

Mr Ghulam Haider

# Windsor House Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Windsor House is a care home providing personal care to 15 people at the time of the inspection. The service accommodates up to 16 people in one building split over two floors.

### People's experience of using this service and what we found

People's outcomes were consistently good, and people's feedback confirmed this. One person told us, "I came here for respite, but I have enjoyed it so much I am planning to stay here." People also told us they felt safe. Staff had a good understanding of how to safeguard people from abuse.

Staff spoke enthusiastically about their roles and were dedicated and caring. They knew people's history and preferences and used this knowledge to support them in the way they wanted. Staff promoted a positive and inclusive culture. Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities. People told us they were confident the service was managing their needs and care well.

Staff engaged with people in a friendly and caring manner. Their conversations with people were familiar and good natured. Staff were also attentive to people's needs. Relatives told us, "All staff are approachable and very welcoming", "The carers are very nice, kind and caring" and "Staff listen and taken on board my suggestions."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Wellbeing was at the heart of both the service and the provider's vision. The service had facilitated a number of well-being projects. Care plans clearly explained how people wished to be supported and the outcomes they wanted to achieve. Staff worked extremely closely with people to find out about their specific individual likes, dislikes, hobbies, interests and things that mattered to them.

Staff celebrated people's lives and used innovative ways for people to remember their life experiences. For example, staff arranged a representative from an organisation a person had retired from to be presented with photograph memorabilia. This person commented, "They [from organisation] had been to every camp I had been to. I thought it was very good of them to come and I felt honoured. They gave me photographs and I knew all the planes in the photographs. It was brilliant."

The provider had recently employed an occupational therapist (OT) who started working across the providers homes. The OT's role involved working with people to improve their mobility and provide quicker access to aids and equipment to meet people's needs. This helped bridge the gap between people awaiting input from other professionals when referrals to other services were made in relation to people's mobility

and falls.

The service was well led. Governance and quality assurance systems used provided effective oversight and monitoring of the service. Staff spoke positively about how the service was managed and the management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection

The last rating for this service was good (published 24 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Windsor House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, managing director, senior

care workers, care workers, activities co-ordinator, occupational therapist, domestic staff and the chef. We also spoke to with two visiting professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and topical cream charts.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from abuse and information on safeguarding was displayed in the service. Staff received safeguarding training and understood their responsibilities to protect people from harm. People told us, "I am safe here" and "I feel safe here, this is the right home for me."
- The registered manager had identified safeguarding concerns and incidents. These had been referred to both the local safeguarding team and the commission. A visiting professional told us, "They [staff] are responsive and raise concerns."

Using medicines safely

- Medicines were managed safely, people received their medicines in a safe way and systems ensured timely administration of medicines. Senior staff were responsible for administering medicines and they had to undertake training and competency checks before they could administer medicines. People told us, "I have medicines. The cares give them to me on time" and "I get them [medicines] when I need to. The girls put [name of prescribed cream] on my ankles every morning and night."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. For example, people at risk of falls had plans in place to mitigate the risk, and equipment such as sensor mats were in place. People had personal emergency evacuation plans (PEEPs) in place, which provided guidance to staff regarding the level of support that people would require to evacuate from the service.
- Accidents and incidents were monitored and documented. 72-hour observations were in place post an accident. Analysis had been completed for each incident by management, in order to look for any trends and to help prevent a reoccurrence. Learning was shared amongst the team.

Preventing and controlling infection

- The service was clean throughout and we observed housekeeping staff cleaning communal areas and people's rooms. Staff were provided with training relating to infection prevention and control. Staff told us they were provided with personal protective equipment (PPE) and we saw PPE available for staff to use throughout the service.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- During the inspection we observed appropriate levels of staffing to support the people who used the

service. The provider used a dependency tool and had systems in place to monitor staffing levels. People told us, "There is enough carers, they help me" and "The carers always arrive when I press my buzzer, no problem."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff continued to receive an induction before they started working in the service, they received training, regular supervisions and annual appraisals to ensure they were competent. At the time of inspection compliance for supervisions, appraisals and training was at 100%. People and their relatives told us, "The staff are really good and supportive" and "The staff are very good, they know what they are doing. They must be trained."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. Care plans were reviewed at regular intervals or when people's needs changed. People told us they were confident the service was managing their needs and care well.
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included food preferences, interests and preferences with daily routines. A relative told us, "Staff know my [relative] well and what their likes are. That's the good thing they [staff] accommodate each person individually."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Appropriate DoLS applications had been made and staff were aware of the importance of complying with any conditions that were imposed. Staff described their understanding of MCA and DoLS and were able to identify their responsibilities to comply with the legislation. One staff member told us, "[MCA refers to] whether the resident is capable of making their own decisions and whether they have the capacity to make the decision."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met and were offered choice in both where and when they ate and what they had to eat and drink. People's dietary requirements were also documented in care plans. People and relatives spoke positively about the food, their comments included, "Oh I love the food I get plenty of drinks" and "The food is good. If I didn't like what was on I get something else."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The staff worked with other agencies, including health and social care professionals and community teams to ensure consistent good practice. A visiting healthcare professional told us, "The home is managing the needs of the residents very well. They [staff] are quick to put in referrals." A relative told us, "[Relative] has been ill a couple of times whilst here and staff were on the ball, ringing for an ambulance and doctor. They kept me informed."

Adapting service, design, decoration to meet people's needs

- There was sufficient space inside and outside the service for people to make use of. We observed a relaxed atmosphere throughout the service and saw people making use of all the communal areas. We saw people's bedrooms reflected their taste and preferences.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, where appropriate, were involved with planning of their care. People's care records showed that they had provided detailed information about their needs, preferences and background. One staff member told us, "We ask people what they want and what they would like to do, we give food choices and ask people where they would like to go."
- Feedback from people, relatives and visiting professionals was sought through regular questionnaires. People's views and the actions the home had or would be taking to address any concerns or suggestions were displayed on notice boards throughout the home.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff spoke enthusiastically about their roles and were dedicated and caring. They knew people's history and preferences and used this knowledge to support them in the way they wanted. Care files explained whether people had any specific spiritual, cultural or lifestyle needs and how these would be met.
- Staff promoted a positive and inclusive culture. Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities. Equality and diversity were included in the principles of the service. One staff member told us, "We try to be inclusive of everybody regardless of needs, we include them in whatever we do, whether its picking a game or having a chat."
- Staff engaged with people in a friendly and caring manner. Their conversations with people were familiar and good natured. Staff were also attentive to people's needs. People told us, "The staff are good, kind and caring. They are nice to get on with" and "The carers are belting, you can't fault them."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. We observed staff knocking on doors before entering people's bedrooms. People told us, "The carers are lovely, they always treat me with respect" and "They [staff] definitely maintain my privacy and dignity. They close the door straight away [when providing personal care]."
- The service promoted people to live as independently as possible and staff described ways in which they promoted people's independency. One person told us, "I can't do much for myself, but the carers do encourage me to do things like wash my own face and hands."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans clearly explained how people wished to be supported and the outcomes they wanted to achieve. Staff provided people with unique and exceptionally personalised care which met people's needs and wishes by working extremely closely to find out about people's specific individual likes, dislikes, hobbies, interests and things that mattered to them. A relative told us, "Smashing here, [relative] has really settled in, they have improved since being here."
- People's goals and aspirations had been recorded and displayed on the service's wishing tree. Staff supported people to achieve these goals and when goals were achieved it had a powerful positive impact on people's lives. For example, one person had a goal to relive their young adult life by participating in a task they used to enjoy. The person told us, "I didn't know anything about it. They [staff] all kept it a secret. One particular beautiful morning they [staff] put chairs outside and this chap turned up on a [name of activity item]. We [person and relative] used to do that in our days. I could have died when I saw it. Once I was in the [name of activity item] every time I looked to the side I thought of [name of relative]. It was wonderful. A good memory for me. All my courting days were spent on a [name of activity item] with [name of relative]."
- People and relatives were involved in service developments and a pictorial vision board was created with people's input and displayed in the service. The board captured what people wanted in the service and a 12 month action plan was set up which outlined monthly goals to achieve. The service was on track with the action plan and had implemented changes as agreed with people. For example, in response to comments and queries from people and their relatives, patio doors were installed to allow people more easy access in and out of the gardens.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Wellbeing was at the heart of both the service and the provider's vision and the service had facilitated a number of well-being projects which included Lego Therapy, exercise sessions and worked in conjunction with the charity Playlist for Life and Eden Alternative, to improve people's experiences of care and life at the service. The service also worked with an organisation who provided volunteers to work with people on a regular basis. The volunteers were matched with people depending on their interests to provide meaningful engagement in activities. For example, one person who had an interest in textiles was matched with a volunteer who could support the person to sew. When speaking to this person they told us they were thrilled about what they have accomplished.
- A well-being specialist instructor was arranged to carry out seated exercises sessions for people who wished to participate. Staff noted a great improvement in people's moods and continued with regular

sessions. We saw feedback from the instructor which read, "All the residents who have been participating in the exercise have shown sign of improved mobility, increase in stamina and their general wellbeing." During the inspection we conducted a SOFI of the exercise session and saw a jovial atmosphere, all the people who participated were very engaged and extremely happy in mood.

- The service had an interactive social media page that posted updates of the home and what people had been involved in during the day, which people had consented to. This allowed people's family to be involved in people's care and support and maintain their relationships, and we saw people's friends and families had posted positive comments on the page. Relatives told us, "I see videos of [relative] on the [social media] page and it really helps me to see that" and "I like the [social media] page. If I am not here I know what they have been up to. It puts my mind at peace seeing [relative] and knowing what they have been doing."

#### Meeting people's communication needs; End of life care and support

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- AIS information was displayed within the home with details of how to request information in alternative formats. Relevant information was provided to people in accessible formats, including easy read and pictorial versions of key documents, such as the complaints procedure and end of life care information. During our inspection we saw the policy of the month was AIS which was displayed in staff communal areas. The importance of AIS was shared amongst staff to enhance their knowledge to allow more meaningful support for people living at the service.
- Care plans contained a detailed communication section which was reviewed at regular intervals. This contained any communication issues a person may have and their needs in relation to their sight, speech and hearing. Details of any aids or equipment, such as glasses and hearing aids were also provided.
- Although no one at the service was receiving end of life care, people had the option to disclose their end of life wishes and this information was recorded in their care files. The service had an information pack which provided guidance for families about end of life care and what to expect. People had the option to complete an enhanced end of life care plan with their families which asked for very detailed information about their end of life care and wishes.
- Staff were aware of the importance of seeking people's end of life wishes and received training in palliative care to ensure they could support people effectively. We saw the service had received many compliments relating to end of life care which included, "My [relative] was a resident at Windsor House for ten months before she sadly passed away in [month]. [Relative] was always treated with dignity and was well looked after, the staff are very caring and professional, and the home is very welcoming. The Christmas party they had was enjoyed by all the residents and as a family we are more than satisfied with all the care that [relative] received and would not hesitate to recommend Windsor House".

#### Improving care quality in response to complaints or concerns

- Processes, forms and policies were in place for recording and investigating complaints and formal complaints were minimal. We reviewed the complaints log and found the service had responded to formal complaints in line with the provider's policy, the action taken, outcome and any lessons learnt for each complaint was clearly recorded. People and relatives told us, "I have no complaints, I have no trouble. If I really did not like something I would complain to the manager" and "I have no complaints, staff are nice, and I am happy here."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and staff demonstrated a genuine passion and commitment to people and they displayed strong person-centred values. People's choices were respected, and they were supported to live in the way they wanted. A relative told us, "[Relative] came in for respite initially and I straight away found it [the service] warm and inviting. This was the right decision and [relative] is happy here. It's how I want my [relative] to be treated."
- Staff were clear about the culture of the organisation and what was expected from them. Staff praised the registered manager and wider management team, they felt supported and said the registered manager upheld an open-door policy. Comments included, "[Name of registered manager] door is always open, we can take any problem to them. We are a good small team and get issues solved between us" and "They [registered manager] are brilliant, really approachable."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were quality assurance procedures in place. Effective governance systems ensured the registered manager had clear oversight of the service. The registered manager had an active role and we observed them taking a hands-on approach to supporting people who lived in the service. Staff told us, "[Name of registered manager] comes on the floor and helps out. If anyone is busy we ask [name of registered manager] to help."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. We saw the service had let people and their relatives know if something went wrong under their duty of candour and the rating from our last inspection was displayed in the building and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff, people and their relatives' views had been sought through regular contact, surveys and quality monitoring. We found people were pleased with the service and staff were happy in their role. Regular

resident's meetings took place which considered people's wishes and requests. Staff felt team meetings were useful, and they could openly discuss any issues or areas for improvement.

#### Working in partnership with others

- The service worked in partnership with other health and social care organisations to achieve better outcomes for people using the service. The service had developed strong links with the local community and held regular meetings to share learning across services. The service had also made links with an organisation whose aim is to help people stay connected to what matters to them and build a community around people. A community professional who worked with the service told us, "[Name of staff member] has been creative in linking in with community services."