

Leonard Cheshire Disability

# White Windows - Care Home with Nursing Physical Disabilities

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection of White Windows took place on 8 November 2017 and was unannounced. At the last inspection in August 2016 the service was rated as requires improvement and identified a breach of regulation which related to staffing. Following the last inspection, we asked the provider to complete an action plan to show what they would do to improve the premises and governance. During this inspection we found improvements had been made to the premises, but there were further breaches of the Health and Social Care Act 2008 associated regulations.

White Windows is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package. CQC regulates both the premises and the care provided, and both were looked at during this inspection. White Windows has four floors with living accommodation on two floors which are accessible by a lift. The premises had undergone some refurbishment and redecoration since our last inspection. The home is registered to provide accommodation for up to 25 people and there were 22 people living in the home on the day we inspected.

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

Staff knew how to keep people safe and what to do if they felt somebody was at risk. Appropriate referrals had been made as required under local safeguarding procedures and reasons for referral had been analysed at both home and provider level to make sure any learning from such events was implemented to mitigate the risk of re-occurrence.

We found inconsistencies in risk management. We saw some risk assessments had been well completed and the risk managed well. However the risk management plan for one person's skin integrity had not been followed.

Systems were in place to make sure the environment was safely maintained and infection control practices were robust.

There was an individualised approach to administration of medicines with medicines stored safely in people's own rooms wherever possible. Records were not robust in relation to application of topical medicines or when medicines had to be crushed.

Staffing levels were appropriate to meet the needs of people. Safe recruitment procedures were followed and staff received the support and training they needed.

People were supported to have maximum choice and control of their lives and we saw examples of how people had been supported to meet their identified goals and aspirations.

Where appropriate, the registered manager had made application for Deprivation of Liberty Safeguards (DoLS) authorisations. However where conditions had been applied to the authorisations these had not always been met.

People told us the food was good and they had plenty of choice. We observed mealtimes to be a good experience for people.

We found people accessed health and social care services as needed and the service was in the process of implementing new technology to support this.

Staff were considerate, caring and friendly in their approach. People told us staff were respectful of their privacy and dignity needs.

Care records were person-centred and were under review to make sure they reflected a fully person centred approach.

People had access to a range of social and recreational activities within the home and the local community. People told us about clubs and activities they attended and how they were supported to make lifestyle choices. Transport was available to support people in accessing activities of their choice.

People were involved in the running of the service through a residents committee, a 'have your say' survey and through various meetings. People were also involved in staff recruitment.

The registered manager had a clear service improvement plan in place and had systems to audit the quality of service. They were open about issues they had identified and had plans in place to address them.

We found breaches of regulations in relation to management of medicines, management of risk and governance. We made a recommendation in relation to consent (management of DoLS authorisations)

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Risks were not always managed effectively and improvements were needed in the management of medicines

People told us they felt safe and staff knew how to report concerns.

Systems were in place to make sure the environment was safe.

### Is the service effective?

**Good** 

The service was effective.

People told us they enjoyed the food and had plenty of choice.

Conditions applied to Deprivation of Liberty Safeguards authorisations had not always been met in a timely manner.

Staff had received supervision and training to support them in their roles and people accessed health services when needed.

### Is the service caring?

**Good** 

The service was caring.

Staff displayed a caring, friendly and respectful attitude toward people.

Staff knew people well and were able to discuss relevant topics with them.

People told us their privacy and dignity was respected and promoted.

### Is the service responsive?

**Good** 

The service was responsive.

People had been supported to set goals and aspirations and we

saw staff had supported them to meet their goals

People had choice and control over their lifestyle and care choices and were supported in meeting social and recreational needs.

People had access to technology to support them.

Complaints were managed well.

**Is the service well-led?**

The service was well led but further improvements were needed.

Systems were in place to monitor the quality and safety of the service. However audits had not always identified where improvements were needed.

The registered manager had identified some areas in need of improvement and was taking relevant action.

**Requires Improvement** 

# White Windows - Care Home with Nursing Physical Disabilities

## **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 8 November 2017 and was unannounced. The inspection team consisted of two adult social care inspectors, an inspection manager and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we requested 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. This was completed and returned within the requested timescale. We checked information held by the local authority safeguarding and commissioning team and the local Clinical Commissioning Group (CCG) in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with seven people using the service and three of their relatives. In addition we spoke with six members of staff including care workers, one nurse, the cook, the maintenance man and the registered manager.

We looked at three care records in detail including risk assessments and records in relation to Deprivation of Liberty Safeguards for people who had authorisations in place. We also looked at three staff records, all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.



## Our findings

At our last inspection in August 2016 we found improvements were needed to make sure the premises were well maintained and safe. On this inspection we found the necessary improvements had been made. We saw a robust system for checking environmental safety was in place. This included thorough risk assessments and regular audits of health and safety, infection control, safe water storage and temperature control and fire safety. We saw that where a recent fire audit had identified a potential issue, this had been addressed immediately.

Where possible, people's individual medicines were stored and administered from locked cupboards in their rooms. When we asked people if they received their medicines appropriately they told us "I am on quite a few different types of medication, but I always get them at the same time every day from the nurse" and "I take tablets twice a day. The nurse gives me them on time. She has never missed."

Whilst we found medicines were stored safely, we found some improvements were needed to make sure medicines management was always safe. We found it was not always clear where prescribed creams should be applied or how often they should be administered. For example, one person was prescribed two creams. The topical medication administration record (TMAR) stated apply to 'affected areas' yet body maps had not been completed and there was nothing to say how often the cream should be applied. One TMAR had no signatures to show the cream had been applied and the other had signatures for some days but not others. The nurse told us two people had their medicines crushed and administered through a PEG. We checked one of these people's medicines and the medication administration record (MAR) showed one medicine was crushed and the capsules of three other medicines were opened and dissolved in water. There was no information about this in the medicine risk assessments or support plans for either person and no evidence of mental capacity assessments or best interest decisions.

We found protocols were in place for medicines prescribed on an 'as required' (PRN) basis. However we saw the record for administration of PRN medicines which included the reason for administration and the effects of the medicine was not always completed.

We found inconsistencies in risk management. We saw some risk assessments had been well completed and clearly showed the action to be taken to mitigate the risk and we saw this happened in practice. For example, one person was at risk of choking due to a poor swallowing reflex. The risk assessment detailed the type of diet and fluids the person should have, the support required from staff and how the person should be positioned when eating and drinking. We saw staff supporting this person with food and drink in



accordance with the risk management plan. However, this person was also assessed as being at high risk of developing pressure ulcers and the support plan showed they should not sit in a chair for longer than five hours. The repositioning charts showed this was not always followed. For example, on two days over the weekend the charts showed the person had been seated in their chair for over 8 hours. Another person's weight records showed they had lost weight between September and November 2017 yet the malnutrition universal screening tool (MUST) had not been completed since August 2017 when the risk had been assessed as low.

Issues in relation to medication and risk management demonstrated a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw Personal Emergency Evacuation Plans (PEEPS) were in place to make sure staff knew how to support people in the case of emergency.

Systems were in place to record, report and analyse accidents. Analysis of accidents identified any themes or patterns so that action could be taken to minimise the risk of re-occurrence.

We found good standards of cleanliness and infection control and noted the service was following its refurbishment plan with regard to such as new carpets and refurbishment of bathrooms.

Staff we spoke with confirmed they had received safeguarding training and were aware of the reporting procedures. We saw a flow chart displayed in the office showed staff how to make safeguarding referrals to the local authority safeguarding team.

We saw where safeguarding referrals had been made, the reasons for referral were analysed at both home and provider level to make sure any learning from such events was implemented to mitigate the risk of re-occurrence.

The registered manager told us usual staffing levels were one nurse and six care staff during the morning, one nurse and four care staff during the afternoon and one nurse and two care staff during the night. Care staff were supported by a team of ancillary staff including catering, cleaning, maintenance and administration. The provider also engaged a team of volunteers to support people with activities, outings and companionship.

Our review of three staff files showed safe recruitment procedures were in place. These ensured prospective staff completed an application form, detailed their employment history and qualifications. Checks on staff character to ensure they were suitable for the role were completed. This included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held. However we did not find evidence to show that a two year gap in one staff's employment history had been explored. We found checks were also completed on people supporting the service as volunteers.

We observed staff worked well together as a team and ensured they were available to people in communal areas as well as attending to those people who chose to remain in their rooms. One person told us they felt there were enough staff and said staffing was 'generally okay'. However they said there were often not enough staff on a Sunday evening. We checked this with staff rotas and saw there had been recent Sunday when the usual staffing level had been reduced due to sudden sickness, however we did not see any evidence of this happening on a regular basis.

The registered manager told us they were in the process of making changes to the hours worked by ancillary

staff to make sure they were organised around the needs of the people living at the home.



## Our findings

The registered manager told us they visited and carried out a pre-admission assessment with people before they were admitted to the home. This meant people's support needs and preferences could be discussed and agreed and ensured the appropriate resources and equipment were in place before the person moved in. We saw a comprehensive needs assessment which had been completed for a recent admission.

We saw people had copies of their support plans in their rooms. Staff told us people were involved in compiling and reviewing their support plans. One nurse said, "I always sit with the person and discuss their support and if they're happy with the way it's being delivered or want any changes. It's their plan, not mine."

People we spoke with were aware of their care plans with the majority saying they left it to their relatives to engage with staff about them. One visitor told us they had made suggestions for additions to their relative's care plan.

We saw technology was used to support and enable people to maintain their independence. For example, overhead tracking and hoists in people's bedrooms and bathrooms and doors which opened automatically. We discussed with the registered manager further technological improvements that could be made to the environment to enhance this further. For example, ensuring bedroom doors closed automatically so people were not reliant on staff to do this.

People told us they enjoyed the food. One person said, "The food is brilliant. That's one thing that has really improved. Both cooks are very good." Another person commented, "The food's good. Well, I like it and we get a choice" and another told us "If I don't like what is on the menu I ask for something different. A member of staff brings the tea trolley around mid-morning and at two o'clock every day. I can always go to the hatch and ask."

The cook told us they had spoken individually with people to find out their likes and dislikes and devised menus based on that information. We saw menus followed a three week rota and were changed seasonally. There was a choice at each meal and menus were displayed on the tables in the dining room. We saw after breakfast the cook went round asking people what they would like for lunch.

We saw mealtimes were a relaxed and sociable occasion as people chatted with staff and each other and the radio played in the background. People came into the dining room for breakfast throughout the

morning and were served individually and given assistance where needed. At lunchtime we saw people were helped by staff and volunteers. People said they enjoyed the meal. We saw some people helping themselves to drinks and snacks throughout the day and staff provided refreshments to people who were not able to access them independently.

However, we found improvements were needed where people were assessed as nutritionally at risk. For example, we saw one person had lost over 6kgs in weight between September and November 2017. We saw this had been discussed with the dietician in October 2017 who had advised to increase calories. When we asked the cook if anyone had a fortified diet whereby extra calories were added to their meals by using cream or butter; they were not aware. We saw this person was receiving additional calories by way of prescribed dietary supplements. We looked at the food and fluid charts for this person and found they were poorly completed and some days showed very little intake. No snacks or suppers were recorded. There was no evidence of analysis of the food or fluid charts to ensure this person was receiving sufficient food and drink.

We spoke with the registered manager who told us they were aware of issues relating to staff not following procedures for analysing food and fluid charts and they had recently held a staff meeting in relation to this. The registered manager said they were continuing to oversee this. The registered manager also told us that it was part of their regime to fortify meals for people nutritionally at risk and that they held supplies of a well-known brand of frozen foods which included diabetic, coeliac and fortified diets for people to choose from as an alternative to the meals provided.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us seven people were subject to a DoLS authorisation and four of these had conditions attached. We saw the conditions on two people's DoLS had been met, however the conditions on the other two people's had not. There were eight conditions on one person's DoLS authorisation which was dated 23 October 2017. The registered manager told us none of the conditions had not been met yet but they would be addressing this. They said, and we saw evidence to confirm, they had only received this DoLS the week before our inspection.

The other person had one condition on their DoLS authorisation which was dated 4 October 2017. The registered manager confirmed this had not been met but said they would take action to address this.

We recommend that systems are put in place to audit compliance with DoLS conditions to make sure they are met.

We saw consent forms in people's care records which related to all aspects of their care and treatment. Where people were able to give consent but were unable to sign the record we saw a relative had signed on their behalf. We saw when staff were providing any support to people they explained what they were proposing to do first and then asked the person if that was all right.

We saw hospital passports in people's care files. Hospital passports are for people to take with them when attending or being admitted to hospital and include details which would assist hospital staff in making sure they delivered the care the person needed. The care records showed people had input from different healthcare professionals such as GPs, speech and language therapists, chiropodists, dentists and opticians. One person told us they paid privately for a physiotherapist as the provider no longer employed one. This was confirmed by the registered manager.

On the day of our visit, staff were receiving training on the tele-med system which was about to be introduced into the home. This technology enables people to seek timely medical advice from an appropriate professional without needing to leave the home. The healthcare professional is able to speak with the person and look at any visible symptoms.

At our last inspection in August 2016 we found staff training was not up to date. On this inspection we found the required improvements had been made.

We saw new staff followed an induction process which included the completion of the Care Certificate which is a national set of minimum standards for all staff new to care. Staff then followed a programme of training in areas relevant to their roles. This included moving and handling, dementia awareness, health and safety, nutrition and health, person centred working, behaviour support awareness and decision making and capacity. Much of the training was done on-line but the registered manager told us that face to face training and practical training had been completed in such as catheterisation and bowel care. Training in safeguarding people had been delivered to staff by the local authority safeguarding team, in addition to training held in-house by Leonard Cheshire Disability

Staff involved in administration of medicines received appropriate training and annual competency checks.

Staff were supported through a programme of formal supervision at a minimum of four times each year. Two staff members told us they could approach the registered manager to discuss any issues as and when they arose.

We asked people if they thought staff were well trained. They told us staff gave the support they needed with one person adding "I need a lot of help in the morning, as I need a hoist. The staff know how to use it."



## Our findings

We saw people were relaxed and comfortable around staff. Staff were cheerful and made a point of saying hello to people by name whenever they saw them and often stopped to have a chat and made sure the person was okay. We saw staff were kind and compassionate in their interactions with people.

Staff clearly knew people well and chatted to them asking about what they'd been doing, if they enjoyed it and how they were feeling. We saw people, who were not able to respond verbally, replied through their facial expressions or body language, often with smiles.

People looked clean and comfortably dressed and clearly had the support from staff they needed to maintain their personal appearance. People told us they had regular baths and showers at times that suited them and were supported to get up and go to bed when they wanted.

People's care records showed what was important to them and how they liked their support to be provided. For example, for one person seeing their family, going to the day centre and going out on trips were important and their records showed they had been supported to do all of these things.

We saw detailed life histories which identified important relationships as well as interests and hobbies. One person told us they regularly attended their chosen place of worship which was clearly important to them.

We saw people were supported to keep in touch with family and friends. One person told us they spent every weekend with their family and another person spoke about the contact they had with their family.



## Our findings

Care plans we reviewed were person-centred showing the support people required from staff and how they liked this to be provided. We saw some records were very detailed. For example, one person's support plan clearly showed the level of support the person needed to maintain their personal hygiene.

However, some support plans lacked this detail. For example, one person's nutritional care plan stated 'It is important I maintain a fluid intake to maintain my catheter' and the action was that staff needed to remind the person to drink as they sometimes forgot. Their care plan for continence stated 'encourage to drink plenty of fluid'. There was no recommended daily fluid intake or further guidance for staff about how they could support this person and ensure they were receiving sufficient fluids.

The registered manager told us, and we saw from the service improvement plan, that care plans were undergoing review and being updated to an improved format. An audit system had been developed to check that all care plans, on completion of the review, included all relevant 'supporting documents in place to give a full picture of how to support the person'. The service improvement plan also included plans for all staff to receive training in relation to the improved care planning process.

People's support plans provided detailed information about their social and recreational interests and how these were met. We saw people were supported and enabled to partake in a range of activities both inside the home and out in the wider community. We saw people had attended day centres, had been out to the local cinema and theatre, been shopping, out to lunch and swimming. One person told us how much they enjoyed 'running the shop' which stocked confectionary and toiletries which people could buy. Another person told us about how they had been to a climbing wall. They told us this had been a long held ambition but thought they would never do it. However, when they had identified it within their goals and aspirations, staff had responded by making arrangements for the person to meet their goal. We saw photographs of this and other events organised by the service.

One person told us "I don't go outside very often, but if I did I would have to tell a member of staff and they would let me out. The ground is a bit uneven outside, and when you want to get back in you have to bang on the door until a member of staff comes to let you in. It's a right carry on". We found this was the case for people accessing an area to the rear of the home although we found the other four points of access to be appropriate to people's needs. The registered manager told us they would look into how improvements could be made in relation to access to the rear of the home.

The service had three vehicles used solely for supporting people to attend activities and enjoy outings. The registered manager told us there were four staff and two volunteers able to drive the vehicles. In addition, several people had their own mobility vehicles kept at family members' homes.

A computer room was available for people to use and modifications had been made to provide people with additional privacy whilst using the computers. We saw two people enjoyed playing computer games together during our visit. Wi-Fi was available throughout the home to enable people to use their computers in their rooms.

People were supported to maintain personal relationships and people told us they were able to use their rooms for private visits.

The registered manager told us that no one was currently receiving end of life care. However, we saw people's wishes and preferences about end of life care had been discussed and recorded. This included if people had any specific wishes about how their cultural and spiritual needs were met. People told us and we saw documentation to support how people, their families and staff were supported when a person reached the end of their life. We saw the death notifications used by the service also took into account the support needs of the deceased's family and friends and also staff.

A complaints procedure was in place and information about how to make a complaint was available within the home. We saw complaints had been managed in line with the procedure. This included asking people what outcome they would like and a thorough investigation of the complaint. After making a complaint, people were given a 28 day period to give them time to consider how they would like their complaint to be progressed. On conclusion of the investigation an outcome letter was sent to the complainant.





## Our findings

We found not all necessary actions had been taken to make sure the service was compliant with regulations in relation to medicines management and risk assessment. We also found best practice in relation to managing DoLS authorisations was not consistently followed.

We found the service had responded effectively to auditing by the local authority and the Clinical Commissioning Group (CCG) and had made improvements in many areas. However we found some of the issues raised were similar to those we identified as areas of non-compliance.

We concluded this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had been in post since July 2016. They had been previously employed as a Service Manager at a different Leonard Cheshire Disability service. They had transferred to White Windows and taken over management from a previous long standing registered manager. They told us about how they had introduced some changes since their appointment in order to make sure the management of the home was led by the needs of the people who lived there. An example of this was some changes to staffing arrangements. The registered manager told us they were committed to continuous improvement and had identified areas in need of development.

When we asked people about the registered manager one person said "I have known the manager for a long time. I like her", others told us they were not too familiar with the registered manager.

People told us they were involved in the running of the home through the residents committee. One person said "We have a residents committee who discuss things and put forward ideas of what we want or don't want. We need a new chair and residents will have a vote as to who they want. A volunteer attends and takes notes, which get typed up. We then get a copy. The volunteer gives the manager a copy".

People also told us they were involved in the interviewing of staff and volunteers.

We saw minutes of a number of meetings held within the home. These included nurses' meetings, general staff meetings and residents' meetings. The registered manager told us their aim was to hold each of these meetings approximately three monthly.

The minutes showed people involved in the home were informed of any changes, plans and feedback about the service. We saw the residents' meeting minutes included non-verbal feedback from people for whom verbal communication was difficult. Minutes also showed how people were encouraged to share any feedback they had about the service and any suggestions for improvement.

We saw the results of the most recent 'have your say' survey for people who lived at White Windows. The survey showed positive results with 40% of respondents saying they were 'very happy' with their support and a further 53% saying they were 'quite happy'. People reported to feel safer, less lonely and more confident. The survey included questions about what improvements people would like to see. This included a section specifically tailored to meeting people's equality and diversity needs. The most common response to what improvements people would like was to have more one to one time with staff. The results of this survey had been made available to people. We saw a 'you said, we did' action plan had been developed in response to the survey.

We saw a number of formal auditing tools in use which meant the registered manager was able to check the service was safe and care delivery was effective. A service improvement plan clearly detailed how checks would be made and what plans were in place to develop the service. This covered care planning, health and safety, medicines management, risk management, staffing and environment. However we found audits had not identified the issues we identified during our inspection.

The registered manager demonstrated a good knowledge of their responsibilities and had notified the CQC of events within the service as required by regulation.

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p><b>Medicines were not always managed safely</b></p> <p><b>Risk management was not sufficient to ensure consistent safe care and treatment</b></p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p><b>Systems for auditing the quality and safety of the service were not always sufficiently robust to identify areas requiring improvement.</b></p>