

Winslow Court Limited

Winslow Court

Inspection report

Winslow Court
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Date of inspection visit: 01 September 2015
Date of publication: 24/11/2015

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

Winslow Court provides accommodation and personal care for up to 26 people with learning disabilities or autism. Care is provided across four bungalows, Larch, Upper Oak, Pine and Hawthorns. The bungalows are set around two courtyards and separated by a gate. At the time of our inspection extensive refurbishment was underway and the provider had reduced occupancy to 21.

This inspection took place on 1 September 2015 and was unannounced.

At the time of the inspection 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.

Summary of findings

People were protected from danger, harm and abuse because staff had received training so they were able to identify and report any concerns.

People were involved in planning their own care and staff understood how to support them. Staff used alternative ways to communicate if people could not understand what was being said or if they were unable to verbally say what they wanted.

People were supported to make their own choices about their home, care and support. When people were assessed as not having the capacity to make certain decisions about their care staff ensured that decisions were made in their best interests to protect their human

rights. People took part in hobbies and interests in and outside of the bungalows and were able to pursue individual interests. Staffing levels were based on the needs of people and was regularly reviewed.

People and families are encouraged to give their opinions about the care that they or their relatives receive. The registered manager and staff had an open, honest and positive culture. Staff were supported by the registered manager and bungalow managers and received regular one-to-one. Staff had access to training and time is allocated for staff to update their skills. Systems were in place to monitor the quality of the care provided and improvements were made when necessary.

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?

This service was safe

People were kept safe by staff who recognised signs of potential abuse and who knew what action to take to protect them. People were supported by staff to take risks and the provider made sure that staff were recruited in way that offered protected to people using the service. People we supported by staff to take their medicines as their doctor had instructed.

Good



Is the service effective?

This service was effective.

People were supported by staff who understood their needs and their human rights in relation to their care. Staff were appropriately trained and supported by the management team. People were able to choose what they wanted to eat and drink and when needed they were able to visit other healthcare professionals to keep them well.

Good



Is the service caring?

This service was caring.

People were supported with kindness and compassion. People's privacy and dignity was respected by the staff. People were encouraged to maintain contact with families and people who mattered to them.

Good



Is the service responsive?

This service was responsive.

People were encouraged to take part in hobbies and interests that were personal to them. Staff knew how to put their learning into practice in order to support people and were responsive to their changing needs. People know how to make their views known and felt that they were listened to by the staff and provider.

Good



Is the service well-led?

This service was well-led.

The registered manager and provider were effectively managing the changes within the service. Staff spoke positively about the approachable and accessible management structure. The management team promoted an open culture amongst staff and made information available to them to raise a concern or whistle blow. People were encouraged to have a say in how the service was run and their views were taken into account.

Good



Winslow Court

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 took place on 1 September 2015 and was unannounced.

The inspection was carried out by two 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. On this occasion this person's area of expertise was as a family member caring for someone with a learning disability.

We reviewed information we held about this service including notifications of incidents that the provider had

sent us. Notifications are reports that the provider is required to send us to inform us about important events that have happened at the service, such as accidents or allegations of abuse.

We requested information about the service from the local authority. They have responsibility for funding people who use the service and monitoring its quality. The information that we received from the local authority prompted this inspection.

During the visit we spoke with four people living at the home, one family member, seven staff members, registered manager and the campus principle.

We spent time looking at the care people received within the communal areas of the home. We were unable to communicate with some people verbally so we used different ways including pictures and hand gestures. We looked at the support plans for four people including medication records, care records, the quality monitoring checks and reviewed the recruitment records of two staff members.

Is the service safe?

Our findings

People said that they liked living at the home and that staff kept them safe. One person said, “If I did not feel safe and if I ever needed to I would tell someone”. One relative told us that they felt that their relative was safe.

One staff member told us, “People are safe; all of the staff really look after them”. They told us how as a result of previous incidents within the home they looked at people’s individual needs and preferences and then looked at their living arrangements. Some people moved from one part of the home to another so that their individual needs could be met in an environment more suited to them. Staff said that they had received training in safeguarding and how they were able to report incidents and that they felt comfortable that management would support them.

We saw one person starting to get upset. Staff responded immediately and reassured this person whilst they supported them with an activity they liked. This was consistent with their support plan. This person relaxed and started to smile. Staff we spoke with described how they assisted people who had behaviours which challenged. Staff told us that they felt that they were appropriately trained and that they were well supported to meet the needs of people. Staff told us, “We aim to divert people from showing such behaviour to keep them and others safe”. One staff member told us, “We talk to people to help them with their behaviours”. We saw personalised support plans for people and staff told us that these plans are developed individually. We saw appropriate assessments of risk which reduced the likelihood of harm whilst maintaining people’s independence.

One staff member told us that, “Staffing is pretty good to be honest; if shifts are short we will stop on and help out”. Staff told us that when working in the bungalows there is enough staff and that it is manageable. Staff told us that they do have some agency staff but they do not assist with personal care as “some people struggle with new people”. We saw that staff responded to people in a timely manner, including when people started to show signs of anxiety.

The principle said that there had been some changes to staffing over the last 12 months including the appointment of a new registered manager and individual managers for each bungalow. The registered manager told us that this change was made to improve the support given to people. Staff told us that checks had been completed before they were allowed to start work to make sure they were suitable to work with people. We looked at two staff member’s recruitment records and saw that suitable pre-employment checks had been completed.

One person showed us their medication cabinet which was kept in their own room. A staff member told us that people can choose where they have their medication. They told us and we saw that they always explained what the medication is every time they assist someone. A staff member told us that they shadowed experienced staff administering people’s medicines before they were assessed as being competent to administer people’s medicines. Staff told us that in addition they completed specific training to avoid the risks of medication errors so that people’s wellbeing and safety were promoted. Staff told us specialist training has been given to them for safe administration of a specific person’s medicine. We saw and staff told us that records were kept and checked by senior carers so that any discrepancies could be identified and addressed in a timely way.

Is the service effective?

Our findings

We saw people identifying what they wanted and then telling staff. Staff showed us that they understood people and responded to them appropriately. Staff told us, “It is essential that you communicate with people not only to understand what they are telling you but to help manage any anxiety that they may be feeling”. We saw staff using a number of different ways to communicate with people that were personal to them. For example we saw staff using pictures and hand gestures. Staff told us that, “You must always keep up with the personal changes of people, just because they did something or chose something one day does not mean that it will be the same today”.

The registered manager told us that they have changed some of the staff working hours to now include ‘toolbox’ training. These were sessions set aside for staff members to develop skills and identify further training needs. Staff told us that they enjoyed these sessions and that they benefited from the additional time allowed for this training. Staff told us that after undertaking a toolbox session on communication they then reflected on how they offered choices to a person. As a result they changed how they presented options so that the person could make more effective decisions about what they wanted.

Staff told us that as part of their induction they shadowed more experienced staff until they felt fully confident to do their job which enabled them to get to know people they were supporting. Staff told us one-to-one meetings are held regularly and that they are able to seek support outside of these sessions. One staff member told us that when going through a particularly difficult period the registered manager provided extra support to enable them to remain at work.

We saw that people were supported to have enough to eat and drink. One person showed us the menu for teatime meals and we saw how they were supported to choose their meal by staff. Staff told us they helped people to eat when they were ready and we saw that meals were served at times people wanted. On the day of our inspection some people told us about the apple crumble which had been cooked and which they enjoyed eating.

Staff we spoke with had an understanding of each person’s dietary needs and their preferences. Care and support plans showed that people had an assessment to identify what food and drink they liked to eat and what they needed to keep them well. Care plans showed that people received support from other health professionals such as dieticians and speech and language therapists when necessary in order to assess their nutritional needs. We also saw where people were identified at risk of losing or gaining weight their weights were monitored regularly.

At the time of our inspection one person was out at a dental appointment and one person later attended a pre-arranged doctor’s appointment. We saw a speech and language therapist assisting with one person with their drinking and explaining themselves with the use of pictures. Staff told us that people have regular medical and dental checks.

People’s ability to make decisions had been assessed. Where support was needed for a person who was unable to make decisions independently, the process was clearly documented to guide staff. We saw that staff offered choice and clearly explained what they were doing.

Is the service caring?

Our findings

We saw that staff treated people with kindness and compassion and talked to people in a way that showed respect. Staff told us that people are encouraged to maintain contact with families and friends. During our inspection people were spending time with their families at their homes or had recently returned. One person had a personal telephone installed so that they could phone their family whenever they wanted. One family member told us that the care given to their relative was “brilliant”, and said, “I can’t fault it”.

One person told us that they were feeling anxious and that they had some concerns. We saw staff talking with this person. Staff listened to them and reassured them and asked if they would like to talk to the registered manager about their concerns. This was then passed to the registered manager and we saw that they went straight away to talk to this person. Later when talking with this person they stated that they felt better having spoken to staff. We saw that staff spent time chatting with people and supporting them to do the house work and by doing interesting and fun things away from the home.

Each person had a named member of staff called a keyworker. The keyworker’s role was to support people with decision making about their care. Staff told us people

had recently been involved in choosing the decoration scheme and we saw people choosing furniture items from a catalogue and talking to staff about what they would like. Regular house meeting take place where people and staff can share their views. These meetings take place in each individual bungalow. People have the choice to attend and are encouraged to contribute. We were told that if someone chose not to attend or to leave then a staff member will talk with them to find out their thoughts about their care. Staff told us that following the meeting they will always spend time with people and let them know what was talked about.

We saw staff knocking prior to entering people’s homes. On entering they approached the people living there and spoke with them asking for their permission that we enter. Staff told us that they respected privacy by ensuring that people had their own rooms and could shut the door whenever they wanted.

Staff told us that they promoted dignity by supporting people to do what they could for themselves and offering assistance when needed. Staff said that people had choice in what they wanted to do, wear and eat. A staff member told us that following a training session they re-thought what they do and now feel that they are much more able to promote decision making for people.

Is the service responsive?

Our findings

We saw a number of social and educational activities were taking place during our inspection. We were told by staff that some activities were dependent on the availability of transport and staffing and that they took steps to ensure activities took place. A relative told us that they were involved in a review recently. They told us they didn't have a problem with the way staff looked after their relative but they needed to do more about the lack of structure which was leaving their relative bored and frustrated.

Staff told us about people's individual likes and dislikes and how they adapted activities to promote the wishes of the person. We saw that individual support plans had recently been reviewed and reflected each person's needs and preferences. We saw that family members had been involved as part of the review.

We saw one person was not happy about some of the changes that have recently taken place. We saw that this person was able to talk to the registered manager and say what they felt. A discussion took place and the reasons for the changes were explained. When we spoke with this person they told us that they were now happy and that they were able to talk to the registered manager whenever they wanted.

The registered manager showed us how they responded to any complaints or compliments. There was clear information on display throughout the bungalows on how to raise a concern, complaint or compliment. This information was available in different formats so that they were accessible to people living there. Any comments were then reviewed on a monthly basis by the principle to ensure actions had been taken. We saw checks of comments made and concerns raised along with the actions the provider has taken. We were shown details of a relative raising a concern about lost clothing. We saw that actions were taken to prevent further loss and that the person raising the concern was informed of the outcome.

We were told that yearly surveys are sent out to all staff, people living there and their families for them to comment on. This survey is due to be repeated and the registered manager told us that it is important to gather the views of people in order to drive improvements to the quality of care that is provided. We were told by the registered manager that as a result of the 2014 survey a number of changes to the environment had been made. These included extensive redecoration and a review of the needs of those living there. The reviews of needs included the person, any appropriate family member and the local authority funding the placement.

Is the service well-led?

Our findings

The registered manager told us they regularly received quality checks from the bungalow managers to identify any issues and where action needs to be taken. The registered manager told us that they are able to spot patterns and trends from these quality checks. The registered manager told us they identified through their checking systems that improvements could be made to the deployment of staff. This had enabled them to make sure people were supported at the right time by the right number of staff. We saw a report and could see the changes being made as a result including the redeployment of staff hours to account for the new “toolbox” training sessions.

Staff told us that the registered manager regularly came into each of the bungalows and talked to people and staff and ate with them at meal times. We saw one person talking to the registered manager and explaining to them what was being cooked on the day and invited them to join them at lunchtime. We saw that the registered manager was known to people and staff within each of the four bungalows.

The registered manager showed us the results of the last staff survey when they were told about a number of things that needed addressing including staffing, morale and the layout of the buildings. We saw that they were working through these changes and that refurbishment was underway, staffing levels have been reviewed and a number of new appointments have been made. We were told by the registered manager that they were in regular contact with the local authority and were keeping them

aware of any changes which were being made. They went on to say that as a result of some concerns raised with them they felt that they were now “over reporting” incidents in order to demonstrate that they continue to be open and transparent.

The registered manager told us that following feedback they were involving an outside advocacy agency to support people. We saw that they had identified a provider of this service and the registered manager told us that this will be provided shortly. The registered manager told us that the involvement of such an advocacy agency would assist those living there to have more input in the care that they receive, to highlight any issues and resolve any concerns quickly.

The registered manager told us there had been a significant change in the management structure in the last 12 months. We were told that individual managers have been recruited into each of the four bungalows supported by an overall registered manager. A further appointment has been made and is about to start to provide behavioural and safeguarding support to people and staff.

Staff told us that the management structure was supportive, open and honest. They felt that they were able to talk freely to the bungalow managers and to the registered manager. Staff told us that they felt that their concerns are listened to and that their opinions are valued. Staff told us that the registered manager kept them up to date with any changes. Staff told us that there is an on-call system for evenings and weekends and managers are always contactable for support and advice and will work on shift when needed.