

Parkcare Homes (No.2) Limited

Windsor 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 ●

Summary of findings

Overall summary

This inspection took place on 16 January 2019 and was unannounced.

Windsor House is a residential care home for up to fourteen adults with a learning disability. At the time of the inspection there were eleven people living at the service.

Windsor House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The accommodation was spread over two floors of a converted house in a residential area. There was a large kitchen, a lounge and a dining room. People living at the service had a range of learning disabilities. Some people also required support with behaviours that challenged and physical disabilities.

At the last inspection the service was rated overall as requires improvement. In that we found that activities for profoundly disabled people required further development. And there had not been enough time for the new manager to embed improvements at the service. However, there were no breaches of the regulations. At this inspection we found that the service had improved, and the service is now rated Good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

Risks to people had been assessed. There was clear and detailed guidance for staff to enable them to minimise risks. People's needs were appropriately assessed before they moved to the service. These assessments were used to plan people's support. Medicines continued to be managed safely and people received their medicines on time and when they needed them.

There were systems in place to keep people safe and to protect people from potential abuse. Staff had undertaken training in safeguarding and understood how to identify and report concerns. Staff had regular discussions with people about their safety to protect them from the risk of abuse.

Staff knew how to keep people safe from the risks of infection and took the appropriate actions to do so. The service was clean and free from odour. The environment had been adapted to meet people's individual

needs and was personalised to reflect the people that lived there.

There were sufficient numbers of staff to meet people's needs and support people effectively. Staff had the training, skills and knowledge they needed to support people with learning disabilities. Spot checks were carried out to monitor staff performance and staff had regular supervision meetings and annual appraisals. New staff had been recruited safely and pre-employment checks were carried out.

People's support was personalised to them and met their needs. There was information on people's goals, preferences and their plans for the end of their life. Support plans were reviewed regularly and updated when their needs changed. People's support records were complete and up to date and the registered manager regularly audited the service to identify where improvements were needed.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and were involved in decisions about their support.

People continued to be supported to maintain their health and wellbeing. Where people needed access to healthcare services, this was in place. When people needed to go to hospital there was information for people to take with them about their support needs so that hospital staff had access to this information.

People were treated with respect and kindness. Staff took the time to listen to people and understood how people preferred to communicate. People were supported to communicate their wishes and express their feelings. Privacy was respected, and levels of dignity were maintained. People were encouraged to do things for themselves and their independence was promoted. Staff supported people to maintain their relationships.

The registered manager continued to monitor the quality of service provided by seeking feedback from relatives and health and social care professionals. There was a complaints system in place if people or their relatives wished to complain. There were annual surveys of relatives, staff, professionals and people and feedback was positive.

Staff, relatives, community health and social care professionals told us the service had continued to improve. The registered manager had a clear vision and values for the service and there was an open culture. Staff and the registered manager understood their roles and responsibilities. The service worked in partnership with other agencies to develop and share best practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people and risks from the environment were assessed and there was clear guidance for staff to minimise risks.

There were enough staff available to meet people's needs. Staff were recruited safely.

People were protected from the risk of abuse and improper treatment.

Medicines were safely managed and people received their medicine as prescribed.

The service was clean, tidy and appropriately maintained and people were protected from the risk of infection.

Lessons were learned when things went wrong and learning was shared with staff.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and used to plan their support.

Staff had the skills, knowledge and training they needed to support people. Staff were appropriately supervised.

People were provided with the appropriate support to eat and drink safely.

People had access to healthcare professionals when they needed them.

The building was appropriate to meet people's needs.

The provider followed the principles of the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and treated people with compassion.

People were supported to express their views and were involved in decisions about their own care as far as possible.

Staff provided people with support to maintain their dignity and privacy.

People were supported to increase and maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's support plans were personalised and contained information on how people liked to be supported.

People were supported to engage in meaningful activities of their choice.

There was a complaints policy in place and people and their relatives knew how to complain if they chose to do so.

The service was not supporting anyone at the end of their life. However, there were plans in place should they need to do so.

Is the service well-led?

Good ●

The service was well led.

Regular audits were undertaken of all areas of the service.

Staff were happy in their role and felt well supported by the registered manager and that their views were listened to.

There was a positive culture at the service.

Feedback about the service had been sought from people, staff, professionals and relatives.

Staff and the registered manager were aware of their roles and responsibilities and notifiable incidents were reported to CQC.

The registered manager worked in partnership with other relevant organisations and attended meetings with other registered managers to share ideas and best practice.

Windsor 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 comprehensive inspection took place on 16 January 2019. The inspection was unannounced.

The inspection team consisted of one inspector and one 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.

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 looked at the previous inspection report and notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We spoke with one person's relative. People did not engage verbally about their experiences of the service, we observed the interaction between people and staff in the communal areas.

We looked at four people's support plans and the recruitment records of two staff employed at the service since the last inspection. We viewed medicines management, complaints and compliments, meetings minutes, health and safety assessments, accidents and incidents logs. We looked at what actions the provider had taken to improve the quality of the service.

We spoke with the registered manager, the deputy manager and two other members of staff.

We sought feedback from relevant health and social care professionals and staff from the local authority on their experience of the service.

Is the service safe?

Our findings

People continued to be protected from abuse. Staff had undertaken training in safeguarding and were able to explain what signs they would look for to identify concerns. Staff were confident that the registered manager would investigate, and report concerns appropriately. Where there had been concerns we saw that these had been reviewed and reported to the local authority and action had been taken where appropriate. People also had regular meetings with staff to discuss how to keep safe and any concerns about safety. For example, where people were in a relationship staff regularly discussed issues relating to consent with them.

Risks to people were assessed. These included risks to people inside the service such as skin integrity, mobility, eating and drinking, as well as risks outside such as using public transport and navigating pavements. There was clear and detailed information for staff about how to protect people from risks. For example, where people had long term conditions there was information on what might cause the person to become unwell, what happens when the person was unwell and when they were last unwell. There was guidance for staff on what action to take and when to take it. Where people had behaviours that could challenge there was information on what might cause a person to become upset, how to identify that they were upset and how to support the person to remain calm or calm down as needed. For example, when staff should ensure that people had time and space to deal with their emotions.

Where people needed equipment to remain safe this was in place. For example, where people needed a pressure mattress to protect their skin from developing pressure sores. People at risk of skin concerns were also repositioned regularly and this was recorded.

People were protected from risks from the environment including the risks from fire. The provider had arranged for regular servicing of the gas and electricity systems to ensure they worked safely and correctly. Regular checks were carried out on the fire alarm and other fire equipment to make sure they were working properly and there were regular fire drills. Equipment such as hoists had been serviced and checked to ensure that it was safe to use. People had a personal emergency evacuation plan in place which set out the specific requirements that each person has, to ensure they could be safely evacuated from the service in the event of an emergency. This included information on the person's medical needs, where their room was in the building and what support they needed to evacuate. Where people needed equipment to support them to evacuate this was in place. The registered manager continued to carry out regular health and safety checks of the environment to make sure it was safe. Where assessments had identified actions were needed these had been undertaken.

There were enough staff to keep people safe during the day and at night. Staff were supported by a cleaner and cook so that they could focus on providing care and support to people. The deputy manager also regularly supported staff with their care duties. Staffing was arranged flexibly to support people to undertake activities and numbers were based on a full assessment of people's support needs. For example, where people needed the support of a dedicated worker this was in place. The registered manager and deputy manager provided staff with on call support during the night if there were any concerns and there was also on-call support from the provider.

Suitable recruitment processes remained in place to ensure staff were suitable to work with people before they started. Pre-employment checks were carried out; these included obtaining a full employment history, identification checks, references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to identify people who are unsuitable to work with adults in vulnerable settings.

Medicines continued to be managed safely. People's medicines were stored in people's individual rooms in locked cabinets unless it was assessed as not safe to do so. The medicines we looked at were in date. Where people had medicines that needed to be used by a certain length of time after opening, the date of opening was marked on the packaging. Staff training for administering medicine was up to date and staff competencies were checked on a regular basis and recorded. Medicine administration records (MARs) were complete and up to date with no gaps. Where people were prescribed medicines on an as and when basis such as pain medicine, there was guidance in place about how these should be used and when these medicines might be needed and how these could affect people. Stock levels were checked daily to ensure that people had enough medicine and medicine had been administered as prescribed. Daily temperature checks were undertaken in rooms and of the fridge to ensure that medicines were stored at the right temperature. When the weather had been very hot medicines had been moved from people's rooms to the air-conditioned medicine room and returned when temperatures had cooled.

People were protected from the risk of infection. The service was clean and free from odour. Risks of infection were minimised by health and safety control measures based on an up to date infection control policy and infection control audit. Staff used gloves and aprons were appropriate. Clinical waste was disposed of safely using the appropriate bags.

When things went wrong lessons were learned and learning was shared with staff to help prevent concerns from re-occurring. Incidents had been investigated and analysed and changes made where they were needed. For example, one person's care plan had been updated recently to help prevent further incidents and this change had been effective.

Is the service effective?

Our findings

A pre-assessment of people's needs was completed prior to them moving in to the service. The assessment included information on the support people needed such as people's medicines, continence, eating and drinking, skin integrity, oral health and mobility. There was also information on what support people needed to maintain their religion, relationships, sexuality and culture. For example, there was information about people's partners when they were in a relationship and what support people needed to maintain their relationship.

Staff used nationally recognised tools as part of the assessment process. For example, where people were at risk of issues with skin integrity a Waterlow had been completed and was updated monthly to ensure that the risk had not changed. A Waterlow is a tool used to assess the risk of pressure sores. The information for people's assessments was used to develop their support plan. For example, where someone had been assessed as being at risk of de-hydration a fluid chart had been put in place. This was to make sure that staff were recording how much the person had drunk and staff had completed these. There was guidance for staff about how much fluid the person should drink each day and how to identify the early signs of dehydration.

People were provided with good levels of support to eat and drink. People were offered a choice of drinks regularly throughout day. There was a picture menu for the week on display. People went shopping for food with the support of staff. The menu was changed weekly, and people were involved in planning the meals. Where people did not like what was on offer for the meal of the day an alternative was provided. Some people chose to eat in the dining room, others chose to eat in the lounge. There were snacks available and people were free to come in and out of the kitchen when they chose to do so. Staff supported and encouraged people to eat their meals and did so patiently. Where people were at risk of not eating enough to maintain their health staff weighed people regularly to make sure that their weight was within safe levels and not falling. Staff also took actions to encourage people to eat. For example, where people ate better after resting, staff were aware of this and meals were planned at flexible times to suit the person's needs.

Where people were at risk of choking they had been assessed by the speech and language team (SaLT). There was guidance for staff to follow to ensure that people could eat and drink safely, such as what consistency of food and drink people could safely swallow. During meal times we observed that food was prepared for people as per the guidance.

We observed that staff communicated well with each other through the day and worked together to deliver people's support. For example, where one staff was called away they made sure that other staff knew what had already been done and what support people needed whilst they were away. Staff attended a handover between shifts where they discussed the events of the previous shift.

There was information for people to take with them if they needed to be admitted to hospital. This included information that was important for hospital staff to know such as what medicines people were taking, what conditions these medicines were for, if the person needed a special diet and how they communicated.

These plans also included information about when people had last seen a GP and other health professionals, what these appointments were for and what was the outcome.

Staff also worked with healthcare professionals when appropriate to make sure that people continued to have appropriate levels of support. Records showed that people had regular access to GP, dentists and opticians where they needed it. People were also referred to occupational therapists, physiotherapists and the speech and language team and district nurses. For example, when one person moved in to the service staff had referred them to an occupational therapist to review their mobility support needs.

Staff continued to have the skills, training and knowledge they needed to support people. Staff had completed training in areas such as manual handling, health and safety, equality, fire safety and basic life support. Staff also completed further training relevant to their role such as oral health, pressure sore prevention and had undertaken nationally recognised comprehensive training to support people with behaviours. Where people had medicines that needed specific training to administer this had been completed. Training was a mixture of online learning and face to face sessions. Staff told us, "The training is really excellent."

New staff completed an induction which included undertaking a programme of training, reading people's support plans and shadowing experienced members of staff. Staff told us that the induction process was effective and had helped them feel confident when starting in their role.

The registered manager checked how staff were performing through one to one supervisions, an annual appraisal and competency assessments of staff's work performance. The deputy manager also regularly worked alongside staff which meant that they could ensure that staff followed guidance and policy. Staff confirmed they had opportunities to meet with the registered manager to discuss their work, performance, training and development needs. Staff told us that the registered manager was "Really supportive" when they had expressed an interest in developing further in their role and on to other roles.

The building continued to meet the needs of the people that lived there. At the last inspection we found that the registered manager had made improvements to the premises. At this inspection we found that these improvements had continued. People's rooms were personalised to their taste. Some of the communal areas had been decorated and people had been involved in this. For example, people had chosen the wallpaper and window coverings. The service felt like people's home. For example, there were photographs of people, their relatives and friends in frames in all areas of the service and in people's rooms. There was a lift so that people who used wheelchairs could access the first floor. There was enough space for people to move about freely.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met

and found that they were. For example, best interest decisions had been made and documented. Staff encouraged people to make day to day choices such as what to wear, what they wanted to drink and to move about the service freely. Where people had the capacity to make a decision staff understood that they had the right to do so, even if the decision was unwise.

Is the service caring?

Our findings

We observed that people were happy in the company of staff. Staff engaged people in conversation about things that were important to them such as the activities they had done the day before and whether they had enjoyed them. People were happy to engage with staff and we observed people laughing.

There were frequent interactions between staff and people. Staff were attentive to people's needs and responded to people quickly when they indicated they wanted support. We also observed that staff checked frequently with people to ask if they were okay or if they wanted some support. During lunch we observed staff did not rush people and were patient and gentle in their approach. There was clear information in people's support plans on how to support them when they were upset or needed reassurance although we did not observe people needing this support on the day. Some people were involved in relationships. Staff supported people to manage their relationship ensuring that people had the opportunity to spend time together in the way they chose to. Where people needed support to visit their family this was provided.

Records showed that people met with their keyworker monthly. A keyworker is a dedicated person who is responsible for coordinating a person's support. At this meeting people discussed their support, what they were enjoying and what was not working well. For example, if they were enjoying the activities they were doing. Where people had identified that they wanted something changed this was recorded and reviewed at the next meeting. For example, where people wanted more pictures in their room. Not everyone at the service was able to communicate verbally. Staff knew people well and understood how they preferred to communicate. For example, some people preferred to use pictures and other people used signs and gestures. Each month the keyworker produced a report which was added to the person's support plan. These reports included pictures so that people could understand the discussion.

Staff supported people to maintain their dignity. For example, staff assisted people to keep their hands and faces clean during and after eating. When people wanted to have privacy, staff had supported them to have this. For example, we observed staff always knocked before they entered a person's room. The provider had policies to ensure that people's information was protected from misuse and people's records were stored securely in a locked office so that their information was kept confidential.

The management team had continued to work to improve the culture of the service to encourage staff to support people to become more independent. As a result, some people were communicating more, where previously they had only used a few words they were now talking more. People were encouraged to be mobile as much as possible and only use wheelchairs when these were needed. People had been supported to use public transport to access the community to go out for lunch or go shopping. We observed people engaged in activities of daily living. For example, we observed people helping with cleaning tasks. There was information in people's support plans about what tasks they could complete for themselves and what they needed support with, such as what people could do when out shopping for food and if they could make drinks for themselves. One person came in to the kitchen and asked if they could have a hot drink, staff supported and encouraged the person to make the drink for themselves. The registered manager told us that this was an area they were continuing to work on to improve.

Is the service responsive?

Our findings

At the previous inspection we recommended that the provider and registered manager seek advice from a reputable and recognised source regarding goal planning and activities for people with profound learning disabilities. At this inspection we found that the service had improved. People had goals in place, for example, what activity or event they wanted to attend. For example, one person wanted to travel abroad a long distance. The staff at the service consulted with health professionals to ensure that the person could do so safely and had supported the person to fulfil their dream.

People engaged in activities including sensory activities where this was suitable for their needs. For example, people had been out to a club the day before and had attended a disco in the evening. Some people enjoyed going to events such as concerts, and staff were supporting them to do so. Staff and relatives told us that the service had much improved in this area and people were going out much more. One staff member said, "We are doing meaningful activities with people now." Some relatives had sent compliments to the service, comments included, 'My [relative] has enjoyed more outings and activities and has become more fulfilled and happier consequently,' and ' [We] have noticed improvement, in service user participation. This is very nice to see.'

There was detailed information in people's support plans about their preferences, such as how they liked to wash, how often they liked to wash and if they had any preferred products to use for washing. Plans contained information on a range of aspects of people's needs including mobility, communication, diet, interest's and expressing their sexuality. There was information on what made a good day for a person and what would be a bad day. This meant that staff had the information they needed to support people in a person-centred way. There was also information about what was important to people, for example one person liked to wear a specific item and we saw that they were wearing this when we arrived at the service.

The service was working according to the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, all of the records relating to people, such as support plans and risks assessments, included pictorial information so that people could understand these.

Staff at the service were beginning to introduce technology to improve people's support. For example, there was now an electronic system to prompt staff to check people's weight regularly and to make sure that hearing aids were working. This was an area the service was working to develop further.

People and their relatives knew how to complain if they chose to do so. There had been one complaint since the last inspection, this had been managed as an incident and was recorded and actioned appropriately. There was an easy read complaints policy in each person's support plan. When people met with their keyworkers they were asked if they had any issues to raise about the service.

There was information in people's support plans about their preferences at the end of life. This information

was in easy read format. This included where people wanted to be buried after they had died and their preferences for the funeral such as what music they wanted and if they wanted a religious service.

Is the service well-led?

Our findings

There was a registered manager and deputy manager at the service, both of whom were clearly committed to driving forward improvement and had the skills and experience needed to manage a learning disabilities service.

At the last inspection the registered manager had only been at the service for a short period. Although we found that they had made improvements to the service they were not able to demonstrate that improvements were sustained. At this inspection we found that the improvements had been sustained. Staff, relatives and health and social care professionals all agreed that the service had improved. One comment was that there were still some improvements to be made, however we did not identify any shortfalls on inspection. Staff told us, "I love the service – the changes that have been made and what is in place now makes me proud." And, "People are well looked after, and staff go above and beyond. It is people's home and we are in their home."

There was a clear vision for the service and an open culture. For example, staff told us that they were listened to and that suggestions they had made to improve people's support had been taken on board. Staff said, "We get asked for our idea's, anything we want to bring up we can." The management team have oversight of the performance of the service. The registered manager had relocated the office to the ground floor so that they were closer to what was going on and more accessible to people and staff. The deputy manager worked alongside staff regularly. Staff had regular bi-monthly supervisions and an annual appraisal and told us that they felt supported in their role. Staff said, "When I have my supervision they ask me what support I want." And, "I feel confident working for the service. Everything is running as it should be." Staff also spoke positively about their colleagues and said, "The staff team are all really supportive, we all help each other."

Regular checks on the quality of the service were undertaken. Internal audits included checks on support plans, risk assessments, best interests, medicines and health and safety. There was also an external audit of medicines which was carried out annually. At the time of the inspection this audit was due and had been scheduled to be completed. The provider also undertook an annual audit of the service that ran along the lines of a CQC inspection. The last provider audit was undertaken in October 2018.

A survey about the quality of the service had been sent out to relatives in November 2018. Two relatives had responded, and no concerns were raised. The service had hosted a BBQ for relatives in the summer, however many people's relatives were older and were not able to attend. Surveys were also sent to professionals; however, none had responded. The provider also sent annual surveys to staff. People had the opportunity to feedback about the service during the monthly meeting with their keyworker. The service also undertook a survey of people in October 2018, feedback was positive.

The registered manager continued to work closely with health professionals such as the occupational therapists and the GP. The registered manager also attended the providers monthly management meetings with other registered managers who worked for the provider. This meant that they had the opportunity to

keep up to date with best practice and share information.

The provider was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. We used this information to monitor the service and to check how events had been handled. This demonstrated the provider understood their legal obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.