

## The Windmill Care Home

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## 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

This inspection was undertaken on 29 and 30 October 2014 and was unannounced.

The Windmill Care Home is registered to provide accommodation and personal care for up to 29 older people, some of whom may be living with dementia. The home was fully occupied when we inspected.

The provider is required to have a registered manager in post. At the time of this inspection the provider was recruiting for a registered manager as the person who was registered as the manager left the home in August 2014. 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.

All of the people we spoke with, who were living in the home, confirmed that they felt safe living there. The relatives we spoke with also confirmed that they had no concerns about their family members' safety.

# Summary of findings

People's care records contained detailed risk assessments, which covered relevant aspects of their daily lives. These ensured that people were supported and cared for safely and that risks to their health, welfare and safety were minimised.

Staff knew how to identify abuse and understood the reporting procedure if they suspected abuse was taking place. Staff had received training in safeguarding and protecting people.

Sufficient numbers of staff were on duty during both days of our inspection and we noted that the provider was actively looking to recruit additional permanent staff, in order to fill the current vacancies.

Medicines were stored, managed and administered safely.

All areas of the home were clean and well maintained and there were no hazards to people's safety.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Head of Care told us that there was no-one in the home who was being deprived of their liberty and we were satisfied, having met and observed people living in the home, that this was the case.

Staff told us that they received regular support and supervision from senior staff or management. Staff also told us that they received regular training that was relevant to their roles.

People's individual dietary needs were catered for in line with their care plans and they were offered a choice of hot and cold drinks at regular intervals. Where people needed assistance or encouragement with eating or drinking, this was undertaken in a dignified manner.

People were involved in planning their own care and care plans provided clear information regarding their histories, as well as their needs, preferences and choices.

Throughout both days of our inspection we saw that staff's attitudes towards people living in the home were warm, caring, kind and patient.

Activities and events were regularly organised by staff, which people could choose to take part in. People were able to choose when and what they wanted to do and where they wanted to spend their time.

Everyone we spoke with said that they could speak with the provider or any of the staff at any time and no-one had any cause for concern or complaints.

Although the registered manager had recently left the service at the time of our inspection, the provider had taken appropriate steps to ensure the home continued to be effectively managed.

Regular audits and reviews were being completed within the home, covering areas such as health and safety, medication, care plans, accidents, incidents, falls and nutrition. These helped to ensure that service continued to operate well and meet people's needs appropriately.

# 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.

People living in the home said they felt safe.

Staff had a good understanding of the procedures for safeguarding people from harm and who they needed to report any abuse to if it ever occurred.

Medicines were managed and administered safely.

There were sufficient numbers of staff on duty and new members of staff underwent thorough pre-recruitment checks to ensure they were suitable to work in the home.

Good



### Is the service effective?

The service was effective.

Staff were supported by way of supervisions and appraisals to deliver care effectively.

People were supported to have sufficient amounts to eat and drink and had their dietary needs met.

Staff understood their responsibilities in respect of the Mental Capacity Act 2005 and, where restrictions were needed, decisions about this were made in people's best interests. Managers understood the Deprivation of Liberty Safeguards (DoLS) and how they should be used in the event of any restrictions amounting to a deprivation of liberty.

Good



### Is the service caring?

The service was caring.

Staff took time to consider people's personal and emotional wellbeing as well as attending to their physical health and welfare needs. Staff treated people with dignity, respect and kindness.

Visitors were met in a friendly and welcoming manner by staff and were able to spend time with their friend or relative in a place of their choosing.

Good



### Is the service responsive?

The service was responsive.

People and their relatives were involved in the planning of their care, to ensure their needs were met.

People were able to choose what they wanted to do and where they wanted to spend their time.

Everyone we spoke with told us they could talk to any of the staff whenever they wanted and that they were quite happy with the service. No-one had any cause for concern or complaint.

Good



### Is the service well-led?

The service was well led.

The provider was in the process of recruiting a new registered manager and also attended the premises Monday to Friday each week, to provide any additional support that was needed.

Good



# Summary of findings

Systems were in place to ensure the quality of the service was maintained. Regular audits were carried out, that included the views of people living in the home, relatives, visitors, staff and other healthcare professionals.

# The Windmill Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 29 and 30 October 2014 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications and enquiries. A notification is information about important events which the provider is required to send us by law. We also made contact with a member of the local authority's quality assurance team. A

provider information return (PIR) had also been received from the provider in advance of the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the two days of this inspection we spoke with seven people living in the home, six relatives of people living in the home, the provider, the two co-acting managers and six care staff. We also spoke with a visiting district nurse and a GP.

Some people were living with dementia and were not able to tell us clearly about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care plans for five people, the medication records for three people and five sets care records.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living in the home. When we asked, one person said, “Of course I do, I wouldn’t stay here if I didn’t”. One person’s relative told us, “...I know [name] is in safe hands here. I can talk to any of them (staff), anytime, about anything...”

People’s care records contained detailed risk assessments, which covered relevant aspects of their daily lives. These were reviewed regularly and updated where necessary.

Discussions with the provider and acting managers, together with some of the documents we looked at, confirmed that the risks of people experiencing abuse were reduced. This was because the staff and management were appropriately trained and knowledgeable in recognising and reporting possible abuse. We saw evidence, following a recent incident that the staff and management followed the correct reporting procedures in respect of safeguarding and whistleblowing and took appropriate action as necessary.

We noted that the action plan in respect of the Fire Risk Assessment had been completed in 2014 and the full five year electrical testing had been carried out on 10 April 2014. We also saw that the Environmental Health Department had awarded the kitchen a Four Star rating. This assured us that people were being supported in a safe environment.

The staff records we looked at and discussions held with the provider and acting managers, assured us that safe recruitment practices were followed. We saw that appropriate checks such as clearance from the Disclosure and Barring Service (DBS) and references were obtained before people started working at the home.

At the time of our inspection we saw that there were sufficient staff on duty to meet people’s needs appropriately. We saw that staff spent time chatting with people in addition to undertaking personal care duties. We noted that call bells were responded to in a timely way and the atmosphere in the home was relaxed and unhurried.

We saw that the management team had calculated the required staffing levels, based on the number of people

living in the home and their dependency levels. The owner explained that, although the service had a number of vacancies for care staff, the shortages were currently being covered by existing and regular agency staff. Staff we spoke with told us that they worked well as a team and that, on the whole, morale was good. However, some staff said that it was difficult at times to cover the extra shifts between them. The rotas showed that staffing levels were being maintained in line with the levels identified as required by the management team.

We looked at examples of staff supervisions and meetings. In one particular instance, we noted the action that was taken by the owner, following an incident of misconduct. This assured us that appropriate disciplinary measures were taken promptly, as and when necessary.

We observed a member of staff administering medicines during one of the lunch periods. We saw that they wore a red tabard which explained that the medication round was in progress and asked people not to disturb them. We saw that this member of staff was careful and thorough with their administration, checking the Medication Administration Records (MAR) before administering, then closing the medicine trolley securely before taking the person’s medicine to them. We also saw that they spoke to people in a friendly and dignified way and checked that people had taken their medicine properly before thanking them and returning to the trolley to dispense and administer the next person’s medication.

We saw that medication was stored in a separate office and that these facilities were safe and secure, including the storage facilities for controlled medicines. A sample of three people’s MAR charts that we looked at showed appropriate and accurate record keeping.

Staff confirmed that they had received training before they were able to administer medicines to people. The acting managers also ensured that staff received regular refresher training and supervision in respect of the safe handling and administration of medication.

One person told us: “I’m on lots of tablets so I prefer the staff to look after them and give them to me when I need them. That way I don’t forget and I don’t have to worry.”

# Is the service effective?

## Our findings

Staff we spoke with told us that they received regular support and supervision from senior staff or management. One member of staff said, "...every six to eight weeks - they're pretty hot on that here..." Another member of staff told us that they had received a one-to-one supervision meeting with one of the acting managers that morning. This meant that people living in the home could receive care from staff who were appropriately supported in their roles.

Staff also explained how full handovers were carried out at the beginning and end of every shift, where each person living in the home was discussed, together with any issues, appointments or action needed. A senior's communication book was also completed as part of this process, which we saw conveyed relevant information effectively between each shift. This assured us that staff had the skills to communicate effectively and be able to carry out their roles and responsibilities efficiently.

We saw that staff had received training in areas such as adult protection, mental capacity, Deprivation of Liberty Safeguards (DoLS), behaviours that may challenge, dementia care, food hygiene and fire safety. Newer members of staff were in the process of completing this training as part of their induction process. This training ensured that staff were able to care for the people living in the home safely.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The DoLS aim to protect the human rights of people who lack the mental capacity to make decisions for themselves when they need to have their freedom restricted, in their best interests, in order to deliver necessary care and treatment. The provider and co-acting managers told us there was no-one in the home who was being deprived of their liberty but discussions with them confirmed that they understood when and how to make an application if needed.

Staff told us that they had recently attended a training course on DoLS. One person said, "...it was really good, the trainer used really good examples and scenarios, which made it much easier to understand and learn..."

Staff we spoke with showed a good understanding of restrictions regarding people's freedom and 'deprivation of liberty'. We saw that assessments in this regard had been completed for people and also included areas such as reclining chairs, bed rails, hoists and hoist-slings. We met with one person who had signed a consent form and, when we asked, they told us that they were quite happy with the way staff treated them. This person said, "I have to tell the staff when I want to get out of my chair but it's alright, that's how it is, I can't get about on my own anymore."

We observed the lunch periods on both days of our inspection and saw that the food was nutritious and well presented. People were also provided with food and drinks that followed the information and guidance in their care plans. For example, soft, pureed, fortified, thickened and diabetic. We noted that some people required adapted cutlery or crockery, such as plate guards, shaped cutlery, straws or spouted cups and these were provided in accordance with their needs. This helped to maximise and maintain people's dignity and independence.

One person told us: "...the meals are always nice here and I do like the lasagne when we have it..." Another person said, "...oh it's lovely food, always lovely..." We also noted that people could choose something different if they didn't want the main menu choices.

We observed the drinks trolley being taken round at regular intervals and people being offered a choice of hot and cold drinks. We also saw that where people needed encouragement or assistance with eating or drinking that this was done in a dignified manner.

We noted that people's health care needs were met appropriately. For example, whenever there were any concerns with regard to people's weights or their ability to eat or drink, referrals to the dietician or speech and language team were made promptly.

In addition, a district nurse told us that they usually came into the home once or twice a week, and their view was that staff provided good care and that staff requested GP or nurse visits to the home in a timely manner.

The nurse also told us that staff completed appropriate assessments for people in respect of potential issues such as malnutrition and pressure sores and made timely referrals for external professional support when needed.

## Is the service effective?

The nurse added that if they ever had any concerns or were unhappy with anything, they would tell the relevant staff and knew that their concerns would be acted upon straight away.

We also spoke with a visiting GP during this inspection, who told us that they were happy with the way the home was operating and had no concerns regarding the care that people were receiving.

# Is the service caring?

## Our findings

During the first day of our inspection we heard a member of staff discretely chatting with a person about personal grooming and asked if they would like their eyebrows doing, to which the person replied, "...ooh yes, I would like them done please – I've done them all my life..." This told us that staff took time to consider people's personal and emotional wellbeing as well as attending to their physical health and welfare needs.

One person we spoke with told us that they were involved in planning their own care and said, "I soon say if there's something I want to do or don't want to do. They're all very good here - they know me well enough now."

People's care plans provided clear information regarding their life histories, as well as their needs preferences and choices. We saw that, where possible, people and/or their relatives provided information to help staff compile their care plans.

Each person had a 'pen picture' in their room, which was brief and concise but also detailed and informative. These pen pictures gave a good overview of the person as an individual, together with a brief history of their life, family and work, as well as interests and hobbies.

We noted that one person's records stated that they enjoyed watching television, reading, listening to music,

talking to people and playing bingo. It was stated that their religion was also very important to them. We met and spoke with this person and, during our conversation, they confirmed what we had read in their care records and told us how staff supported them to be able to do the things they wanted to. This showed that staff recognised the importance of, and cared about, ensuring people were able to maintain their individuality.

Throughout both days of our inspection we observed people visiting their friends or relatives in the home. We noted that all visitors were met in a friendly and welcoming manner by staff and were able to spend time with their friend or relative in a place of their choosing. For example, some people chose to meet in the communal areas, while others spent time in the quiet lounge or their friend/relative's own room.

Our observations of each member of staff during this inspection showed their attitudes towards people living in the home to be warm, caring, kind and patient. We also noted that staff consistently acknowledged people and interacted with them in passing. We saw that people responded well to this - often with a smile.

One relative we met and spoke with told us that they visited their family member on a daily basis and that they were both always treated with the utmost dignity and respect. Our observations also confirmed to us that people's privacy and dignity were consistently respected.

# Is the service responsive?

## Our findings

We noted that the home held frequent activities and events and one person, who lived in the home, told us how they looked forward to seeing the priest who came to the home each week, as their religion was very important to them. The provider also told us that a minibus was hired once a month to take people who wished to a nearby church.

We saw that regular activities were organised for 10 hours each week within the home, which some of the people we spoke with told us they looked forward to. Some of the activities we noted for October included bingo, making decorations for a 1940s theme day, cake decorating, music, exercises, games, coffee morning and one-to-one time. In addition, we noted that regular entertainers attended the home and some of the photographs we saw indicated that people clearly enjoyed these occasions.

We observed a member of staff holding a bingo session in the dining room during the first day of our inspection. We saw that 11 people had chosen to join in with this and it appeared to be an enjoyable and sociable event.

During our inspection we observed people choosing what they wanted to do and where they wanted to spend their time. For example, in the communal areas some people

were chatting and interacting with each other, one person was reading and another was watching television. One person we met with was watching a DVD in their room, which they told us they really enjoyed doing.

One person we spoke with told us that they sometimes liked to have their meals in their own room, while other times they liked to join other people in the dining room they said, "...depends on how I'm feeling..." This told us that people were able to make personal choices regarding their everyday life.

During the mealtimes we saw that, if needed, people were provided with assistive equipment, such as plate-guards, to help maintain their independence. Where people required higher levels of assistance with eating and drinking, we saw that staff provided this in a kind manner and respected people's dignity. This showed us that staff were responsive to people's individual needs.

All five relatives we spoke with said that they could speak with the provider or any of the staff at any time if they had any concerns or issues. One person told us, "Anything we need, they [staff] will do it or get it – just ask and it's sorted." Everyone we spoke with, who was living in the home, said they could talk to any of the staff whenever they wanted, including if they had any concerns or problems. All of the people we spoke with said they were quite happy with the service and no one had any cause for concern or complaint.

# Is the service well-led?

## Our findings

The registered manager had recently left the service prior to our inspection. However, the provider had taken appropriate steps to ensure the home continued to be effectively managed by way of two senior staff members, who were sharing the acting manager's post. We saw that these staff alternated between one week in the office and one week working care shifts. Both members of staff told us this was working well.

In addition to the acting managers, the provider attended the premises Monday to Friday each week, to provide any additional support that was needed. They also continued to be contactable 'out-of-hours' by telephone.

We saw that the provider, acting managers and senior staff regularly carried out audits and completed reviews within the home, covering areas such as health and safety, medication, care plans, accidents, incidents, falls and nutrition. Analyses of the audits helped identify any trends and reduce the risk of recurring problems. Where trends or concerns were identified, we noted that appropriate referrals to specialists such as the 'falls' team, district nurse or dietician were made promptly. The provider also notified CQC appropriately of any reportable incidents or issues.

One of the acting managers showed us the 'training board' in the office, which was used to monitor staff's training requirements and ensure essential training was completed and kept up to date.

Quality assurance audits were being carried out each year, which invited people living in the home, relatives/visitors, staff and external professionals to give their views about the running of the home. We saw that where any issues or concerns were highlighted, these were acknowledged by the provider and/or manager(s) and a plan of action drawn up to address the issues.

All the relatives we spoke with told us that the provider and management team were 'totally approachable' and that they were regularly informed with regard to what was happening in the home.

We saw from the minutes of staff meetings that staff were also able to 'have their say' and be involved in the running of the home. We noted occasions where staff had made suggestions or raised issues and saw that these were recorded and given appropriate consideration.

People living in the home were also regularly encouraged to give their views on the care they received, although this was currently more on a one-to-one basis - or with their relatives, rather than in formal 'service user' meetings.

We saw from recent newsletters that people were supported to maintain strong links with the local community, which included leisure, culture and entertainment.

This assured us that people were able to live in a home that was operated with an open and honest culture.