

Windmill Healthcare Limited

Windmill Lodge Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 06 March 2018 and was unannounced.

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

Windmill Lodge Care Centre accommodates up to 93 people in a purpose built home. The home was set across four floors across three separate units, each of which had separate adapted facilities. One of the floors specialised in providing residential care to people living with dementia, whilst the other three floors provided nursing care. The home had been offering care to people living with dementia for six weeks, with the ground floor a mix of residential and those with dementia. At the time of our inspection 88 people were using the service.

A registered manager was in place at the time of our inspection. 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.

The provider did not ensure that accurate, complete and contemporaneous records were kept in relation to each person using the service. Quality assurance systems did not identify issues that we found at our inspection.

The home did not always follow the principles of the Mental Capacity Act 2005 (MCA). Some people using bedrails were unlawfully deprived of their liberty as Deprivation of Liberty Safeguards (DoLS) applications had not always been made to the local authority.

These failings represent two breaches of the Health and Social Care (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People's risk assessments did not always contain guidance for staff on how best to mitigate risk. Care plans did not always reflect people's like and dislikes and personal preferences in relation to their care.

We have made a recommendation to the home to audit people's risk assessments to ensure that there is up to date information to mitigate risks and to review care plans to ensure that people's preferences are reflected.

People and their relatives were positive about the care that they received from staff and the management team. Staff respected people's privacy and dignity and considered people's preferences when supporting them. End of life care planning was in place the service had maintained the Beacon level as part of the Gold

Standards Framework for the past nine years.

People and their relatives were supported to express their views through regular residents and relatives meetings. A complaints policy was accessible to all and people felt comfortable approaching management and staff with any issues that they may have.

Staff were clear on how to recognise abuse and the provider had appropriate systems in place to monitor and investigate any incidents as they occurred. Health and safety checks for the premises were maintained and infection control was routinely monitored. There were enough staff to meet the needs of people at the home and people's medicines were managed safely.

Staff received appropriate training in order to fulfil their roles and received regular support from management through supervision and appraisals. People were supported to maintain a nutritious balanced diet and received support from other healthcare professionals where required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Provider risk assessments did not always provide sufficient guidance for staff to mitigate risks to people.
Staff were aware of the different types of abuse and knew the steps to take to support people and report any concerns.
People were supported with their medicines in a safe way at the times that they needed them.
There were enough staff to support people at the home and measures in place to manage accidents and incidents.

Requires Improvement ●

Is the service effective?

The service was not always effective.
The provider had not made applications to the Deprivation of Liberty Safeguards (DoLS) as required in line with the Mental Capacity Act 2005 (MCA).
People were supported to eat and drink sufficient amounts and access healthcare professionals when required.
Staff were supported through regular training, supervision and appraisal.

Requires Improvement ●

Is the service caring?

The service was caring.
People spoke highly of the care they received and felt they had developed positive relationships with staff.
People were encouraged to share their views and staff treated people with dignity and respect.

Good ●

Is the service responsive?

The service was not always responsive.
Care plans did not always reflect people's preferences and choices.
A complaints policy was in place and these were investigated accordingly.
Activities were on offer at the home to support people to engage with their interests.
End of Life care plans involved people's families and clarified people's wishes.

Requires Improvement ●

Is the service well-led?

The service was not always well led.
The provider did not always keep accurate and complete records of people's needs and issues we found at inspection had not been identified through the provider's quality assurance systems. People and staff felt that management were approachable and that any issues they raised would be listened to.

Requires Improvement 

Windmill Lodge Care Centre

Detailed findings

Background to this inspection

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

This inspection was prompted, in part by intelligence we received about the service. We addressed the concerns we received as well as conducting a comprehensive inspection of the service.

This inspection took place on 06 March 2018 and was unannounced. The inspection was carried out by three inspectors 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.

Before the inspection we reviewed the information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service.

During the inspection we spoke with six people who lived at the care home, three visiting relatives and one visiting professional. We also talked with various people who worked at the care home including, the registered manager, clinical manager, head of care, development manager, regional director and seven members of staff.

We also observed the way that staff interacted with people living in the home and performed their duties. We looked at nine care records, five staff files and a range of other documents that related to the overall management of the service which included quality assurance audits, medicines administration sheets, and accident and incident reports.

Following the inspection we asked the provider to submit copies of an end of life care plan, and an update in relation to Deprivation of Liberty Safeguards (DoLS) authorisations and capacity assessments. The provider provided this information within the timeframe that we set.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said "I have felt safe from the moment I got here and I do not have to worry about anything" and another told us "I never worry about anything. They look after everything I have, and me". A relative said "The family are not worrying about him because we know they are looking after him and he is safe from harm and hurting himself".

However, people were not always protected against avoidable harm as the service did not always have risk management plans in place. During the inspection we spoke with one nurse who told us, "There aren't any risk assessments for bedrails. The care plan says low risk for [one person] but they are high risk." We checked the records for this person and saw they contained conflicting information to guide staff on how best to support this person. We also noted, that where one person had recently moved into the home they did not have any completed risk assessments. This was confirmed by the staff member we spoke with. This meant staff had misleading information and no guidance on how to mitigate against identified risks.

We raised these issues at the time of our inspection and the provider informed us that the risk assessments would be updated. We recommend that the service conduct a full audit of people's risk assessments to ensure that they are complete and up to date.

Risk assessments that were completed were comprehensive and gave staff clear guidance on how to identify known risks and keep people safe. Risk management plans covered, for example, falls and moving and handling. Guidance provided highlighted person specific guidance and action to take to mitigate identified risks. A healthcare professional told us, "On the whole, they [the service] deliver safe care. They are supporting frail, elderly and vulnerable people. Things do happen and not because things aren't safe."

We observed that people's call bells were not always placed in easy reach of people to enable them to call for support. We raised this with the management team on the day of inspection who checked all the rooms to ensure call bells were reachable. Following our inspection the provider told us a meeting was held with staff the following day to remind them to ensure call bells are accessible to the people at all times.

We looked at medicines management on three floors of the home. A healthcare professional told us, "We have a covert and crushed medicines form in place. The G.P practice, Pharmacist and the [dispensing] chemist Pharmacist are involved in this process. I'm happy the appropriate procedures are being followed. [sic] Where covert medicines are needed, the best interest meeting and G.P have to be present [to give authorisation]. Records confirmed that medicines that were crushed were done so following the correct procedures.

We saw that medicines were stored safely in temperature controlled clinical rooms with suitable Controlled Drugs (CD) cabinets. Staff who administered medicines underwent an annual observation by senior staff to ensure they followed good practice and the providers' policy.

The provider had an appropriate safeguarding policy in place. Records showed that the provider had seven

on-going safeguarding investigations and we had been appropriately informed of these incidents in a timely manner. Staff were clear on their responsibilities in safeguarding people from the risk of abuse. One staff member said "I would inform the nurse in charge and the manager if there was an incident of abuse." Staff were clear on the different types of abuse and were able to identify the safeguarding lead at the home.

People received care and support from familiar staff that had undergone robust checks to ensure their suitability. We reviewed staff files for eight staff members and found these contained satisfactory references, photographic identification, proof of address and a recent Disclosure and Barring Services (DBS) check. A DBS is a criminal record check employers undertake to make safe recruitment decisions. Registered Nurse's PINs were also in date. We noted during the inspection the provider was in line with good practice as all DBS checks were renewed every three years.

We reviewed the rotas for all four floors and found that there were suitable staffing levels to meet the needs of the people across the home. Three of the staff members that we spoke with informed us that their shift cover did not always run at full complement, however when there was reduced cover management would provide cover from other floors. The provider had recently conducted interviews to recruit more staff. A healthcare professional told us, "[Staffing levels] are adequate. Sometimes a little challenged. I believe the service is almost at full compliment."

A suitable process was in place to manage any incidents and accidents. We looked at the provider's electronic records and saw that incidents were fully recorded and investigated with learning being shared across the staff team.

The provider ensured the safety of the service through regular audits and effective management of the building. During the inspection we identified regular checks had been carried out for the gas, electrical, water and fire systems to ensure their safe working. The service had comprehensive systems in place to manage fire safety. Fire procedures were allocated around the building, with fire escapes being clearly identifiable. Emergency lighting, call point and fire panel checks were completed regularly alongside frequent fire drills.

Is the service effective?

Our findings

Staff were not always clear on the requirements of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Requirements (DoLS).

The Mental Capacity Act 2005 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 make 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 when this is in their best interests and legally authorised under the MCA.

During the inspection it was unclear if people were deprived of their liberty lawfully. We identified people had bedrails attached to their beds, to minimise the risk of falling out of bed and to keep them safe. However, we were unable to locate any completed MCA, Best Interest meetings and subsequent DoLS authorisations. One staff member said "We've been told that we don't need DoLS for people with bedrails", whilst another staff member that we spoke with was not aware of what the Mental Capacity Act was. We shared our concerns with the registered manager, who was unable to provide us with any copies of documents required by law when the use of bedrails is in place; nor were they able to clarify the number of people lacking capacity that were subject to the use of bedrails.

Following our inspection the registered manager informed us that there were 20 people lacking capacity and using bedrails. They informed us that following our inspection, DoLS authorisations had been submitted for these people. However, at the time of our inspection people were being unlawfully deprived of their liberty.

The concerns identified in the above paragraphs are a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection we were provided with a copy of one person's capacity assessment and appropriate best interests decision documentation. We found these records to be detailed and fully completed with the support of other relevant professionals.

Many people's rooms were personalised with photographs and personal belongings and they had a homely, comfortable feel. One person's room was highly decorated with photographs and paintings and many personal effects. The communal areas were clean and in good repair. The home lacked stimulating environments and was not always dementia friendly in the form of no picture signs or directions, little activity and neutral colours in the majority of the home with no tactile décor. This lack of definition could lead to disorientation for those with dementia whose ability to see colours and contrasts diminishes.

We recommend that the service seek appropriate guidance and support to enable them to arrange the home to suit a dementia friendly environment.

People received care and support from staff that reflected on their working practices and received regular supervisions and annual appraisals. A relative said "They [staff] are super here and definitely are well trained. I feel confident in them". One staff member told us, "I meet with my supervisor every two months." Records confirmed supervisions took place regularly and covered what people did well, what could be done better, complaints, training needs and actions for the next two months.

Newly appointed staff underwent a comprehensive induction to assess their competency for the role. One staff member told us, "I completed an induction when I started here." Another staff member said, "My induction was three to four days, I shadowed nurses and carers." Inductions covered for example, the role, core values, safeguarding, complaints, fire procedure and the on-call system in place.

Staff were appropriately trained to support them to carry out their duties. Topics included safeguarding, infection control, moving and handling, customer care, dementia care and nutrition and hygiene. Staff told us that their training was refreshed regularly and records we looked at confirmed this.

People were supported to have enough to eat and drink in order to maintain a balanced diet. One person said "The food is very nice and I can choose different things. If I change my mind I can have something different. They offer to help me by cutting it or cooling it down". Another person told us "It has been very nice. I can choose from a couple of things and if I don't fancy it there are alternatives like omelettes, sandwiches, salads and baked potatoes. I eat in the dining room but can eat in my room or the lounge." People and relatives told us, and we observed that hot and cold drinks were accessible to people throughout the day.

Where people required support with eating and drinking we saw that there was clear guidance in their care plan. Care plans contained meal information sheets detailing to staff how the person should be supported at mealtimes.

People were supported to access healthcare services as and when needed. The service had links with the G.P practice who carried out regular visits to the service to monitor and maintain people's health and wellbeing. A healthcare professional we spoke with said, "The service contact us appropriately and they act accordingly [when people are unwell] in a timely manner. We have easy communication with the service, both via email, phone and in person. Yes, I think [the service] listen to the advice given." Records confirmed people were seen regularly by healthcare professionals and referrals were made to dieticians and physiotherapists.

Is the service caring?

Our findings

People were looked after by staff that were kind and cared about the people they were supporting. One person said "They are a good lot, lots of fun and they keep me safe" and another said "The carers are kind and I like that they always make time for a chat". A relative told us "They are lovely here. A diverse bunch and we like this."

A healthcare professional told us, "On the whole they're caring and compassionate and know the people well. The staff can tell me about the residents and they always know what's happening. I think [staff] are fairly attentive to people's needs and I have no major concerns."

On the day of inspection we observed positive and caring interactions between people and staff with people being greeted in a compassionate manner. One person told us "I am able to live my life how I choose and have plenty of freedom and make my own decisions". Staff knew the people they supported well and were able to talk to us about people's needs. They knew of people's backgrounds and were aware of how to access guidance in people's care plans to enable them to provide appropriate care.

Records we looked at showed that people, and where relevant their families were involved in their care planning. These included a 'this is me' section where people's likes and dislikes were recorded. Relevant information was in place to allow staff to know people's needs better.

Staff respected people's privacy and dignity. One person said "They explain the care well to me so I do not get anxious". Another said "They are sensitive and give me the privacy I need". We observed that people's doors were shut or a sign in use for personal care and staff knocking on doors and greeting residents happily and by name. Staff that we spoke with were clear on how to respect people's privacy whilst delivering personal care with one staff member telling us "I would clearly communicate with the person and give them a choice of a shower or a bath. People are given a choice every morning. One resident has a shower before going to bed".

People were supported to share their views through monthly residents meetings. One person said "They have group meetings and you are invited to have a cuppa and a chat about what you think about the place like the food, activities, care". We looked at the minutes for the past three meetings and saw that discussions were held around menu choices, complaints and people likes and dislikes with any action points recorded.

People felt that their religious and cultural beliefs were met. One person said "I feel they [my cultural beliefs] have been. I attend the church service and display my Rosary. Also, my wishes for assistance and care and the level of it has been adhered to". Staff told us of a recent visit from a church to commemorate Ash Wednesday, people were supported to access Sunday Service and a prayer room was available at the home for the use of any religious denomination. Where some people did not speak English as a first language their care plans contained translated phrases to enable staff to communicate when supporting them.

Is the service responsive?

Our findings

People did not always receive responsive care and support as care plans were not always completed sufficiently. During the inspection we identified people who had recently moved into Windmill Lodge had incomplete care plans. We raised our concerns with a senior staff member who told us, "They [people] are new, we have contacted their relatives for more information." We identified basic information was not documented for example, people's preferences in relation to the care and support they received. This meant that not all people received personalised care. Despite the inaccuracy in records, staff had appropriate guidance to enable them to support people with their basic care needs. We raised our concerns with the registered manager who told us that the support plans would be updated for those we identified. We were not satisfied with what the registered manager told us as there was not always appropriate information in place to guide staff on the best ways to support people in line with their personal preferences upon admission to the home.

We recommend that the service conduct a full audit of people's care plans to ensure that they are complete and up to date with people's preferences and choices.

Care plans that were completed detailed person centred care and gave staff clear guidance on people's needs. Care plans contained, people's history, medical and health needs, pre admission information, risk assessments and any accidents and incidents that had occurred. Care plans were regularly audited and where possible people and their relatives were encouraged to help develop and review these to ensure they were responsive in meeting people's needs.

The provider had a complaints procedure in place and people felt able to raise any issues with staff. One person said in relation to making a complaint - "[I would tell] The nurse. She will get things sorted. I have never complained". At the time of our inspection the provider's formal complaints were recorded with their safeguarding investigations and we could see that these were fully investigated. The provider did not keep records of informal complaints, however they informed us that any nature of complaint was always dealt with formally

The service were part of the Gold Standards Framework and had secured the Beacon level for the past nine years. The Gold Standards Framework (GSF) is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. It is a way of raising the level of care to the standard of the best. Although the service had received the Beacon status, during the inspection we were unable to locate any end of life care plans. An end of life care plan details people's wishes for when they are nearing the end of their lives. We raised our concerns with the registered manager throughout the inspection, however the registered manager failed to provide us with any completed care plans. We also raised our concerns with the area manager who confirmed these had been undertaken and would provide us with copies. Following our inspection the provider sent us copies of two people's end of life care plans and we found that these were comprehensive and clearly detailed people's wishes.

On the day of our inspection we mostly observed people in their rooms or in the lounge watching television.

We saw some people playing games whilst others were enjoying visits from family members. There was a hairdresser visiting the home which was well attended and we observed that people were enjoying this activity with jovial discussion. One person said "I have been colouring and have had music in my room. I can have visitors at any time" and a relative told us "They do things with [my relative] like reading, colouring, exercises but I would like to see them try to get him out in the gardens more". Another relative told us of how the home had celebrated their family member's birthday with balloons, cake and photographs. The provider told us that they also held ballet classes which were well attended by people and supported them with their balance and mobility. The home also showed us photographs of a 'come dine with me' evening that had been attended by the local fire service and that future evenings were planned to invite other community groups.

Is the service well-led?

Our findings

On the day of inspection records were not always made available to us in a timely manner, and the management were not always able to provide the information we requested. The provider was unable to advise of how many people at the home were lacking capacity or provide DoLS authorisations for all people that required them. Records that we looked at were not always fully complete nor did they provide full guidance on how best to support people to mitigate risk. Care plans did not always document people's preferences around their care and some medicines records that we looked at showed inaccuracies in their recording. Records of informal complaints were not kept by the provider to allow for learning from any issues to be shared. The provider did not maintain accurate, complete and contemporaneous records in relation to each person using the service.

We looked at daily bed rail checks on one floor of the home and records showed that no entries had been completed for two days that week. We looked at the records for people's pressure relieving equipment checks and only two entries had been made in the past nine days. Records that we looked at did not assure us that any risks in relation to these areas were appropriately monitored. Following our inspection the registered manager informed us that these records were also stored on their electronic case management system, however staff that we spoke with were unable to show us these records on the day.

Records we looked at showed gaps in the recording of medicines administration. Medicines balance checks were due to be recorded daily, however records we looked at on one floor of the home showed that these had only taken place twice in that week. We looked at the medicine administration record (MAR) for another person and saw that one of the medicines that morning had not been signed for. The nurse we spoke with confirmed that the medicine had indeed been administered by them that morning and they updated the record accordingly. Contemporaneous and accurate medicines records were not always kept to record the safe administration of people's medicines

The provider had quality assurance systems in place to monitor quality and drive improvements across the service. These covered areas such as medicines, care files, safeguarding and health and safety. However, they had not identified the issues within this report that we found on the day of inspection.

The concerns identified in the above paragraphs are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A registered manager was in post at the time of our inspection. The registered manager was compliant in their responsibilities to the Care Quality Commission, namely the submission of statutory notifications that allowed us to monitor the provider's management of events surrounding people that lived at the home

People spoke highly of the manager with one person telling us "I like her, she is smiling and friendly. You can have a chat with her", and another saying "I think she is a good person and asks you what you like doing but I do not see her often, maybe monthly". A relative said "I feel I can chat with them at any time, I go to the office". Staff also spoke positively of the support they received from the registered manager citing them as a

'good leader', 'supportive' and one staff member said "It's a good management team, they listen to you and make suggestions". A healthcare professional told us, "[Registered manager] runs a tight ship and her office door is always open. I can always speak to her and I'm confident in raising any concerns with her."

The provider held monthly staff meetings covering topics such as staffing, training and infection control. Records showed that weekly team briefs were held and would cover hourly checks, people at high risk of falls and any other issues relating to people's care.

The provider worked alongside other community partners in order to support people at the home. This included the use of the 'red bag' pathway to transfer standardised paperwork, medication and personal belongings of people when they were admitted to hospital. This was in line with National Institute for Health and Care Excellence (NICE) guidelines. The provider had utilised the local fire service to provide fire safety talks as well as building relationships with local schools in providing joint activities with people at the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The provider was not clear on the number of people at the home lacking capacity in relation to bedrails, and Deprivation of Liberty Safeguards (DoLS) applications had not been made for people where capacity was lacking.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not maintain accurate, complete and contemporaneous records in relation to each person using the service. Risk assessments did not always contain information to mitigate risks and care plans did not always reflect people's preferences. The above issues had not been identified through the provider's quality assurance systems.
Treatment of disease, disorder or injury	