

Windlesham Services Limited

Windlesham Manor

Inspection report

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Date of inspection visit:
20 December 2016

Date of publication:
09 February 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 20 December 2016. Our inspection was unannounced.

Windlesham Manor is a family run care home in Crowborough which provides residential care and support for up to forty older people. Some were older people living with dementia; some had mobility difficulties and sensory impairments. Some people received their care in bed. Accommodation is arranged over two floors. There is a passenger lift for access between floors. There were 36 people living at the service on the day of our inspection.

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

People told us they liked living at Windlesham Manor. They felt safe and well looked after.

Effective recruitment procedures were not in place to ensure that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

Medicines were not well managed. Medicines had not been stored and recorded appropriately.

The provider and registered manager did not have suitable control measures in place to minimise the risk of Legionnaires disease.

Risks to people's safety and wellbeing were not always managed effectively to make sure they were protected from harm. Risk assessments had not always been reviewed and updated when people's health needs changed.

People's care plans were not complete and were not updated to ensure that their care and support needs were clear and their preferences were known. The service had an electronic care planning system. The staff at the service recorded most of their care and support electronically using the system.

The decoration of the home did not follow good practice guidelines for supporting people who live with dementia.

The provider and registered manager had failed to ensure food met people's assessed needs and preferences and to ensure that nutrition and hydration met people's wellbeing. Kitchen staff had not been notified when people's dietary needs had changed. People had choices of food at each meal time. People were offered more food if they wanted it and people that did not want to eat what had been cooked were offered alternatives. People with specialist diets had been catered for.

Staff knew and understood how to protect people from abuse and harm and keep them safe. The home had a safeguarding policy which was out of date. We made a recommendation about this.

The service had not followed good practice guidance to ensure that new staff received a comprehensive induction and staff supervisions had not always followed the provider's policy. We made a recommendation about this.

There were no policies and procedures in place in relation to the Mental Capacity Act 2005. Staff had received training in relation to the Mental Capacity Act. We made a recommendation about this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority and had been approved.

People were supported and helped to maintain their health and to access health services when they needed them.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

People and their relatives knew who to talk to if they were unhappy about the service.

Complaints had been dealt with effectively in line with the complaints policy. The complaints procedure did not evidence who people should talk to if they were not happy with the complaint response, which should include the local authority and Local Government Ombudsman. We made a recommendation about this.

People had opportunities to provide feedback about the service they received. There was no evidence that anything discussed was acted upon to show that people had been listened to.

Relatives and staff told us that the home was well run. Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift took place to make sure all staff were kept up to date.

Staff showed us that they understood the vision and values of the organisation; we observed practice to show that staff had embedded this into their work.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 not safe.

Effective recruitment procedures were not in place. Records relating to employment were not complete. There were enough staff deployed in the home to meet people's needs.

Risks to people's safety and welfare were not always well managed to make sure they were protected from harm.

Medicines were not well managed and were not securely stored.

Checks and maintenance on the building had not always been completed regularly. The management of legionella was not effective.

Staff had a good knowledge and understanding on how to keep people safe from abuse.

Inadequate ●

Is the service effective?

The service was not effective.

Windlesham Manor was not decorated effectively to support people living with dementia.

People at risk of malnutrition or dehydration were not always closely monitored. People had choices of food at each meal time.

The provider and registered manager had not embedded supervision and induction systems. Staff received training relevant to their roles.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

People received medical assistance from healthcare professionals when they needed it.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People told us they found the staff caring, friendly and helpful and they liked living at Windlesham Manor.

People had been involved in planning and had consented to their own care.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect. People's information was treated confidentially. Personal records were stored securely.

Is the service responsive?

The service was not consistently responsive.

People did not all have care plans that detailed how staff should meet their care needs in all of the areas they had been assessed as requiring help and assistance.

A variety of activities were on offer for people within the home, these activities did not always meet people's needs in relation to their past hobbies and interests.

People had been given adequate information on how to make a complaint, complaints procedures required reviewing and updating.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Systems to monitor the quality of the service were not effective. Records relating to people's care and the management of the service were not well organised or complete.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Staff were positive about the support they received from the management team.

Requires Improvement ●

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 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 20 December 2016 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience who is a person who has personal experience of using similar services or caring for older family members. A third inspector made telephone calls to staff after the inspection.

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 plan to make. We also reviewed notifications before the inspection. A notification is information about important events which the service is required to send us by law.

We spent time speaking with nine people, three relatives and one health care professional who visited the service. We spoke with 10 staff including care staff, senior care staff, the cook, and the registered manager. We also spoke with two further staff outside of the inspection visit. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals including the local authorities' quality assurance team, district nurses and Healthwatch to obtain feedback about their experience of the service. We received feedback from the local authorities' quality assurance team and from the district nursing team.

We looked at records held by the provider and care records held in the service. These included 17 people's care records, medicines records, risk assessments, staff rotas, six staff recruitment records, meeting minutes, quality audits, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including some

policies and training records. The information we requested was sent to us in a timely manner.

We last inspected the service on 05 March 2014 and found that they were meeting the regulations and there were no concerns. Since we last inspected the service the same changed their name from Windlesham Manor Residential Care Home to Windlesham Manor.

Is the service safe?

Our findings

People told us they felt safe living at the service. Comments included, "I feel safe here they help to support me when I walk"; "I feel safe at night as if I ring the bell someone will come" and "Yes I feel safe, there is always someone to call on to help if you need it". Relatives told us their family members were safe. One relative told us, "Mum has a buzzer, she does use it".

Medicines were not well managed or securely stored. Medicines that were classed as controlled drugs (CDs) under the Misuse of Drugs Act 1971 had not always been recorded appropriately. For example, the stock records of some of the CDs had been recorded on loose leaf paper rather than bound records. Some CDs had been appropriately stored in an appropriate cabinet inside the medicines room. However one morphine based medicine had not been treated as a controlled drug and had not been stored in the same way. The CD register showed that one person's medicine was in stock. However the staff member told us that the medicine was no longer in stock as the person was no longer at the home. The register had not been amended to show these had been returned to the pharmacy. This meant that the provider and registered manager had failed to comply with the Misuse of Drugs Act 1971.

Medicines records showed that some people had pain relief patches prescribed. There was no system in place to ensure that these were administered on to different areas of the body as recommended by the manufacturer, and people were therefore at increased risk of skin irritation from pain patches repeatedly administered to the same site.

During the inspection we found that a prescribed fluid thickener, which is used to thicken drinks to help people who have difficulty swallowing, was left in a person's bedroom. The person was living with dementia and was confused and disorientated. Prescribed thickeners should be kept locked away to prevent accidental ingestion of the powder. A patient safety alert had been cascaded by NHS England in February 2015 which warned care providers to the dangers of ingesting thickener. The registered manager did not know about this safety alert and had not kept the thickener out of reach.

Body maps were in place to detail where prescribed creams should be applied on the body. We checked the daily records and charts kept within people's rooms and could not always see a clear record of when and where staff had applied people's prescribed creams. The daily records within the service were mainly computerised. The computerised records for one person showed that staff had administered one of their creams but the other prescribed cream had not been recorded.

This failure to ensure that medicines were suitably stored, administered and recorded was a breach of Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed a medicines round. This was carried out by a staff member who had undergone relevant training. Medicines were administered safely during this round. People who were in pain were offered medicines. Accurate records were made of the medicines administered. We checked the medicines records for the month and found that people had received the medicines they had been prescribed. Each person's

MAR included a photograph to assist staff to identify people when giving medicines. Appropriate codes had been used for any refusal of medicines and a record kept of why the medicines had been refused by people. Staff only signed the MAR once the medicine had been administered. Each person had detailed information and written guidance for staff in relation to 'as and when required' (PRN) medicines. The guidance included the reason for administration, the frequency, and the maximum dose that could be given over a set period of time.

Daily checks were made of the medicines rooms to ensure the temperature did not exceed normal room temperatures. The medicines fridges were also checked and daily records maintained to ensure the medicines remained within normal range.

The provider and registered manager had not carried out safe recruitment practice. We found that none of the staff recruitment records contained photographs of staff. References had not been received by the provider for all employees. The provider and registered manager had employed new staff and had not checked reasons for gaps in employment in five out of six staff files. One staff member had a gap in employment of 11 years, another staff member had a gap in employment of five years and another had two gaps, one of 10 years and one of two years. Three staff files did not have application forms so it was not possible to check employment history. Therefore the provider and registered manager had not carried out sufficient checks to ensure the staff members were suitable to work around people who needed safeguarding from harm.

This failure to carry out employment checks was a breach of Regulation 19 (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The home smelt clean and fresh and was tidy. One person told us, "One of the best things about living here is that it is so clean, they are always cleaning and dusting". The district nursing team told us, "The home is clean and well maintained". Repairs to the building and equipment were recorded in the maintenance records by staff. The maintenance team carried out work identified and recorded that this had been done. Checks had been completed by qualified professionals in relation to moving and handling equipment, electrical supply, gas appliances, the lift and fire equipment to ensure equipment and fittings were working as they should be. Legionella checks were carried out by a contractor. Legionella testing in 2016 had identified six positive results. The contractor had put together a list of actions that the provider and registered manager should take to address the positive results. This included weekly flushing of rarely used water outlets including the outside tap, monthly checks of hot and cold sentinel taps (the first and last taps on a water distribution system), descaling taps, showers and hoses on a three monthly basis and recording the actions taken. We checked the maintenance records and found that the weekly flushing of taps was last done on the 10 October 2016; sentinel tap temperatures were recorded on the same day. Weekly flushing of rarely used outlets had last been done on the 18 November 2016. Shower heads had not been descaled since 04 April 2016. This meant that registered persons did not have suitable control measures in place to minimise the risk of Legionnaires disease.

This failure to properly clean and maintain the premises was a breach of Regulation 15 (1)(a)(e) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered persons had not assessed or mitigated risks to people's safety effectively. Some people's safety

had not been suitably assessed. Risk assessments lacked detail to mitigate the assessed risk. For example, one person had been assessed as 'High risk and prone to violent outbursts and at risk of injuring themselves or others'. The action plan detailed to 'Discuss the risks of injury with the family and a walk away policy'. There was no guidance within the risk assessment to detail how staff should work with the person and what action staff should take to reassure the person. There was no evidence of the person or their relatives' involvement in the care plan or risk assessment. Another person who received their care in bed had a risk assessment in place detailing that they were at high risks of falls and getting lost. This risk assessment had not been updated and amended when the person's health had deteriorated and their needs had changed. The same person was at risk of choking. The risk assessment did not detail what staff should do to minimise the risk of harm. We observed that the person was confused and disorientated. We found prescribed thickening powder in their bedroom, which was on display and unlocked which increased the person's risk of choking. Whilst the person received their care in bed, they had frequently tried to get out of bed. Other people were at increased risk of choking because we were told that other people in the home frequently entered other people's rooms when they were confused and disorientated. One person had lived at the home since 16 December 2016, no risk assessments had been carried out in relation to any elements of their assessed care needs.

There was a section in people's care plans for recording accidents and incidents. Whilst falls had been recorded when they had occurred there was no amendment or review to the care plan or the risk assessment to show what action had been taken as a result of the fall. There was no evidence that the registered manager was auditing falls and patterns of falls in order to create learning from the event. One person had fallen 24 times within a year. Their risk assessment had been reviewed on seven occasions during that period. There had been no changes to the risk assessment or care plan. Another person had fallen six times between 13 August 2016 and 28 November 2016. The falls had not been recorded as risk on the risk assessment. Another person had fallen six times between 06 January 2016 and 12 February 2016. Again the falls had not been recorded as a risk for this person. On some plans where risk assessments were updated the information to staff to prevent falls was vague, for example one person had fallen eight times; the plan of action on each review was 'To exercise more'. Risk levels were inconsistent with people experiencing high levels of falls. Some falls had resulted in serious injuries such as a dislocated hip but the risk levels stayed at medium and action plans were not updated to try and mitigate the risk. Advice on other accidents and incidents for people who were regarded at high risk of falling stated, 'Offer lifestyle advice and refer to doctor for treatment options'. This did not provide guidance for staff to keep people safe and mitigate the risk of falls.

This failure to provide care and treatment in a safe way was a breach of Regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from abuse and mistreatment. Most staff had completed safeguarding adults training. The staff training records showed that 33 out of 38 staff had completed training, the registered manager explained that staff had prompted and reminded to book on courses. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the provider's safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the East Sussex area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. However, the provider's safeguarding policy was dated 2012. It did not direct staff to the local authority procedures. The copy of the local authority policy in place within the home was also dated 2012. This was not the most recent and up to date version, which meant that the registered manager and staff did not have all the information they needed. We spoke with the registered manager about this, they had not realised there was an up dated

version of the document. They searched for this on the internet during the inspection and downloaded a copy of the document. The registered manager knew how to report any safeguarding concerns.

We recommend that the registered manager reviews policies and procedures regularly to ensure they are relevant and fit for purpose.

There were suitable numbers of staff on shift to meet people's needs. The staffing rotas showed that there were plenty of staff. On occasions when this was reduced due to staff sickness, staff were offered additional shifts and agency staff were deployed to provide cover when required. The district nursing team told us, "There have always appeared to be enough staff on duty at the times of our visits".

Is the service effective?

Our findings

People told us they received effective care. We observed that people made choices about their care and were well supported if they were unwell. People told us that staff knew them well and recognised if they were unwell. People enjoyed the food. Comments included, "The food is very good we get a good choice"; "Food is ok we have a choice, they bring various sauces as well like mustard, apple etc., it can sometimes be a bit spicy but there are two choices and if we don't like that we can ask for something like an omelette or a sandwich"; "I can have a wash or a shower, I could bath if I wanted to; it's up to me"; "I choose when to go to bed; it's up to me, they will ask if I am ready to go to bed and respect my choice. I try to avoid ringing the bell at changeover time as that can be a difficult time but if I need the loo I have to ring"; "I like my lunch in my room"; "I like to go down for my meals I can choose what to eat or have an omelette or a sandwich"; "I choose to sit with my friends in the dining room, we can all manage our food ourselves" and "The food is very good, we have a new chef".

Relatives told us that their family members received care and support to meet their needs. One relative said, "When my aunt came here she was quite poorly. We are surprised how she has come on since being here; they have helped with her recovery". Another relative said, "The food on the whole looks nice, colourful and well presented".

People living with dementia were disorientated in the environment. During the inspection we observed people walking around the home and asking for help and direction. People reported to us that they were sometimes disturbed by other people wandering into their bedrooms. They said, "I have had people wander into my room, I think they were lost and were as startled as me. I keep my door closed and just ring the bell if it happens" and "I like my door closed, I was just going to sleep when a lady wandered into my room". All of the doors within the home did not have clear and appropriate signage to show people living with dementia what was behind the door. The corridors were mostly painted cream, which meant that they all looked the same. Some corridors had patterned wallpaper. Some carpets were patterned and contained bold print which people living with dementia may find confusing. There were no signs in communal lounges, or the dining area to help people find their way to other areas of the home. The provider and registered manager had not followed recognised guidance issued by The National Institute for Health and Care Excellence (NICE) to help and support people living with dementia.

Failure to ensure the premises were suitable to meet people's needs was a breach of Regulation 15 (1)(c)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People at risk of malnutrition or dehydration were not always closely monitored. Their weights were recorded regularly and a malnutrition screening tool was used to make risk assessments but there was no evidence of further action to monitor progress. For example, one person was steadily losing weight until they were too frail to be weighed. They had no care plan in place to address their nutrition and hydration needs. The last entry on the person's care plan had been in July 2016. The person's file had not been updated to record the person's weight loss. This meant staff were unaware that this might be a concern or indeed that it was being monitored. There was no record of fluid intake or output and records in care notes

stated 'Good fluids intake 25-30 mls', another entry stated 'Average intake of fluids 400ml'. The average intake of 400ml of fluid showed that 25-30mls of fluid was not good. This showed that staff judgements on what consisted of good or average was widely varied. There was no system in place to record fluid intake meaning this person was at severe risk of dehydration. We asked the registered manager why this person wasn't on a fluid chart to record fluid intake, they said, "[Person] eats and drinks well". Another person had a fluid restriction due to a medical diagnosis. They were able to manage their fluid intake themselves however they were not provided with help to monitor this. We spoke with staff to find out if they knew about fluid restrictions for people, they were unaware that anyone had a restriction in place. We shared our concerns with the registered manager and asked them to take action. One person became upset at lunch time. They could not remember having any breakfast and did not want their lunch because they hadn't had breakfast. Had food and fluid charts been in place this could have offered this person reassurance. The staff member was not able to reassure the person that they had already had their breakfast as they had to go to other staff in the home to ask them.

Menus were displayed for people to read. Menus were displayed in a restaurant style with black ink on a white background, which did not take into account the needs of people who were living with dementia. This type of display could cause confusion. People were asked to order their lunch and supper the day before. We observed that this caused some confusion as people had forgotten what they had ordered. People were not shown pictures of the meals on offer to help them make a decision about what they may like.

Specialist diets were catered for such as diabetic, gluten free, vegetarian, lactulose intolerance and food allergies were noted. A diet notification folder was held in the kitchen which had information about people's food allergies, likes/dislikes, portion sizes, religious and cultural preferences. It also included information about type of diet, whether people required normal, soft, pureed, fortified, no salt, low salt, low fat vegetarian, assistance with eating, adaptive cutlery and any additional information. The diet notification forms had not been updated since 20 October 2015. A person who had been identified as being at risk of choking was shown on the diet notification sheet as not at risk of choking. We checked the diet records for another person who was on a restricted fluid diet. This also meant that fluid within foods needed to be considered as well as salt and potassium content of foods. The diet notification form for this person stated they were on a 'Normal diet'. This put this person at risk of harm.

This failure to ensure food met people's assessed needs and preferences and to ensure that nutrition and hydration met people's wellbeing was a breach of Regulation 9 (1)(a)(b)(c)(3)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people were provided with food and drink that enabled them to maintain a healthy diet and stay hydrated. People had choices of food at each meal time and chose to have their meal in the dining room or their bedroom. People were offered more food if they wanted it and people who did not want to eat what had been cooked were offered alternatives. Hot and cold drinks were offered to people throughout the day to ensure they drank well to maintain their hydration. Staff sat with people to assist them at meal times to encourage people to eat well. People were complimentary about the food and told us there were always choices of meals. People could access snacks and hot and cold drinks at any time. Chocolates, mince pies, biscuits and fruit were on display with a sign saying 'Please help yourself'. We observed people snacking on these items during the day. Tea trolley rounds took place during the day. Staff told us that people could access drinks and snacks at night.

The food looked good. It was colourful and presented well. People were offered condiments and sauces to complement their meal such as poppadums and mango chutney to go with curry. There was a wide range of desserts on a trolley such as chocolate trifle, a jelly fruit salad, plums in mulled wine, and a cheeseboard.

There was plenty of food in stock. This included fresh fruit and vegetables, meat, tinned food, dried food, frozen and dairy foods. We checked the kitchen and found that records were kept in accordance with environmental health regulations. The home had a food hygiene rating of five which was the highest rating.

The provider's supervision policy stated that staff would receive formal supervision at least six times per year and an annual appraisal. Some staff told us they had supervision every two months and an annual appraisal. The registered manager said they received regular supervision and support from the owners who visited regularly. One member of staff told us they didn't have any supervision meetings but confirmed they had an annual appraisal. We spoke with the registered manager about supervisions. They told us they often provided group supervision meetings, when we explored this further we found that the registered manager was talking about attendance at handover meetings. Handover meetings between shifts are not supervision meetings; they are a handover of information about people to inform the staff coming on to shift about people's health and wellbeing.

The service had not followed good practice guidance to ensure that new staff received a comprehensive induction. 'The Care Certificate' was not in place to support staff induction and to support the management team in assessing staff competency in their roles. We spoke with the registered manager about this. They told us that no staff had started the Care Certificate and they were looking to commence observations of staff to support the induction process.

We recommend that the provider and registered manager review systems and process for supervision and induction in line with their policy and good practice guidance.

Staff told us they had plenty of opportunities to attend training. Most of the staff had completed mandatory training, in fire safety, health and safety, infection control, moving and handling, safeguarding adults and food hygiene. Additional training included, dementia, person centred care, challenging behaviour, catheter care, medicines policy and administration, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), equality and diversity, first aid, nutrition and diabetes. The service had a system in place to ensure staff had training and when it was required to be refreshed. Staff meetings were held frequently, and staff confirmed they could add items to the agenda and discuss matters with the management team.

There were no policy or procedure in place in relation to the Mental Capacity Act 2005 (MCA). Staff meeting records showed that the MCA had been discussed at length including the principles of assuming capacity. Staff were knowledgeable concerning the need to seek consent when providing care for people. One staff member said, "Getting them [people] to make decisions about their day and what they want to do for themselves keeps people in control" and when explaining how they would provide care and support they said "I would be kind, patient, caring, give attention, but I know their rights. It is their right to say no. I could go back and try later. I would document what happened". We observed staff gaining people's consent before undertaking tasks. People were involved in decision making where ever possible. We observed the registered manager helping a member of staff to encourage a person to stand up to move into the lounge. The person indicated that they did not want to go. They respected the person's decision and said "Ok we will come back in a little while".

We recommend that the provider and registered manager reviews policies and procedures to ensure that staff have all the information necessary to carry out their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the

definition of a deprivation of liberty. Capacity assessments had been completed when a person lacked capacity to consent to receiving personal care and deciding where they lived. Where this was the case DoLS applications had been made to the local authority. Records evidenced where best interest meetings had taken place to make decisions when people lacked capacity. These meetings involved people, their relatives and professionals and ensured that decisions made were the least restrictive option for the person.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Pain assessments had been carried out and evidence showed that people had received pain relief when it was required. Staff had sought medical advice from the GP when required. During the inspection we observed the GP visiting the home to carry out their routine weekly visit. Staff reported any concerns about people's health to the GP weekly and when necessary. We observed a district nurse visiting a person to provide nursing care. The GP told us that the home was "Proactive at getting in contact" and "The home communicates well [with the surgery]". The district nursing team told us, "The home communicates well with our team and contacts us in a timely fashion regarding patients in their care both on an on-going basis and when there are particular concerns relating to risk (most usually related to aspects of possible pressure damage or wound care)" and "Patients receive safe effective care". Referrals had been made to SaLT (Speech and Language Therapy) and dieticians when required, however records relating to these referrals were not always easy to find. Records demonstrated that staff had contacted the GP, the hospice, ambulance service, dementia specialists, physiotherapists, hospital and relatives when necessary. People were also supported with their healthcare by specialist nurses such as diabetic nurses, and kidney nurses in order to maintain monitoring and check on their diagnosed health conditions.

Is the service caring?

Our findings

People told us they were treated with kindness and staff spoke with them nicely. Comments included, "They are all very nice here I am very well looked after"; "I came here for two weeks and ended up staying as I enjoyed it here"; "Everything is very nice the girls [staff] are really lovely"; "I am very happy here" and "I am very pleased with the care that I receive here. They are all so kind and caring".

Relatives told us their family members were treated in a kind and caring manner. Comments included, "She [person] had a fall here and went into hospital, they were all very kind and caring they visited her and we had a chat when she came out and reviewed her care plan so that she had more help in the mornings" and "She's more content [since being at the home]". The district nursing team told us, "The staff there demonstrate a kind and caring approach in their delivery of care".

We observed friendly and compassionate care in the service. The staff were happy and up-beat, they enjoyed their work and this was reflected in the care we observed them providing. The staff were respectful and caring towards people.

Staff built good relationships with the people they cared for. This resulted in people feeling comfortable and relaxed. People responded well to the quality of their engagement with staff. People were getting up and spending their day in a manner that suited them. People could choose to stay in their rooms, chat to others in the lounges and dining rooms. Staff supported people in a calm and relaxed manner. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them. There was good interaction between staff and people and time was taken to chat and have a conversation.

Throughout the inspection we observed staff treated people with kindness and understanding. Interactions and conversations between staff and people were positive and constant. Staff made time to talk to people whilst going about their day to day work. It was clear staff knew people well but equally people were familiar with staff and happy to approach them if they had concerns or worries. We observed staff reassure people if they were anxious or upset. We observed that one person was a bit distressed and anxious. A staff member took the person by the hand and suggested they get a cup of tea together, the person went with the member of staff who observed them making the tea; the person was visibly more relaxed and calm. Another person was becoming upset and agitated, a staff member recognised this, they asked the person what was wrong and then went off to find the person's newspaper. This assured the person and helped them calm. We also observed staff reassuring people by holding hands and touching a shoulder when it was appropriate to do so.

Staff spoke about their roles with commitment and enthusiasm. Some staff members had been in post for over 15 years. One staff member said, "I like it here, and love helping the residents, if you don't feel that way, you couldn't work here". Another staff member said, "They [people] become like your family and you care for them as you would you own".

People's rights were protected. Staff respected people's privacy. People were able to personalise their rooms as they wished. The staff knocked on the bedroom doors before entering and waited for a response, then quietly asked if it was alright to enter. Personal care provided to people was given in private behind closed doors and with the curtain pulled. Staff spoke politely and respectfully when addressing people.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal care records were stored in locked offices. Electronic records were only accessible to staff with passwords to maintain security. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

People's right to consent to their care was respected by staff. People had choices in relation to their care. The care plans made reference to promoting independence and helping to maintain people's current levels of self-care skills in this area. Daily records evidenced where people had refused care, support and meals. Staff confirmed they sought people's consent before they provided care for people. This meant that staff understood how to maintain people's individuality and respect choice. People with different communication needs were supported in the same way. One person who was unable to communicate verbally showed us a communication book where they could point to objects or letters. They also had a smaller more portable version of the book which they could carry around with them.

People's relatives told us that they were able to visit their family member at any reasonable time and they were always made to feel welcome. One person told us, "My friends are very important to me and they make them very welcome here". One relative told us they visited at different times of the day and regularly. They told us the home, "Does feel homely". Another relative said, "We can only visit now and again but they always make us very welcome and know who we are".

People's rooms had been personalised with their own belongings. One person told us, "I recently moved into this room, they are helping me to get it how I want it".

Handovers between staff going off shift and staff coming on shift took place to ensure that staff had up to date information about people. This included information about any medical concerns and the emotional wellbeing of people who lived in the home. Appointments and reminders were logged in diaries. Staff told us that they made time to read back in the diaries and communication books if they had been on leave so they knew exactly what had happened whilst they had been away.

People's religious needs were met. The activities staff member told us that a regular church service took place in the home each week and people also went to church services in the community with their relatives.

Is the service responsive?

Our findings

People told us the service was responsive to their needs. Comments included, "They are good at answering the call bells they come, and at night if I want a cup of tea I can have one"; "I do a coffee morning here, I used to do it in my flat so the manager said I could use the room downstairs and invite my friends"; "They know I like to read so they brought me some reading material"; "They treat me very well the most important thing to me is my son and they treat him very well and offer him lunch"; "If I want tea in the night they will bring it" and "They will come and tell me the activities".

Relatives told us they were involved in the care planning process. One relative said, "My aunt's care plan was set and we have regular meetings to change it". Relatives gave us feedback about activities in the home. Comments included, "My aunt went out in the minibus last summer" and "Mum has always been private so is not interested in group activity".

People's care plans did not always detail their life history and important information about them, which meant that staff did not always have clear guidance about what people's care needs were. For example, details of important events, work history, relatives, favourite sports and activities, places they had lived and important people in their lives. This type of information helps staff to build up relationships and a rapport with people and helps to identify what is important to a person. One person told us that they would like to have more interest shown in their past careers or hobbies. Care plans detailed people's care needs in areas such as: cognition, personal care, medication and each had an action plan attached to the assessed need. We found that care plans were inconsistent. Information in most cases was very basic and not person centred. The care plans did not always reflect the level of assessed need. For example, one person was identified at risk of renal failure, there was no action plan in place nor was there any information of how staff would identify the symptoms of someone going into renal failure. Staff we spoke with were unaware that a person lived in the home with this diagnosis. There was no review of the care plan or actions required to meet people's needs. One person, who was cared for in bed, was at risk of developing pressure wounds. There were no repositioning charts in place and no record in the care plan to mitigate the risk of developing pressure wounds. This meant that the person was at risk of receiving care that did not meet their assessed needs.

People's care plans were on a computerised system. We looked at 17 care plans during the inspection. The review dates indicated that the care plans were reviewed every two to three months however the information on the care plans did not change over a 12 month period where most care plans were identical word for word after up to six reviews. One person who had moved to the home four days before we inspected did not have a care plan in place. The person had been assessed prior to moving to the home. The assessment showed that the person used mobility equipment to mobilise and had personal care needs which would need to be met with staff support. They also took high levels of medicines to treat pain. The likes and dislikes section of the assessment was blank. This meant staff did not have adequate information about the person to provide care to meet their needs.

This failure to ensure that care plans were in place for all aspects of people's assessed needs was a breach of

Regulation 9 (1)(a)(b)(c)(2)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People gave us mixed feedback about the activities on offer in the home. People gave us examples of things they would like improved. One person told us that the staff had decorated the home with Christmas decorations such as a tree. The person told us, "There are certain people who are asked to use their skills to help with the home like the Christmas table decorations. One lady's daughter is a florist so she did them and we didn't help with the decorating of the home for Christmas, they seem reluctant to change the way things are". They told us they would have liked to have been involved in this very much and others could have joined making it into an activity. Another person told us that activities were not inclusive for everyone.

People told us that there had been a carol service in the home the evening before we inspected which relatives had been invited to as well. Everyone we spoke with told us they had enjoyed their evening. On the day of the inspection singers came to provide entertainment, this was well attended, gentle activities that people could do whilst sitting in armchairs took place during the morning. Activities on offer were displayed in communal areas of the home. People told us that they were not given individual lists of the activities; this meant that people that spent most of their time in their bedrooms may not know all of the activities on offer. One person told us, "Once a week we have yoga but I didn't know it was on yesterday". Another person said, "I went to the yoga but it was not a good turnout". Another comment was, "The activities are not so good now. We used to have jigsaws on the go in the lounge and a games table with scrabble but not now. I don't go down as everyone is asleep in the lounge. I used to enjoy spending a little while doing the jigsaw. We have a minibus but it's not used much". People we spoke with in communal areas told us they were usually told what was going on and asked if they would like to attend.

Activities information showed that community trips, music workshops, keep fit, art classes, yoga classes, cooking, games, puzzles, cheese and wine evenings, karaoke, film afternoons take place. The activities staff also sit with people to chat, read, and give manicures. A hair dresser visits the home on a weekly basis. A member of activities staff told us that entertainers visit the home as well as Pets as Therapy (PAT) dogs which people enjoyed. Additional events were put in place to celebrate Valentines, Easter and Christmas. During the summer months gardening activities take place in the garden.

We recommend 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.

People knew who to complain to if they were unhappy about the service they received. Each person received a 'Resident guide'; the guide detailed key information about Windlesham Manor and how to complain. Complaints had been dealt with effectively in line with the complaints policy. The response included an investigation and when warranted an apology was provided. The complaints procedure did not evidence who people should talk to if they were not happy with the complaint response, which should include the local authority and the Local Government Ombudsman.

We recommend that the complaints procedure is reviewed and updated to ensure that people and their relatives have clear guidance.

The registered manager told us that the service had received a number of compliments about the care provided. Cards and thank you letters were seen and recorded in the compliments records.

Records showed that 'Residents meetings' had taken place regularly between December 2015 and September 2016. These had generally been well attended. The practice since September 2016 was to have

small meetings. Records showed that these were attended by two people and not more than four people. A set agenda template was used which was prescriptive. There was no evidence that anything discussed was acted upon or evidence that people could influence any of the management systems in the home. The registered manager stated that the larger groups were hard to control with people shouting out so they decided to have smaller group meetings. There was no evidence to show that this change was done in agreement with people. The registered manager had not implemented other ways of gaining feedback about their care and the running of the home. People told us that they felt the home was open and transparent and did have the opportunity to attend meetings but were not always sure their ideas were implemented. One person told us, "I have suggested things like carpet bowls. We used to go to another home and play but we don't now, I'm not sure my suggestions are listened to". People's views about the service were collected in March 2016. Records showed that 15 people responded. There had been no analysis of the results of the survey. There was no system in place to ensure that the results of the survey had been fed back to the people.

There was no feedback system in place to gather the views of relatives. The registered manager stated that "Most of the feedback is through the door [meaning relatives speak with the registered manager by popping their head through the office door whilst they are in the home]".

We recommend that registered persons review systems and procedures to seek and act on feedback from people and their relatives.

Is the service well-led?

Our findings

People we spoke with told us they found the management and staff at the home to be approachable and helpful. One person told us, "[Registered Manager] is always available and approachable, he's a very good listener, and runs the home well". Another person told us, "[Registered manager] will come in and walk round he is very proud of his home and shows an interest in us". We observed that people knew the registered manager well and they were involved in the people's day. A relative told us they, "Always found them [the management team] approachable".

The district nursing service told us, "The service appears to be well led. In our experience Windlesham Manor provides a caring home from home environment for its residents and we have no concerns about the service that is provided there".

Systems to monitor and improve the quality of the service were not robust. The registered manager and provider did not have adequate audit systems in place within the home. Therefore they had not identified areas of concern that we found during the inspection. For example, they had failed to capture that the recruitment records did not fully detail each employee's full employment history and reasons for gaps in employment. They were unaware of the concerns relating to risk management, medicines management, maintenance of the premises, safeguarding, decoration and signage within the home, policies and procedures, nutrition and hydration needs, induction processes and care plans.

The registered manager carried out informal checks of the home on a daily basis as well as informal observations of medicines administration. These checks were not documented or recorded.

The registered manager told us they did not have a system in place to carry out care plan audits. They told us they "Sit and make notes at handover meetings and check plans". This system was not effective in identifying where care plans needed reviewing and updating.

Infection control audits had taken place in the home on an ad hoc basis. One had been partially completed on 18 November 2016, the previous one had been completed 20 September 2016, but prior to that the audit had last been done on the 08 December 2015.

Systems were in place to monitor all accidents and incidents. The registered manager told us they checked completed accidents and incidents on a regular basis to check for trends and look at ways to reduce future incidents, however there was no record of this. Action taken as a result of accidents and incidents was not always timely or evident which led to risks not being reviewed and mitigated.

Records were incomplete and inconsistent. People's care plans were not complete or updated appropriately. Food and fluid information did not record what people had eaten or drunk. Daily records did not reflect that people had received care and support detailed in the care plans. Daily records were written by staff selecting a prewritten sentence within the electronic system. The registered manager told us that staff could add to this, but there was no evidence to show that they had.

There were a range of policies and procedures governing how the service needed to be run. They were not kept up to date with new developments in social care, which meant that staff did not have all the necessary information to support them in their roles.

The management arrangements were not robust as the provider and registered manager had not worked together in a coordinated way to ensure that management tasks and actions were completed. The provider had not applied to add the banding of dementia to their 'Service user bands'. We spoke with the registered manager about this as the service was clearly providing care and support for people with dementia. They agreed to take action and submit documentation to add this to their registration; this was submitted in a timely manner.

The registered manager and provider did not meet up with other registered managers and providers which meant they worked in an isolated manner. The registered manager agreed that they did not and this was something they needed to improve. Developing links with other organisations through forums and other networks enables providers and registered managers to share information and good practice, provide each other support and tackle key issues.

The failure to establish and operate effective systems and processes to monitor the quality of the service and failure to maintain accurate and complete records was a breach of Regulation 17 (1)(2)(a)(b)(c)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a system of regular audit checks of medication administration records (MAR) and regular checks of stock. The staff member responsible for ordering medicines told us that the medicines records were audited monthly. They explained that this was soon changing to a weekly audit. The purpose of the audit was to check on stock and check the MAR charts for errors. The registered manager had reported a number of medicines errors in the provider information return (PIR). We checked with them what these errors were and they explained that the audits and checks had found that staff had given the medicines as prescribed but had not always completed the MAR chart to record this.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as deaths, serious injuries and DoLS authorisations.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported and dealt with appropriately. Staff told us that they would escalate concerns to CQC as well as the local authority. Effective procedures were in place to keep people safe from abuse and mistreatment.

The registered manager and staff told us that there was an open culture within the home and that staff actively shared information. The registered manager was proud of the staff and explained they worked very hard and were a settled and stable staff team. Staff told us they felt well supported by the management team. Comments included, "We feel very supported by management, I know if I had an issue I would be listened to and it would be sorted"; "We get the support when we need it and there is loads of training here"; "The manager is very approachable we are one big team" and "I think it's good here. It's a friendly home and a very good home".

Staff told us that communication between staff within the home was good and they were made aware of significant events. There were various meetings arranged for staff. These included daily shift hand over meetings and regular staff meetings. The staff meetings were recorded and shared. Staff also confirmed that they attended team meetings and handover meetings. Staff felt that they could speak up at meetings and that the registered manager listened to them. Staff told us that all the staff worked well together as a team.

Staff said, "People here get on well with each other we are a bit pushed at times but, morale is good and we all get the job done"; "I think the communication is good within the home" and "We have staff meetings we can talk about things".

The registered manager told us they kept up to date with developments in health and social care through monthly newsletters, magazines, publications and learning from research. They met with the provider once a month to discuss the building, finances, people and staffing.

The provider's statement of purpose detailed that 'We place the rights of residents at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the services we provide and to encourage our residents to exercise their rights to the full'. The statement of purpose listed those rights as privacy, dignity, independence, security, civil rights, choice, fulfilment, quality care, choice of home, personal and healthcare and lifestyle. Feedback gained from people and their relatives and our observations evidenced that staff put this in to practice whilst they delivered care and support, which is demonstrated in the caring domain.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Registered persons had failed to ensure that people's care plans met their needs, preferences and had failed to meet people's assessed needs in relation to nutrition and hydration. Regulation 9 (1)(a)(b)(c)(3)(a)(b)(i)
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider and registered managed had failed to ensure the premises were suitable to meet people's needs and failed to properly clean and maintain the premises Regulation 15 (1)(a)(c)(d)(e)(2)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not established and operated effective recruitment procedures. Regulation 19(2)(a)(3)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager had failed to adequately assess and mitigate risks to people and staff and failed to ensure that medicines were suitably stored and recorded. Regulation 12(1)(2)(a)(b)(g)

The enforcement action we took:

We served the provider and registered manager a warning notice and told them to comply with the Regulation by 14 February 2017.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager had failed to establish and operate effective systems and processes to monitor the quality of the service and failed to maintain accurate and complete records. Regulation 17 (1)(2)(a)(b)(c)(f)

The enforcement action we took:

We served the provider and registered manager a warning notice and told them to comply with the regulation by 10 March 2017.