

After Care (n w) Limited Windermere

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Windermere is a residential care service that provides accommodation and personal care for up to three people. At the time of our inspection, there were three people who accessed the service.

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

People felt safe living at the service and had confidence in the staff who took care of them.

People received care from staff who had been supported in their role with appropriate training and supervision. Staff were caring and compassionate and knew people's needs and preferences well.

Regular checks and audits were carried out to determine the quality and safety of the environment and the care being provided.

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.

Risk to people was assessed and measures were put in place to support people safely. The service acted as a halfway house from long term care to independent living and encouraged people to develop vital life skills.

People participated in activities and occupations which were meaningful to them in the local community. Staff provided support where required.

Feedback was sought from people living at the service, their relatives and staff to ensure standards were being maintained and to help drive forward improvements.

The registered manager and registered provider had met their legal requirements with the Care Quality Commission (CQC). They promoted a person centred and transparent culture within the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At our last inspection, the service was rated "Good." (Report published October 2016).

Why we inspected:

This was a planned inspection based on the rating of the last inspection. The rating for this service remained "Good" overall.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Windermere

Detailed findings

Background to this inspection

The inspection

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team

The inspection was completed by one inspector.

Service and service type

Windermere provides personal care assistance for young people who live at the service. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did

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.

At the time of our inspection two people were out participating in their own activities. Whilst people did not

wish to engage directly with us, we were able to observe the delivery of care and support throughout the day. We also looked at people's written feedback.

We spoke with the registered manager and one member of senior care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 spoke with a relative to give us a greater understanding of people's experiences of care at Windermere.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's feedback and their relatives told us they felt the care at Windermere was safe. One relative told us, "Yes its safe, it's a very good place."
- When people accessed the community independently, they were able to contact staff at anytime by mobile phone. There was 24-hour staff cover to keep people safe.
- Staff received safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse and how to report any safeguarding concerns.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk of harm.

Assessing risk, safety monitoring and management

- Systems were in place for checking the safety of the environment and equipment.
- A fire risk assessment of the building was in place.
- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Control measures were in place providing staff with guidance on how to mitigate any identified risks to people.

Staffing and recruitment

- There were enough numbers of staff to provide people with safe and, consistent care and support.
- People received care and support by staff who were familiar with their needs and routines. Wherever possible, any sickness or absences were covered by permanent members of staff, including the registered manager.
- Full pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Using medicines safely

- People self-medicated, however, where assistance was required, medication was administered by staff who were trained to do so.
- Medicines were stored safely and locked away in people's rooms. There were suitable arrangements in place to protect people from the unsafe management of medication.

Preventing and controlling infection

- Staff received training in infection prevention and control and followed good practice guidance.
- The service was clean and well maintained.

Learning lessons when things go wrong

- Incidents and accidents were reviewed by the registered manager to identify any themes and trends.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices were assessed, and they received care and support in line with standards, guidance and the law.
- Care records evidenced the involvement of people and relevant others such as relatives. This helped build up a picture of the person.
- Records contained details of people's preferred routines and preferences. People were involved in setting their own goals and aspirations.
- Daily notes were recorded by staff which detailed all care and intervention carried out. The service regularly reviewed people's care records with the person so that any changes in support needs could be implemented.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles. The service supported staff through inductions, supervisions and appraisals.
- Staff were competent, knowledgeable and skilled and felt supported by managers to develop further.
- Most staff had undergone more specialised training to help meet the specific needs of people. For example, in mental health and therapeutic and distraction techniques.

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

- People were encouraged (and supported where appropriate) to prepare and cook their own meals. Staff helped people to plan a healthy diet.
- Care records contained information on how staff were to support people with any dietary needs and maintain a balanced diet.

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

- People received the care and support they needed. The service referred people to external healthcare professionals where appropriate.
- Staff supported people attend external appointments where required, this was important for people who wanted an advocate to act on their behalf. People had a choice in what member of staff they preferred to support them.

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

- Each person had their own room, which they kept locked when out. People personalised their room to

their own taste.

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).

- Staff had received training in mental capacity and assumed people had the capacity to make decisions, unless assessed otherwise.
- Staff ensured people were involved in decisions about their care and support. We found recorded evidence of people's consent to care documented in their support files. Staff asked and explained to people before giving care and support.

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were motivated and passionate about ensuring people were well treated and supported.
- People told us they were satisfied with the care they received. Comments from written feedback included, "Staff are always there if you have a problem," "It is a good service" and "Staff are lovely and make me feel comfortable, helpful and give good advice, don't think there's room for improvement."

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

- People's communication needs and any assistance they needed was recorded in their care plan.
- Staff supported people to make decisions and choices about their care.
- People were given the opportunity to express their views and opinions through regular 'get togethers.' People could approach staff at any time.
- For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. For example, by preparing their own meals and managing their own medication. One person's written feedback stated, "[Staff] give me the skills I need to live independently"
- People's right to privacy and confidentiality was respected. People's privacy and dignity were maintained.

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 remained good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support from a small number of core staff. This helped to ensure consistency and continuity of care staff wherever possible. The registered manager told us this was extremely important to people.
- Care records contained detailed information about people's preferences in relation to their support and treatment. Staff used this knowledge to care for people in the way they preferred.
- A re-assessment of people's needs was regularly undertaken to ensure that any changes in their needs and goals were identified and planned for.
- People led independent lives, such as having jobs and attending social clubs. Staff supported people to learn important life skills such as financial management, how to apply for jobs and viewing potential properties once the person was ready to move on from the service.
- People were encouraged to make choices and have as much independence as possible, to prepare them for a life outside of the service.
- People's protected characteristics were recorded such as their religion, culture and sexual orientation.

Meeting people's communication needs

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.

- Staff supported people who required assistance with reading or completing paperwork in relation to their care and support. Guidance on how best to communicate with the person was recorded in their care plan.

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

- Staff supported people to access the wider and local community. This helped to prevent social isolation and to increase self-confidence and social skills.
- People were supported with access to educational courses which reflected their interests. The service had forged close relationships with local educational providers.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.
- The registered manager analysed complaints and used them as opportunities to improve the service.

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 Requires improvement. At this inspection this key question has now improved to good. 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 service had an effective system to monitor the safety and quality of the service.
- Audits identified actions required to ensure full compliance with the provider's objectives and regulations.
- The registered manager promoted a person-centred approach to care.

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 management team held regular meetings and discussed any incidents. This helped to further drive the quality of the service.
- The registered manager submitted any required notifications to CQC in a timely way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager promoted transparency in the running of the service. The registered manager was described as being, 'approachable' and 'supportive.'
- The management team held regular meetings and shared best practice ideas. This helped to further drive the quality of the service.
- The prior inspection rating was displayed within the service's premises in accordance with regulatory requirements.

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

- People's feedback was obtained, and their views listened to. This included daily discussions with them to assess their progress and ongoing support. The registered manager also held regular 'resident' meetings as an additional way of obtaining people's feedback.
- The registered manager held regular staff meetings. They encouraged good communication between staff.

Continuous learning and improving care

- The service had a new registered manager who had already identified ways to improve the transitioning process from children entering the service from children's homes.
- Through the supervision process, the registered manager identified any areas in which staff wished to develop. Measures were put into place to enable staff to further develop their skills.

Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams, health and social care professionals and community groups. In order to support people, transition into independent life in the community, the service worked with people's social workers to ensure people were fully supported during the transition.