safe. I used to have sleepless nights. I've had none since they've been here." A relative told us "Staff walk past and check on people who have to stay in their rooms to make sure they're ok." Survey responses from people included a comment "I feel safe and comfortable here."

Staff confirmed they thought there were enough staff on duty and were able to meet people's needs safely. We observed this in practice throughout the inspection when we saw there were sufficient numbers of staff on duty. For example, during the lunchtime meal on 22 June 2016 we saw seven staff and the registered manager supporting people who needed assistance to eat their food. The registered manager regularly reviewed safe staffing levels. They had recently identified that falls had usually happened between 7am and 8 am, and 8pm and 9pm. As a result, they had increased staffing numbers to cover these times and said there had not been any falls in the past three months.

People were protected from abuse. Staff had received safeguarding training and were able to tell us how they would identify and report suspected abuse. They knew who to report to outside of the home, such as the Care Quality Commission and the Local Authority. Staff were aware of the safeguarding policy, including the whistleblowing procedure and confirmed they would report any poor practice and were confident concerns would be acted upon.

Medicines were managed and administered safely. Medicines were administered by qualified nurses who were appropriately registered with the National Midwifery Council. We observed nurses dispensing medicines to people with patience and understanding. They gave people time to take their medicines as needed, and did not rush them. For example, on one occasion, a person had significant swallowing difficulties and nurses spent almost twenty minutes encouraging them and did not move on to the next person until they were satisfied it was safe to do so. Medicine administration records (MAR) were signed after each medicine was successfully dispensed.

Medicines were safely and appropriately stored in a locked cupboard. Temperatures were recorded which ensured medicines were stored at optimum temperature and in line with manufacturers guidelines. Any unused or expired medicines were disposed of safely when necessary, including controlled drugs (CDs). CDs are regulated under the Misuse of Drugs Act and require additional safeguards to be in place. We randomly sampled some medicines and found that all were accounted for and were in date. Regular audits were carried out by the nursing team to ensure medicines management remained safe and effective.

Individual risks to people had been identified and assessed. Actions had been taken to mitigate the risks identified, such as the risks of people becoming malnourished or developing pressure sores. This information was recorded in each person's care records and reviewed regularly which ensured staff had up to date guidance to keep people safe.

People were cared for by staff who had demonstrated their suitability for the role. Recruitment procedures were safe, and included checks on staff skills and experience. We reviewed staff files and saw the application and interview process was robust, and all staff had completed a Disclosure and Barring service (DBS) check. The provider had sought references from previous employers to check people's work history. Nurses re-applied for their registration on an annual basis and this was recorded. This ensured only staff who were suitable to work in a social care setting were employed. Where overseas staff had been employed, appropriate authorisation and documentation from the UK Borders Agency had been obtained.

The home had an emergency plan which outlined who staff should contact and action to take in the event of an unforeseen incident. For example, fire or electrical failure and evacuation of the home. The environment and equipment were maintained to a safe standard. On-going maintenance of the building was carried out and regular servicing and testing of equipment was documented. There were daily checks on the health and safety of the environment and fire exit routes.

# Is the service effective?

## Our findings

People, relatives and visitors said that staff gained consent before providing any care or treatment. One person told us "They [staff] ask me before they come into my room." A visitor told us they had power of attorney and were always consulted before decisions were made. People were complimentary about the food. Comments included "They are kept hydrated. It's constant, ensuring people have drinks all the time. [Name] isn't getting so many urine infections" since they came to Windy Ridge". We heard from two relatives and visitors that people had thrived at Windy Ridge when previous homes had not been able to manage their dementia or behaviours. One relative said "I don't know how they do it."

People were supported with their specific health needs. Staff monitored people's health effectively and quickly identified any changes. Nurses dealt with routine health concerns but people were referred promptly to other health professionals when necessary to assist with managing people's health. For example, where people developed swallowing difficulties, referrals were made to the speech and language therapists for specialist advice. Staff talked knowledgeably about people and shared any recent observations or changes in people's wellbeing during each shift and in handover meetings at the end of each shift. Information was recorded in handover records and the daily diary which ensured all staff were informed of important appointments.

People were cared for by staff who were trained to provide effective care. The registered manager was a qualified nurse and trainer and told us they delivered regular in-house training to staff. On the first morning of our inspection they were holding a training session for their staff in dementia care. We saw that staff had undertaken a significant amount of training in other key areas including person centred care, activities, moving and handling, hazard identification and risk assessment, fire safety and nutrition. Staff said they felt well trained and had the necessary skills and knowledge to carry out their roles effectively. The registered manager worked closely with universities to provide placements within the home to student nurses so they could gain experience of working with people with dementia. This worked well and feedback from staff involved was very positive.

All new staff were required to undertake an induction period, and all staff had been required to complete the Care Certificate, a framework which supported staff to reach a recognised standard in the delivery of care. Staff received regular supervision, assessment and appraisal. Staff confirmed they received on-going opportunities for support and guidance and to discuss any development needs. Records of supervision meetings were maintained in detail in staff files and available for future reference if required. Action plans and timescales were recorded and actions from previous meetings were reviewed which ensured they completed.

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. Staff were knowledgeable about the requirements of the MCA. MCA assessments had been

completed where people's capacity to make a specific decision was in doubt. Relatives and care professionals were involved in making decisions in the person's best interests where required, and were properly assessed and recorded.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager had a good understanding of DoLS and had applied for appropriate authorisation from the local authority where required.

People had sufficient amounts of food and drink that met their needs. We observed the lunch meal in the dining room and in people's rooms where they chose to, or needed to eat in their rooms due to their health condition. The registered manager told us that 13 out of the 21 people living at the home required assistance to eat. Staff offered physical assistance and encouragement to people who could not feed themselves which ensured they ate and drank to reduce any risk of malnourishment. One person required their food to be cut up. Staff asked "Am I allowed to help you today? I can? Would you like to try some chicken first? Let's try a little bit at a time." Due to the high number of people who needed assistance, not everyone was able to eat their meal at the same time. However, staff were inclusive and chatted to everyone throughout the lunch time meal which ensured it was a sociable experience.

Staff understood people's particular dietary needs, such as diabetic diets and their known likes and dislikes and made provision for fortified food and drinks for those at risk of losing weight. People who required their choice of meal to be pureed were served with each food item individually pureed on the plate and staff explained what each portion was. For example, "You've got cabbage here, carrots, potatoes, roast chicken and gravy." A range of adapted crockery and cutlery were provided for other people who required it to help them maintain their independence at mealtimes.

The environment had been designed to meet the needs of people with dementia. Different colours were used to distinguish each area of the home. Memory boxes were placed outside people's bedroom doors with familiar items which helped them recognise their rooms. The conservatory was brightly decorated with flags and mobiles which provided visual stimulation. The garden had been designed to be accessible and provided separate areas for relaxation and raised beds for gardening. Garden furniture was brightly coloured and there were ample flower pots and beds with colourful flowers.

## Is the service caring?

### Our findings

People, relatives and visitors told us they were happy living at Windy Ridge. One relative said "Honestly, I have never seen care like it, and I have visited a lot of homes over the years. It doesn't feel like 'a home,' it feels like 'home. It's the love and attention." A visitor told us "The staff are very nurturing. There are always staff around to talk to her and reassure her." Survey responses from people included "Staff are friendly" and "Staff are nice."

Staff were kind, friendly and were respectful and attentive when interacting with people. Staff knew people well, and talked about things that were important to such as politics and pets. We observed that staff communicated clearly and effectively. For example, staff sat with people, giving them time to re-collect stories, asking questions and showing an interest in what they had to say. For example, one person had always had a cat at home and staff told us how they loved to have the resident house cat on their lap and stroke her. A visitor told us "They put the cat on her lap. It relaxes her. She always talks about the e cat. Always brought up with cats and said she could never be without a cat. This has been fantastic for her." The cat had a litter of kittens the day before our inspection, and staff talked excitedly to people about the kittens and were waiting for them to get a bit older before introducing them to people.

People made choices about their day to day lives, such as when they got up, what to wear or where they had their meals. One person explained how they preferred not to go to the main dining room but would rather have their meal in their room and this was respected by staff. Staff treated people with dignity and respect and used people's preferred names when addressing them. We confirmed this when we looked at people's care records and saw examples of where people had a different birth name to that which they had requested they were called by staff.

Staff asked for permission before providing any care or support. Personal care was provided discretely by staff who ensured people's privacy and dignity were respected. We saw staff knocking on people's doors and calling out to them before they entered their bedrooms. Privacy curtains were used where required and staff were aware of the need for confidentiality, which we saw in practice throughout our inspection. Although staff were busy, they were relaxed and calm and did not rush people's care.

There was a 'homely' atmosphere with photographs of people, events and birthday celebrations and mementoes placed around the communal areas. People's bedrooms were personalised with things that were important to them, such as photographs, ornaments and items of furniture.

Visitors were welcome and there was no restriction of when they could do so. A relative told us "I'm allowed to visit at any time. I come at different times and it's always the same." One person had recently celebrated their 100th birthday and their relatives told us "They put on extra staff for her birthday and it was a wonderful day. Everyone was here, relatives and staff. Nothing was too much trouble." A staff member confirmed this and said "[The registered manager] is amazing and really accommodates family needs." Another person had a birthday during our inspection and we saw that staff had made a birthday cake, and all gathered around to sing happy birthday. The person enjoyed the attention and thanked everyone for

their good wishes.

## Is the service responsive?

### Our findings

People, relatives and visitors knew how to make a complaint. Relatives and visitors said they would talk to the registered manager if they had any complaints but had never had any cause to do so. One relative told us any queries raised with the registered manager were "Dealt with straight away." The registered manager confirmed they had not received any formal complaints. Staff were aware of the complaints policy and confirmed they would support people to take forward any concerns or complaints they might have, or report them to the registered manager on their behalf.

People and their relatives told us they had been involved in planning their care. People had received an initial assessment of their care and support needs before they moved in to Windy Ridge which ensured their needs could be met. People's care plans were based on their initial assessment, and were comprehensive and detailed, providing staff with relevant and appropriate guidance in how to support each person. For example, with their mobility, personal care, skin care and nutritional needs. We looked at care plans and saw they had been signed by people or their relatives to say they agreed with the content of the plans.

The registered manager had introduced resident of the day, which ensured each person had a full review of all of their care and support needs at least once a month. We also saw people's care had been reviewed if their needs had changed or their health had deteriorated. There was personal information in people's care plans describing how the person wanted to spend their time, their likes and dislikes and other preferences. Risk assessments were completed when a risk to a person had been identified, such as a risk of malnutrition. These were detailed and clear and guided staff in how to minimise the risks to people.

Staff responded to people in a way which demonstrated they knew them well, their preferences, likes and dislikes. Staff were enthusiastic, fun and inclusive and effectively engaged people in a range of activities from quizzes, crafts, throwing hoops and jigsaws. People enjoyed the activities and responded positively to these interactions. Staff also spent one to one time with people, for example, providing hand and nail care. A visitor told us "I have never seen her on her own. Staff talk to her about old times. They really do bring her back to what she knows."

People could choose whether or not they took part in activities. One person told us they preferred their own company and liked "To watch TV and read magazines." Events and activities were on display which included a seaside bus trip outing and visits from entertainers, singers and a local owl sanctuary. Themed days were arranged each month such as a Philippines day, a Caribbean day and Australia day. Photographs of people and relatives enjoying events were displayed around the home.

## Is the service well-led?

### Our findings

People told us they thought the registered manager was approachable, friendly and helpful. A relative said "[Their door] is always open for anything you want to say or ask." Another relative said "[The registered manager] is very hands on with people. She's easy going but knows what she's doing." A third relative told us "I haven't had one bad thing. [The registered manager] organises things for relatives to meet. She keeps us up to date. I feel part of it. I've never had that feeling of unity before." Thank you cards and comments reflected relatives' satisfaction with the care their relatives had received. One relative stated "A big heartfelt thank you for taking care of [our relative]."

The culture within the home was open, transparent and inclusive. The registered manager had clear visions and values for the home which were understood and demonstrated by staff. For example, the registered manager told us "We don't want tasks, we don't want time, we want the emotion, the feeling. I want them [staff] to go home each day and say what they feel proud of." They went on to say "I'm so enthusiastic about the home and what we do. I see myself as a leader not a manager."

Staff told us the home was well led and that the registered manager was professional and approachable and they felt well supported to carry out their roles. They told us the registered manager "Talks to us, find outs about any problems, supports us and helps out. They're very good. Leadership is key." Another staff member said "I feel very supported. We're a good team. I'm really impressed." Another staff member told us "We're a multi-cultural team. Everyone contributes to the team. We may have different opinions but have open discussion, share information, work as a team. There's trust and openness. [The registered manager is approachable and listens." They went on to say the registered manager organised team activities to help build the team and help them all work in the same direction.

The home was calm and well organised. There was a clear management structure and staff understood their roles and responsibilities. The staff seemed happy, relaxed and at ease when carrying out their duties. The registered manager was visible and well known to people and relatives.

A number of staff meetings took place for care staff, nurses and kitchen staff. Minutes from the most recent general staff meeting confirmed staff discussed a range of issues, for example, recent audit results, and preparing for a CQC inspection. Kitchen meetings included discussion about food allergies and new menus. Staff confirmed they found the meetings helpful, and could take their ideas and any concerns to staff meetings and they would be listened to.

Monthly audits were carried out by the registered manager to review all areas of the management of the home, such as medication; people's weights, accidents and incidents and the environment. The provider carried out an external audit each month to check on the management of the home. An action plan was in place which was added to each month to help drive continuous improvements, and actions were signed off when completed.

Quality assurance systems were in place to monitor and assess the quality of the service. Surveys were sent

out to gain feedback from people in areas such as activities, the environment, care and dignity and the food served at the home. The most recent surveys confirmed people strongly agreed that they were happy with the care they received.

The atmosphere in the home felt positive and staff and the registered manager were responsive in providing information to us during the inspection. The registered manager and staff worked together to provide good outcomes for people. We found they were enthusiastic and proactive in their approach to developing the service and were keen to make further improvements. They had a clear vision for the future of the home and for people who lived at Windy Ridge and this had been communicated to staff.

Detailed records were well maintained within the service and stored securely. We found some minor issues in some people's records; however, the registered manager addressed these immediately with the staff involved. There was a system in place to monitor incidents and accidents, which were recorded and investigated. These were then analysed for learning and any action required.