

Windmill Care Limited

Windmill House

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	

Overall summary

Windmill House provides accommodation and personal care and support for up to 55 older people. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting. The inspection took place on the 27 November 2014.

We last inspected the service in December 2013. There were no concerns found. Since the last inspection the home has undergone a full refurbishment which included

increasing the occupancy from 37 to 55 people. All bedrooms are single occupancy with ensembles. All areas of the home had been redecorated and refurbished to a high standard.

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

Summary of findings

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 were treated in a dignified, caring manner which demonstrated that their rights were protected. People confirmed their involvement in decisions about their care. Where people lacked mental capacity, staff ensured people's rights were protected involving relatives or other professionals in the decision making process.

People told us they had been involved in planning and agreeing to the care provided. We saw that people had an individualised plan, detailing the support they needed and how they wanted this to be provided. Staff described how they supported people which was in accordance with the written care plan and people's wishes.

People were supported to take part in daily activities. Sufficient staff were working in the home to meet their care needs and spend time chatting and organising activities. People told us the staff responded promptly to their requests for assistance.

People were protected against abuse because staff had received training on safeguarding adults and they knew what to do if an allegation of abuse was raised. People were observed moving freely around their home.

Staff were knowledgeable about the people they were supporting and spoke about them in a caring way. Staff had received suitable training enabling them to deliver safe and effective care. New staff were only appointed once they had been through a thorough recruitment process.

The service was well led. There was a team that was supported by a registered manager who worked alongside them. Staff spoke positively about the support and guidance they received from the management of the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. This was because people were provided with a safe environment where risks to their health and safety were being well managed.

There were sufficient staff to meet the care needs of the people they were supporting.

Staff in the home knew how to recognise and report abuse.

Good



Is the service effective?

The service is effective. People were cared for by staff who had received appropriate training to meet their care needs. The staff knew people's health, care and support needs.

People received support from a range of health and social care professionals to ensure their needs were met.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good



Is the service caring?

The staff were caring. People were treated in a dignified and respectful manner. Staff were knowledgeable about the people they were supporting including their likes, dislikes and personal histories.

We observed staff interacting with people in a positive way encouraging conversations about family and other topics.

People's views were sought about menus and activities and the general running of the home.

Good



Is the service responsive?

The service was responsive. Staff were knowledgeable about people's care needs. Care plans clearly described how people should be supported. People were involved in developing and reviewing these plans.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

People could be confident that if they had any concerns these would be responded to appropriately.

Good



Is the service well-led?

The service was well led. Staff felt supported and worked well as a team. The registered manager worked alongside the team in ensuring the quality of the service was reviewed and monitored.

People's views were sought about the quality of the service to ensure they were listened to and improvements made.

There were systems to monitor the quality of the service through checking that the care was being delivered safely and effectively.

Good



Windmill House

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.

This inspection took place on 27 November 2014 and was unannounced. We last inspected the service on 11 December 2013. There were not concerns.

The membership of the inspection team included two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience caring for a relative in this type of care setting.

Before the inspection, we asked the provider to complete 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 planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted four healthcare professionals to obtain their views on the service and how it was being managed. Feedback we received was positive about the care and support that people received.

We spoke with eleven people, three relatives, four care workers, the registered manager and the operations manager. We looked at five people's care records and records relating to the running of the home. This included the provider's system for monitoring the quality of the service and records relating to staff training and support.

Is the service safe?

Our findings

People told us they felt safe living at Windmill House. People told us there were enough staff to meet their needs and their requests for assistance were answered promptly. People told us the staff answered their call bells promptly during the day and night. Comments included, “I feel Safe, here, they (the staff) look after us well”; “The staff are really good we have nothing to worry about”. Relatives and friends that were visiting raised no concerns about the safety of people and comments that were received were generally positive about care and support people were receiving.

People and relatives said there were enough staff to meet people’s needs. One person using the service said, “We are lucky, we have such a lot of staff.” Staff supported people calmly and spent time chatting with them. We saw staff answered call bells promptly.

We looked at the staffing rotas for the last two months. This showed a sufficient number of staff supported people. Each shift was led by a senior care worker who delegated responsibilities to the staff team. The registered manager told us they ensured there were sufficient care staff to meet people’s personal and social care needs. There was an expectation as part of their role the care staff would spend time with people engaged in activities. Staff confirmed their roles in organising daily activities and providing personal care and there was sufficient staff working in the home. In addition to the care staff the registered manager employed domestic, laundry and catering staff. The registered manager told us this enabled the care staff to focus on the care and support to people rather than being engaged in household tasks.

Staff told us they had completed training in safeguarding adults. Staff confirmed they would report concerns to the management and these would be responded to promptly. Staff told us they had been given the contact details of other agencies where they could raise concerns if they felt the registered manager had not responded to these appropriately.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe. This included risks relating to falls and everyday tasks. The registered manager told us that there were movement sensors in each

bedroom that could be activated where a person was at risk of falls. The registered manager told us these were only used when a person was at risk. There was a policy in place guiding staff when these should be used and that the person must be involved in the decision process.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people’s safety. Records were kept of the checks that had been completed on the environment, fire equipment, electrical appliances and moving handling equipment. Staff were taking part in regular fire drills ensuring they were able to respond in the event of a fire.

We spoke with one person using the service who told us they checked their medication every day. They told us it was delivered at the right time and never the incorrect dosage. One person told us, “I know exactly what tablets I am on and when to have them and they are always correct” another person told us, “I get my medicine on time and I can ask for the extra ones I need, but staff will ask me why out of concern. They treat me very respectfully”.

The registered manager told us no one was self-administering but this would be considered if it was safe for a person to do so. They told us this was important if a person was only in the home for a short period of time and was returning home.

The arrangements for managing medicines on people’s behalf were safe. Medicines were kept safely and were stored securely. There were clear records of medicines entering the home, being given to people and returned to the pharmacy when required. These records showed people were getting their medicines when they needed them.

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager. The medicines were checked monthly by a designated member of staff and the registered manager.

We looked at two staff files to check whether the appropriate checks had been carried out before they worked with people living in the home. The files contained relevant information showing how the registered manager had come to the decision to employ the member of staff. This included a completed application form, two

Is the service safe?

references and interview notes. New members of staff had undergone a check with the Disclosure and Barring Service (DBS) which was formerly known as a Criminal Records Bureau (CRB) check. This ensured that the provider was

aware of any criminal offences which might pose a risk to people who used the service. The registered manager was aware of their responsibilities in ensuring suitable staff were employed.

Is the service effective?

Our findings

People spoke positively about the care and support they received. One person told us, "It's beautiful here, I have no complaints, it is a happy home". Another person told us, "It is lovely here, when I am not very well, they (the staff) call the doctor straight away and check me regularly to make sure I am ok, the staff are very good". Another person told us, "I don't feel restricted in any aspects of my care, they are all lovely and that includes the night staff".

Whilst people confirmed they were asked how they wanted to be supported, people were unsure whether they had a care plan. We asked the registered manager about this, they told us people were involved during the initial assessment, and discussions about how people wanted to be supported but the care plans were held electronically. The registered manager told us, the care plan could be printed out for people on request. Staff told us they asked people daily how they wanted to be supported and their wishes were respected. One person told us, "That if a member of staff tells me 'we are going to do that' and I don't want to do it, I just say 'no' and that is fine. I don't have to do anything I don't want to do".

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting on behalf of adults who lack capacity to make their own decisions. Staff understood how the MCA 2005 protected people using the service and supported them to make their own decisions. They told us they had received training in MCA as part of their induction and this was updated annually.

The registered manager told us best interest meetings were held where people lacked mental capacity and this included seeking the views of the person's relatives and professionals involved in their care such as the GP. Records were maintained of best interest meetings detailing the decision making process and who was involved. An example of this was where the movement sensor was activated in a person's bedroom. Relatives had been consulted to ensure it was in the person's best interest.

People using the service continued to access other external health care professionals to maintain their well-being.

Several health professionals visited the home during our inspection, including a chiropodist and district nurse. The staff described to us how they supported people to

maintain good links with other health services. A visiting professional told us, "The home is very co-operative, they accompany us and then they continue to provide the care we advise. It's a good home". One relative told us they were unsure if their mother had seen a dentist since moving to the home. However, another person told us the manager had recently taken them to the dentist. The registered manager told us they would ask people who their dentist was and whether they required support to attend appointments.

People had enjoyed their lunch from our observations. The meal was unrushed and relaxed. There was a choice of two different meals. One person told us, 'The food is jolly good on the whole, we get choices and you will see a menu up on the board in the hallway. I always have enough to drink'. Another person commented, "There are always two things on the menu and the food is freshly made". Another person told us, "We are offered drinks at night and I am never hungry". We observed the staff taking fresh jugs of water into people's rooms and there was fresh fruit available in the dining area. People were helping themselves.

Care records included information about how people were supported with eating and drinking. Where people were at risk of malnutrition, records were kept of their daily food and fluid intake to enable the staff to monitor and take action where required. People were weighed on a monthly basis or more frequently where they were at risk. Advice had been sought from the person's GP in relation to weight loss. One relative spoke positively about how their father had gained weight since living in Windmill House.

Staff had received training relevant to their role. This included dementia care, safeguarding adults, MCA and DoLS training. Staff confirmed they had an induction when they first started working which included shadowing more experienced staff and completing training in health and safety. Training was periodically updated.

The design, layout and decoration of the home met people's individual needs. The home had recently been extended to provide a further 18 bedrooms. All bedrooms were single occupancy, The registered manager told us if a couple wanted to share this could be accommodated and they would be allocated two rooms, with the second being a lounge area. All areas of the home had been refurbished and redecorated to a high standard.

Is the service effective?

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to bring their own

furniture to enable them to personalise their bedroom. This meant people were supported to recreate familiar surroundings for themselves. One person told us, "The staff helped me bring in some of my own furniture from home".

Is the service caring?

Our findings

People and relatives told us the staff were kind, friendly and compassionate, all felt they were treated with dignity and respect and their care met their needs. One person said, "I am very happy and get on very well with everyone. They treat me in a dignified way and there isn't one member of staff I don't get on with." Another person told us, "It is always nice and clean here and the bedding is changed regularly and as far as the staff go, there is not a member of staff whom I am concerned about when it comes to my care".

Relatives told us they were allowed to visit when they liked and one commented, "I don't think there is anything I would change here, my relative really is happy."

We observed people being supported by staff in the communal areas of the home. We saw positive interactions between the people and staff. Staff were speaking to people in a respectful manner involving them in a variety of activities including singing, board games and general discussions about life in the home. We observed people were relaxed around staff.

Staff were observed giving people encouragement when assisting them. For example, one person was being supported to move from one area of the home to another. The member of staff was heard giving gentle encouragement on their mobility. They were also engaged in a conversation about what activities were taking place that afternoon and general conversation about the person's grandchildren. It was evident the person was enjoying the conversation and the staff member was knowledgeable about the person.

Before the inspection we asked a healthcare professional who visited the service regularly for feedback. They told us they often witnessed the care staff's approach and they had found this to be respectful and caring toward people. They told us, "Windmill House has also 'gone the extra mile' on behalf of our people, some of whom have been admitted from hospital, without their clothing or personal effects. In some cases where people are socially isolated, and have no family or friends to assist, they have arrived without any

personal items, and in hospital gowns. Windmill House have supplied clothing and toiletry items, in order to promote the individual's dignity and self-respect and to facilitate their participation in activities and social events".

We observed staff knocking on doors and waiting for people to confirm they could enter. Staff closed bedroom doors when supporting people with personal care. Staff were heard asking permission to assist people, offering reassurance and explaining to them what they were doing. This demonstrated staff respected the person's rights to privacy and their involvement. Healthcare professionals confirmed they could see their patients in private.

Staff were knowledgeable about the people they were supporting. Talking with staff it was evident they took the time to get to know the person, their life histories, likes and dislikes. They described people as individuals and spoke positively about their personalities, and how they supported them. Staff were knowledgeable about people's care and support needs. Staff told us some people needed more time to understand what they were being told and reassurance that they were safe.

Staff described how they supported people with their day to day needs and encouraged their involvement in activities. We saw one or two people remained in their bedrooms. We observed staff checking people on a regular basis to ensure they were comfortable.

People told us about meetings they were invited to attend which were held fortnightly for people and their relatives. They told us they were asked for their opinion on the menu and activities. The provider told us they were introducing a newsletter for people, their relatives and friends which will keep them informed of activities, social events, staff changes and success stories. Success stories could be staff completing training.

The registered manager told us that where a person was at the end of their life a member of staff would be allocated to sit with the person when no family members were present. They explained they would ensure their dignity and privacy was respected during this time whilst meeting their day to day needs. We were told family could stay and visit for as long as they wished. The staff would liaise with other professionals including palliative care specialists, district nurses and the person's GP to ensure all equipment and appropriate pain relief was in place to support the person.

Is the service responsive?

Our findings

People told us that staff answered call bells quickly.

People had been assessed before they started to live in the home. This enabled the staff to plan with the person how they wanted to be supported enabling them to respond to their care needs. From the assessment, care plans had been developed detailing how the staff should support people. The person, their relatives and health and social care professionals where relevant had been involved in providing information to inform the assessment.

Care plans clearly described how people should be supported in all aspects of daily living and their preferences. The information recorded was individualised and evidenced the person had been involved in developing their plan of care. Staff confirmed how people were being supported in accordance with the plans of care. These had been kept under review as needs changed involving the person and their key worker. Relatives confirmed they were kept informed of any changes.

People told us activities took place regularly and it was their choice on whether they wanted to participate. One person said, "Sometimes I am bored this is not the home's fault, I would be bored if I was at home, there are activities but often I choose to spend time on my own in my room". This person told us, "The staff regularly pop in to make sure I am alright and have a little chat". We saw staff organising a variety of activities including a sing-along, playing board games and a quiz. In the afternoon an external entertainer had organised a cinema theme afternoon including popcorn. Other activities included bingo, gentle exercise, trips out and bowling. People told us about recent trips which included a trip to a local garden centre, a coffee morning at another care home and a trip to Bristol Airport.

People told us the staff tell them daily what is on offer in relation to activities but there was no list they could check for forthcoming events. A relative said, "I know there are activities taking place but there is no written programme of activities". They told us this would be useful as it would aid conversations and they could offer encouragement to their relative to join in. We were told there was a list of activities in the office to guide the care staff. The registered manager told us the local church visited regularly to offer holy communion. There was a poster on the notice board but there were no dates when this was going to happen. The registered manager told us they would ensure there was a programme of events displayed on the notice board in future in relation to planned activities and the dates for holy communion.

There was a complaints policy and procedure. The policy outlined how people could make a complaint with a timescale of when people could expect their complaint to be addressed. We looked at the complaints log and where there had been complaints since our last inspection; we found people had been listened to. The records included the nature of the complaint, the investigation and the outcome. We found complaints had been responded to within the agreed timescales. Relatives told us they have not had any reason to complain but would know how to if necessary. They said they were confident if they had a complaint it would be dealt with appropriately by the registered manager. A relative told us they had recently raised a concern and they were happy with the outcome and felt this was being addressed. One person told us, "I have never had to complain, but if I had to, I would feel comfortable speaking to the staff here".

Is the service well-led?

Our findings

The service was well led. Staff spoke positively about the team and leadership in the home. They described the registered manager as being approachable and leading by example. Staff described a team that was open with effective communication systems in place. Staff told us they could always contact the registered manager for advice and support. For example when a person was unwell at night the registered manager returned to work and supported the staff by sitting with the person. The registered manager told us they regularly work alongside staff members to monitor the quality of the care provided to ensure the care staff were carrying out their duties safely and appropriately.

There was a staffing structure which gave clear lines of accountability and responsibility. There was always a senior care worker on duty to guide the care staff. The registered manager was supported by a deputy manager. Staff had signed contracts in their files along with job descriptions on what was expected of them.

The registered manager told us they had recently introduced a keyworker system. Each person had an allocated member of staff who was responsible for liaising with family, checking that they had sufficient toiletries and making sure the person was happy with the care delivered. In a survey conducted in October 2014, some relatives commented they had not met or were unsure who the keyworker was for their relative. It had taken time to embed the new system.

The registered manager kept the staffing levels under review by checking the dependency needs of each person monthly. This is a tool that looks at the care needs and staffing support for each person. Where people's care and support needs had changed significantly, a review of the staffing was completed to ensure they could meet the person's care or whether additional staff were required. The registered manager told us it was important for them to observe and listen to the staff in respect of the staffing levels to ensure people's care needs were being met safely and effectively.

Staff confirmed daily handovers took place to keep them informed of any changes to people's well-being and other important information. A daily shift planner was in place to plan activities, any appointments and other important

events for people. This meant staff were aware of their daily responsibilities in meeting people's support needs. The manager told us it was important they participated in the handovers to keep up to date with the changing needs of people. This enabled them to review care regularly to ensure care plans and delivery was current.

We asked people and their relatives what they would change if anything and most could not fault the home and could find no area to improve. Regular meetings were taking place for people asking their views on menu planning, activities and the general running of the home. Records were kept of these meetings. This enabled the registered manager to monitor whether improvements were being made.

People's views and those of their relatives were sought through an annual survey. Surveys were used to evaluate the service provided and make improvements where necessary. Comments from the survey in October 2014 were generally positive. Where people or their relatives had raised a concern or suggested an area for improvement these were being addressed. For example the laundering of clothes. The registered manager told us they were monitoring to ensure improvement and routine checks were being completed. People commented positively to us about the laundering of their clothes.

A healthcare professional told us they meet privately with their patients and regularly ask about the quality of care being provided. They told us, feedback had been almost without exception, positive. On one occasion a person had raised concerns about one member of staff being brusque. They told us the registered manager had responded promptly, with feedback being given to the person concerned.

Systems were in place to review the quality of the service. These were completed by either the registered manager or a named member of staff. They included health and safety, medication, care planning, training, supervisions, appraisals and infection control. The registered manager was alerted to staff training needs when they were allocated a shift on the electronic rota.

Monthly staff meetings were organised with meeting notes kept of discussions and any actions that were agreed. The

Is the service well-led?

registered manager told us this was an area that was improving as previously these had been infrequent but since August 2014 these were now being organised monthly.

Staff were receiving regular supervision on a six to eight weekly basis with a line manager. Supervisions were used to discuss the staff member's role, training needs and any concerns about care delivered. Staff confirmed they were given constructive feedback to improve their practice. Some staff they told us they only had two supervisions this year. When we discussed this with the registered manager they told us some group supervisions had taken place. Records were maintained of the group sessions. The registered manager agreed this should be made clearer to staff in respect of when supervisions had taken place.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed by the registered manager. The registered manager was able to produce a report on the incidents that had occurred including any action they had taken to reduce the risks of the incident reoccurring. This included looking at any themes. For example, where a person had fallen advice had been sought from the GP to review medicines.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. A notification is information about important events which the provider is required to tell us about by law.