

# Exclusive Care Limited

# 94 Windmill Street

## Inspection report

94 Windmill Street  
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2015  
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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

We carried out this inspection on the 29 September and 1 October 2015, and it was unannounced. We inspected this service due to concerns we had received. It was alleged that there was poor maintenance of the windows, no hand washing facilities, rooms were not clean and the quality of the food was poor.

94 Windmill Street is a privately owned care home. The service provided personal care, accommodation and support for up to 12 adults. There were seven people living at the service at the time of the inspection, together

with a person who received respite care at the weekend. People had a variety of complex needs including mental and physical health needs and behaviours that may challenge.

Due to people's varied needs, some of the people living in the service had a limited ability to verbally communicate with us or engage directly in the inspection process. People demonstrated that they were happy in their home by showing warmth to the manager and staff who were

# Summary of findings

supporting them. Staff were attentive and interacted with people that used the service in a warm and friendly manner. Staff were available throughout the day, and responded quickly to people's requests for help.

The service did not have 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. However, a manager was appointed in March 2015 and is currently applying for registration.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had been trained in how to protect people from abuse, and discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy and how to use it. They were confident they could raise any concerns with the manager or outside agencies if this was needed.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act (MCA) 2005 to ensure any decisions were made in the person's best interests. Staff were trained in the Mental Capacity Act 2005 (MCA) and showed they understood and promoted people's rights through asking for people's consent before they delivered care.

Staff were knowledgeable about the needs and requirements of people using the service. Staff involved

people in planning their own care in formats that they were able to understand, for example pictorial formats. Staff supported them in making arrangements to meet their health needs.

Medicines were managed, stored, disposed off and administered safely. People received their medicines when they needed them and as prescribed.

People were provided with food and fluids that met their needs and preferences. Menus offered variety and choice.

There were risk assessments in place for the environment, and for each individual person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. People or their representative were involved in making decisions about their care and treatment.

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

The manager investigated and responded to people's complaints and people said they felt able to raise any concerns with staff.

Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks, or the lunch was served and at other times during the day.

People were given individual support to take part in their preferred hobbies and interests.

Staff were recruited using procedures designed to protect people from the employment of unsuitable staff.

Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

There were systems in place to obtain people's views about the quality of the service and the care they received. People were listened to and their views were taken into account in the way the service was run.

# 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 felt safe and staff received appropriate training and support to protect people from potential abuse.

There were sufficient staff to meet people's needs. Recruiting processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Risks to people's safety and welfare were assessed. The premises were well maintained and equipment was checked and serviced regularly.

Good



### Is the service effective?

The service was effective.

People and their relatives spoke positively about the care they received and praised the quality of the food. The food menus offered variety and choice and provided people with a balanced and nutritious diet.

Staff understood people's individual needs. They had received appropriate training and gained further skills and experience through extended training in behaviours that challenged.

Staff were guided by the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to ensure any decisions were made in the person's best interests. Staff understood how to protect people's rights when they made decisions on their behalf.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

The environment of the home was safe, and supported people living with behaviours that challenge, to be as independent as possible.

Good



### Is the service caring?

The service was caring.

Staff treated people with dignity and respect. Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good



### Is the service responsive?

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were comprehensive and records showed staff supported people effectively.

Good



# Summary of findings

A broad range of activities was provided and staff supported people to maintain their own interests and hobbies.

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

## Is the service well-led?

The service was well-led.

The staff were fully aware and used in practice the home's ethos for caring for people as individuals, and the vision for on-going improvements.

A system was in place to regularly assess and monitor the quality of service people received, through a series of audits. The provider sought feedback from people and acted on comments made.

Visitors were welcomed and the manager communicated with people in an open way. Staff spoke highly of the manager and assistant manager of the home who they described as "approachable".

Incidents and accidents were investigated thoroughly and responded to appropriately.

**Good**



# 94 Windmill Street

## 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 checked 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 the 29 September and 1 October 2015 and was unannounced. The inspection team consisted of an inspector.

We would normally ask the provider to complete a Provider Information Return (PIR). This is a form that asks for some key information about the service, what the service does well and improvements they plan to make. However, this inspection was planned in response to concerns we had received and there was not time to expect the provider to complete this information and return it to us. We gathered this key information during the inspection process.

Before the inspection, we examined previous inspection reports and notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We spoke with the manager, assistant manager, and three members of staff. We spoke with two people and one relative. We received information from two relatives and two health and social care professionals via email after the inspection visit. We looked at personal care records for three people, medicine records; activity records and two staff recruitment records. We observed staff interactions with people whilst carrying out their duties.

This was the first inspection of the service, since registering with the Commission in March 2014.

# Is the service safe?

## Our findings

People told us that they felt safe living in the service. One relative told us, “I liked the atmosphere at the service straight away, when I first came to visit. My son is safe here”. Another relative commented, “The service is safe. I have no reason to be concerned about my daughter’s safety”.

There were suitable numbers of staff to care for people’s safely and meet their needs. The assistant manager showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times. The manager said if a person telephones in sick, the person in charge would ring around the other carers to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. We saw that there were sufficient staff on duty to enable people to go to planned activities, for example going to the shops. The manager told us that the staffing levels would increase and be adjusted as more people moved in, depending on people’s needs.

The provider operated safe recruitment procedures. There was a recruitment policy which set out the appropriate procedure for employing staff. Staff recruitment records were clearly set out and complete. This enabled the manager to easily see whether any further checks or documents were needed for each employee, for example non return of references to follow up. Staff told us they did not start work until the required checks had been carried out. These included proof of identity check, and a criminal background check. These processes helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely

There was a safeguarding policy, and staff were aware of how to protect people and the action to take if they suspected abuse. Staff were able to describe the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people, so their knowledge of how to keep people safe from abuse was up to date. The manager was familiar with the processes to follow if any abuse was suspected in the service. The

manager gave a recent example of having telephoned and discussed with the local safeguarding team, an incident that had taken place. A social care professional commented that the manager continues to report effectively and appropriately to safeguard people they care for. All staff had access to the local authority safeguarding protocols and this included how to contact the safeguarding team. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately.

Care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risks identified with people going out into the community. For example, individual pictorial and written information about keeping safe and being able to access the community safely. For the safety of one person, there was a risk assessment in place in relation to swallowing and digesting inedible objects and fluid. Risks relating to the environment were also managed appropriately. Accidents and incidents were clearly recorded and monitored by the manager to see if improvements could be made to prevent future incidents.

People were supported to receive their medicines safely. The manager said that currently none of the people were able to manage their own medicines without the support of staff. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Staff were suitably trained and followed best practice guidance when administering medicines. They knew how people liked to take their medicines and medication administration records (MAR) confirmed that people received the medicines as prescribed. There was information for staff to read about possible side effects people may experience in relation to certain medicines. Medicines audits were carried out in line with the registered provider’s policy.

There was on-going maintenance work taking place at the premises. A new person had recently been employed and at the time of the inspection visit was painting one of the rooms that was to become an activities rooms for people to use. Bedrooms were being decorated to individuals preference. One person had specified a certain wallpaper

## Is the service safe?

for one wall of their room, and staff had accessed this via the internet and the decoration of the room had been completed. The person's expression showed they were pleased with how their room had been decorated.

In relation to the concern raised about the windows, we received information from the provider stating that all windows had new glass and seals before the service opened in 2014, and all windows had been maintained. Room temperatures are currently being monitored, and heavy duty curtaining is one option being considered, if temperatures fall below recommended levels this coming winter.

Equipment checks and servicing were regularly carried out to ensure the equipment was safe and fit for purpose. The manager carried out risk assessments for the building and for each separate room to check for any hazards. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained by an external company. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills.

Emergency procedures in the event of a fire were in place and understood by staff. Records showed fire safety equipment was regularly checked and serviced. Fire alarms and drills were held frequently and staff were clear about what action to take in the event of a fire. Evacuation information was available in each person's care plan. These included details of the support they would need if they had to be evacuated. These were kept in an accessible place and readily available in the event of an emergency.

In relation to the concern raised about no hand washing facilities and the rooms not being clean. We did see liquid soap and paper towels in bathroom areas. The maintenance person on the day of the visit replaced a hand wash wall dispenser unit that had been removed from the wall. We have since been informed that lockable cabinets are to be installed as appropriate, so that liquid soap is available as needed, and any person that my mistakenly digest the fluid is kept safe. We found the premises to be clean and tidy on the days of the inspection visit.

# Is the service effective?

## Our findings

People told us that staff looked after them well. One relative told us, “My daughter seems to like the balance between home and the service”. A social care professional told us, “The manager is excellent and delegates roles/tasks as appropriate which means the service is running more effectively than before”.

New staff received induction training, which provided them with essential information about their duties and job roles. This included shadowing an experienced worker until the member of staff was assessed as competent to work unsupervised. Staff had completed or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard.

Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people’s specialist needs such as epilepsy and safe administration of medicines. They also completed practical training in behaviours that challenge and behaviour intervention. This gave staff the opportunity to discuss training together and how to apply it to give people the support they needed. Staff told us that they undertook regular training in a variety of topics.

Staff were supported through individual one to one meetings and appraisals. These provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. Records contained details of what was discussed during the one to one meetings. In this small service staff saw and talked to each other every day.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use these in practice. People’s consent to all aspects of their care and treatment was discussed with them or with their legal representative as appropriate. We observed that staff asked people’s consent before assisting with any personal care. Care plans contained mental capacity assessments where appropriate. These documented the ability of the person to make less complex decisions, as well as information about how and when decisions should be made in the person’s best interest. The management team were aware of how to assess a person’s ability to make less complex decisions. The manager told us that currently none of the people had their liberty unlawfully restricted.

People were supported to have a balanced diet. People were supported to choose a weekly menu, and the menu showed a variety of different foods. People could on the day choose to have an alternative if they wished. People had been out shopping at the time of our visit. When they returned, there were many bags of food waiting to be put away and staff supported people to put the food into the cupboards. People were supported by staff to be involved in the preparation of food, as far as they were able to. Staff supported people to make hot and cold drinks throughout the day. People were offered choices of what they wanted to eat and records showed that there was a variety and choice of food provided. People were weighed regularly to make sure they maintained a healthy weight.

The manager had procedures in place to monitor people’s health. Referrals were made to health professionals including doctors and dentists as needed. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. One relative told us that since their son had lived at the service he had been registered with a local GP and Dentist.



# Is the service caring?

## Our findings

People told us the staff are all very good. One relative commented, "Yes, the service is caring, they (the staff) are willing to work with my daughter to meet with her needs". Another relative commented "The staff are really lovely, it is the right place for my son". Due to some people's varied and complex needs they had a limited ability to understand and verbally communicate with us. However, the staff recognised and understood people's non verbal gestures and body language. One social care professional commented, "I have found the staff to be interacting well with the people they support". One relative told us their son got on well with all the staff who knew them well. This enabled staff to be able to understand people's wishes and offer choices.

There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive one to one interactions between staff and people.

Relatives felt welcomed when they visited and had been involved in planning how they wanted their family member's care to be delivered. Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. People indicated through facial expressions and gestures that staff knew them well and that they exercised a degree of choice throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. We observed that people could ask any staff for help if

they needed it. People were given the support they needed, but allowed to be as independent as possible too. We saw that people were supported to go out to their planned activities.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing.

Relatives told us and we saw that people's privacy and dignity was respected. Staff gave people time to answer questions and respected their decisions. Any support with personal care was carried out in the privacy of people's own rooms or bathrooms. Staff supported people in a patient manner and treated people with respect.

Staff spoke to people clearly and politely, and made sure that people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. People were invited to attend regular meetings, where any concerns could be raised, and suggestions were welcomed about how to improve the service. Relatives told us that they could talk freely to the manager or the assistant manager. The manager followed these up and took appropriate action to bring about improvements in the service.

# Is the service responsive?

## Our findings

Staff told us that people received care or treatment when they needed it. One relative told us, “All issues and concerns are usually dealt with promptly”. A social care professional told us that all advice/recommendations are taken with the upmost seriousness and followed through appropriately. They said “I have observed that they are responsive in addressing people’s needs and families concerns also”.

People and their relatives or representatives had been involved when assessments were carried out. People’s needs were assessed and care and treatment was planned and recorded in people’s individual care plan. These care plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, how to support me safely, “I need reminding to wash and to store all equipment safely after use”. The staff knew each person well and was able to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People’s needs were recognised and addressed by the staff. The level of support people needed was adjusted to suit individual requirements. Care plans contained specific information about the person’s ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People had their individual needs regularly assessed, recorded and reviewed. They and their relatives as appropriate were involved in any care management reviews about their care.

People were supported to take part in activities they enjoyed. Activities included, going to the cinema, going

bowling or swimming, and going to the pub. People visited local zoos, nature reserves and local beaches. There were links with the local services for example, day centres, social clubs and local college. Relatives told us that people attended activities that included going out for lunch, and attending social events in the evening. Activities had been tailored to meet people’s individual needs and staff described how they continually reviewed and developed activities by seeking feedback from people. People’s family and friends were able to visit at any time.

The service was adapted to meet people’s individual needs. For example, there was a sensory room, that included room aroma, calming music, sensory lights, and fibre optic tactile objects. This aided relaxation and staff commented that when a person became anxious, this was helpful to reduce their anxiety.

Complaints received by the service were dealt with in a timely manner and in line with the provider’s complaints policy. People were given information on how to make a complaint in a format that met their communication needs. For example, in large print and pictorial format. Staff told us that people showed their concerns in different ways either verbally, or by facial expressions and different behaviours. Most concerns were dealt with at the time they were raised by people. Relatives told us that if they had any concerns they would speak with the manager or the assistant manager. They said they had no concerns. The manager said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. Relatives told us they knew how to raise any concerns and were confident that the manager dealt with them appropriately and resolved these.

# Is the service well-led?

## Our findings

Relatives and staff told us that they thought the service was well-led. Staff commented “We work very well as a team, it is a nice place to work”, and “The manager is approachable and supportive, and has an open door policy”. A social care professional told us that they had a good relationship with the provider and found them to be open and willing to work with the local authority.

People, relatives and health and social care professionals spoke highly of the registered manager and staff. We heard positive comments about how the service was run. They said that the team is well led. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people and visitors and listening to their views. The manager said there were regular updates with parents and families when they came to collect people for a home visit.

The provider had a clear vision and set of values for the service. These were described in the Statement of Purpose, so that people had an understanding of what they could expect from the service. The aims included, working in a person centred way, led by the individual and their families, and ensuring that the service feels like a home. The management team demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what people told us, it was clear that these values had been successfully cascaded to the staff. It was clear that they were committed to caring for people and responded to their individual needs. For example, bedrooms that had been decorated to the individuals taste, individualised activities, and supporting people to make their own choices as appropriate.

The management team at 94 Windmill Street, included the manager, and the assistant manager. The manager provided support for the assistant manager. Staff understood the management structure of the home, who they were accountable to, and their roles and responsibilities in providing care for people. Staff said that the management team were approachable and supportive, and they felt able to discuss any issues with them.

There were systems in place to review the quality of all aspects of the service. Audits were carried out to monitor areas such as health and safety, care planning and accident and incidents. Appropriate and timely action had been taken to protect people from harm and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings where people were asked about their views and suggestions; events where family and friends were invited; and daily contact with the manager, assistant manager and staff.

Minutes of staff meetings showed that staff were able to voice opinions. We asked staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. The manager had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.