Windsor Court Care Limited

Windsor Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Windsor Court Care Home is registered to accommodate up to 48 people and provides care and support for older people. The service is split over three floors which were all accessible by stairs or a lift. There were 24 people using the service at time of inspection.

People's experience of using this service and what we found
Improvements had been made since the last inspection to meet the regulations. However, we found that further improvements were needed to ensure these were embedded within the service.

The home had risk assessments for people and general assessments for the home. These had indicated a risk of legionella in the water system. The home was working in partnership with the environmental health office and an external water specialist to mitigate the risk. The home had made improvements to the cleanliness of the home and this included refurbishment and decoration of the main building. However, we found that there was an issue with the clinical waste collection which the registered manager sought to resolve during the inspection.

Improvements had been made in medicines management. Guidance was in place for medicines which are taken occasionally but the guidance needed to be developed further as it was not specific to the person. This meant that individual signs and symptoms could be missed. There were clear instructions and body maps for the application of prescribed creams. However, some labels were unclear due to handling and therefore instructions could not be read. The registered manager put immediate plans in place to address these concerns.

Staff had the necessary checks to work in a caring role and received training and ongoing supervision and support to do their job. Staff told us they felt supported and were proud to work at Windsor Court Care Home. People had regular access to healthcare services and health professionals told us they worked well with the home.

People felt safe and happy living at the home. Relatives were complimentary, and everyone felt involved in decisions within the home. Regular meetings were held, and satisfaction surveys were sent, and actions carried out.

Improvements had been made to care plans which were personalised and clear in supporting staff to meet people's needs. End of life wishes, and preferences had been considered and people knew who to speak to if they wanted to make a complaint.

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 home supported this practice.

People were supported to maintain contact with those important to them including family and friends. Staff understood the importance of these contacts for people's health and well-being. Staff knew people well and what made them individuals.

Quality and safety checks helped ensure people were safe and protected from harm. This meant the home could continually improve. Improvements in audits helped identify areas for development and this learning was shared with staff through handovers and meetings. The management of the home were respected.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection and update
The last rating for this service was requires improvement (published 28 November 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
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 responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Windsor Court 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 and an inspection manager on day one and two inspectors on day two.

Service and service type
Windsor Court Care Home 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.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, support manager, senior care workers, care workers, activities lead, activities staff and the catering manager. We spoke with two health professionals who were visiting the home. We made various observations of care and interactions between people and staff.

We reviewed a range of records. This included three people's care records and multiple 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 looked at training data, risk assessments and quality assurance records.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. Medicines management was not always safe and there were infection control risks due to cleanliness of the home. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

● Since our last inspection the home had undergone major refurbishment including changes to the water system and tanks were replaced. The home had general risk assessments in place for the home. However, these indicated there was a risk present from legionella in the non-occupied area of the home. The provider was working to eliminate this risk with the local environmental health office and an external water specialist. The provider had a risk plan in place and we were told was open and transparent with all relevant agencies.

● Risk assessments were in place for each person for all aspects of their care and support. Risk assessments were reviewed monthly or in response to people's needs changing.

● Assessments included clear instructions for staff. Each assessment was arranged to show the care the person needed and what the risks were. The assessment then gave instructions to the staff of safe ways to work to reduce or eliminate risks.

● Staff had a good knowledge of people's risks. Records showed that care was delivered in line with people's individual risk plans.

Using medicines safely

● Improvements had been made and the home had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had their competency assessed.

● Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. Although the guidance gave maximum dosage and indicators for staff to look out for they were not specific to the person. This meant that further improvement was needed as signs or symptoms could be missed by staff. We spoke to the registered manager who told us the support manager would start to review all guidance immediately.

● Medicine Administration Records (MAR) detailed when a person took their medicines. Prescribed creams had guidance of where to apply, and how often, and each person had a body map for each cream. Some of the instruction labels had become faint and unclear due to use, the senior carer told us they would ensure

that protective tape was applied when the creams were started to make sure instructions were clear.
● The home had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had their competency assessed.
● Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited.
● Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

Preventing and controlling infection
● Improvements had been made and all areas of the home were tidy and visibly clean. However, we saw that the homes clinical waste bin was not secured and was overflowing. This had not been raised with the registered manager by staff. We alerted the registered manager to this and after they made enquiries they told us the collection had been missed. They arranged to have this collected during the inspection and told us they would be changing to a new company to ensure reliability.
● Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. People and relatives told us they thought the home was clean and tidy. A person told us, "It's kept clean". Staff had received training in infection control and monthly audits were carried out.
● There were gloves, aprons and hand soaps and sanitisers in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day.
● The service had received the highest Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very good'.

Staffing and recruitment
● The home had a recruitment process and checks were in place. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting. However, some staff files did not contain a full employment history as required. We spoke with the registered manager who immediately sought to rectify this omission.
● There were enough staff on duty. The registered manager calculated the number of staff required to meet the needs of people and this was reviewed monthly.

Systems and processes to safeguard people from the risk of abuse
● Staff had received training in safeguarding people. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to both internally and externally. Staff told us they would not hesitate to report concerns and had confidence in the registered manager.
● People and their relatives told us they felt safe within the home. A person told us, "I feel safe living here, I have a bell and staff come quickly". "I feel safe here, it's a nice home". "I feel safe, it's like a paradise, I wouldn't be able to fault it". "This is very important for my loved one, I can't ask for better".
● Safeguarding people was promoted around the home. There were posters with telephone numbers of the local authority safeguarding teams. A professional told us, "I have no safeguarding concerns about anyone living at Windsor Court".
Learning lessons when things go wrong
● Accidents and incidents were recorded and analysed monthly by the registered manager. This meant that they could identify trends and make changes.

● Learning was shared through staff meetings and daily handovers. Staff told us they felt they were kept up to date and communicated well together.

Good

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.

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

● People had their needs assessed before they moved into the home. The pre-assessments formed the basis of their care plans. The registered manager told us they went to see each person before they moved into the home.

● People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines and nutritional needs.

Staff support: induction, training, skills and experience

●The home had an induction for all new staff to follow, which included internal training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Some of the staff held a national diploma in health and social care.

● Staff received the training and support needed to carry out their role effectively. They told us they felt confident. A health professional told us they thought the staff had the correct skills to support people within the home.

● Staff received training on subjects such as dementia, moving and handling, medicines and fire safety. Some courses included both theory and practical sessions.

● Staff told us they had regular supervisions and contact with the seniors and registered manager. They told us they communicated together each day through handovers.

● Staff told us they felt supported, they could ask for help if needed and felt confident to speak with the senior staff or registered manager when required.

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

● People were supported to have enough to eat and drink. We received positive comments about the food including; "We get a choice of food and it's good", "Lovely food, I get as much as I want", "The food is very good, and we meet with the chef", "It's pretty good, the chefs are very professional" and "We get a couple of choices".

● People could choose an alternative if they didn't want what was on the menu. The catering manager told us they have a menu with various choices, but people often change their mind on the day. They told us they will cook whatever people want.

● Records showed input from dieticians and speech and language therapists where required. The catering manager told us, "Information on people's dietary needs are displayed in the kitchen. This is updated by the

seniors".
● Where people needed extra support with food and drinks, monitoring charts were completed to make sure they met their daily targets to maintain or improve their health.
● The dining room had tables laid with drinks and condiments. Most people used the communal area to have their meal. Food looked appetising and plentiful. People were encouraged by staff to eat their meals and various aids supported people to be independent. Where support was given by staff this was observed to be respectful.

Staff working with other agencies to provide consistent, effective, timely care
● The home worked closely with other agencies. Records showed this had promoted effective care and had a positive effect on people's wellbeing.
● Staff were knowledgeable about people's needs and the importance of working with others.
● People received the care, treatment and support when they needed it. A health professional told us, "They contact us in a timely manner. We visit the home weekly and have a member of staff to escort us, so they can ensure an effective handover".

Adapting service, design, decoration to meet people's needs
● The home was accessed by people across three floors using stairs or a lift. It had been adapted to ensure people could use different areas of the home safely and as independently as possible.
● The home was recently refurbished, and these improvements were ongoing. Many areas of the home had been redecorated.
● The home had various lounges and smaller seating areas across all three floors. There was a large dining room on the ground floor where most people had their meals. All outside spaces had level access.
● There were signs on the doors to assist people to access certain rooms such as the bathroom. Each bedroom had a memory box outside where people displayed photographs and special items indicating their hobbies and interests.
● People were encouraged to bring their own belongings into the home.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to receive health care services when they needed them. Records showed referrals made from the home to a variety of professionals, such as doctors, nurses, dieticians and dentists.
• The senior staff and registered manager said they worked well with all professionals and were comfortable seeking their input when needed.
• The registered manager told us they worked closely and were supported by their commissioners and various other professionals.
• Records showed that instructions from health professionals were carried out and they supported people's needs well. A health professional told us "Things have really improved in the home".
• Instructions from medical professionals were recorded in people's care plans and they were communicated to staff during handover. This meant people were receiving the most up to date support to meet their health needs.

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.

• The home met the requirements of the MCA. MCA assessments had been carried out for people in relation to their care needs including consent for photographs. This meant that people's rights were being protected.
• MCA assessments had been carried out and the home held best interests' meetings for people. Records showed involvement of the person, family members, professionals and GP.
• Applications had been made under DoLS as necessary. The registered manager told us they had a good understanding of the process and they had knowledge of any conditions attached. Records were clear where conditions were attached to show they were being met.
• People and their relatives told us staff asked for their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection particularly in relation to medicines.

Good

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.

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

- People and their relatives told us staff were kind and caring. Comments included: "They [staff] are dedicated people", "Staff are nice people, very kind", "Fantastic staff here", "Staff care for us so well" and "All the staff are good".
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans. The home had a religious service once a month for people to enjoy.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

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

- People and their relatives were involved in their care. The registered manager completed reviews of care and people, relatives and staff were involved in these.
- Staff told us it was important for them to support people with choices. We observed staff supporting people with choices for different aspects of the day and their care. This was with meals, meetings and activities.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff received training in dignity. A person said, "They always respect me".
- People were supported to be as independent as they could be. Staff told us that it was important that people kept their independence. One staff member told us, "It's important for them. We encourage them to do things for themselves".
- The home held dignity meeting's for people each month. At the meeting they discussed statements from a collection of standards people should expect to receive. An example was, 'Listen and support people to express their needs and wants'. Staff told us this ensured these standards were in everything they did at the home.

Good

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 requires improvement. At this inspection this key question has now improved to 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 personalised care that was responsive to their needs. The deputy manager reviewed all the care plans monthly.
- Improvements had been made and plans were personalised and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Care plans had clear outcomes and guidance for staff to be able to meet those outcomes.
- People had condition specific care plans in place. Some examples were, diabetes and nutritional care plans.
- Care plans and information was available to staff on an electronic system. This included people's life history plans which helped staff understand people's backgrounds. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people.

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were met by staff.
- Staff offered people choices by using visual prompts. Staff told us they knew people well and were able to communicate using their preferences.

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

- The home had a varied programme of activities for people to enjoy. People told us that they wanted to have more trips outside of the home. The activities lead told us that they were aware of this and arrangements were being made for a mini bus.
- Activities were organised into a daily planner and there were additional activities for people to enjoy each month. Some of the activities people enjoyed were: quizzes, music, animal visits and singers. A staff member told us, "We just ask them what they want to do".
- The activities lead told us they liked to provide a wide variety of activities and meaningful engagement for people including for those people who spend time in their rooms. A person told us, "Staff come and chat to

me in my room".
● The activities lead told us they were passionate about their role. Together with people, they had completed planning for the home for the Christmas period and told us all activities would link to the holiday period. They had arranged arts and crafts making decorations, visits from the local school and the staff were performing a carols concert in Christmas jumpers. People told us they were looking forward to the upcoming events.
● People and staff told us they enjoyed the activities in the home. Some comments were; "I like to join in the activities", "The activity lady is so nice to me. She knows my history and we have lovely chats", "Activities are very good, and the staff make sessions enjoyable" and "I have activities in my room".

Improving care quality in response to complaints or concerns
● People knew how to make a complaint and the home had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the management about any concerns and felt confident they would be addressed.
● Records showed that complaints had been dealt with within the required timescales and to people's satisfaction.
● People were confident their concerns would be dealt with. Comments we received about this from people and their relatives included: "We are listened to and that's important" and "If something is not good I would tell the staff".
● We observed a meeting with people and staff where they discussed the complaints process and the importance of sharing concerns. People who were present stated they were very happy living at the home. The staff member reminded them how to raise their concerns.

End of life care and support
● At the time of inspection, the service was not providing end of life care for anyone. The senior staff told us they worked with the district nurses and GP when a person requires end of life support.
● Each person had an end of life care plan which noted their last wishes and preferences. The plans had been reviewed within the usual care plan review and information added if necessary.
● The home had received compliments about its end of life care and support. One compliment said, 'We only ever saw kindness, care and affection whilst maintaining a respect for their dignity'.

Good

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.

At our last inspection the provider had failed to ensure that their quality assurance systems were robust enough to identify shortfalls in medicines, infection control and care planning. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- The management and staff understood their roles and responsibilities. The registered manager worked closely with the support manager and senior staff and told us they were supported by their team.
- Improvements had been made to quality assurance systems and these were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.
- Systems were in place to support learning and reflection. The registered manager had completed monthly audits, such as medication, accidents, health and safety and care records.
- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement.
- Learning and development was important to the registered manager, support manager and activities lead. They attended regular provider meetings, forums and had used online guidance and publications.

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

- Staff felt proud to work at Windsor Court Care Home. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "It's a really good home, everyone gets on", "There is a good team here, friendly and extra supportive".
, "I am proud to work here, I like the company, I love my residents, it's a good care home", "It's not like a job. You want to come to work" and "I'm really proud to be part of this team".
- Staff, relatives and people's feedback on the management of the service was positive. Staff felt supported. The comments included: "The registered manager [name] is lovely. I have lots of support from her, anything you need", "The registered manager is lovely, I couldn't ask for a better one, they have supported me in my role", "I am confident in them [registered manager]" and "The registered manager [name] is always

approachable and understanding. I respect her a lot". A health professional said, "We have a good relationship here. The support manager is very thorough, and we quite often deal with the senior staff".

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 understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The service sought people's feedback through individual questions once a month, for example for satisfaction, food and activities. The results of those were positive. The support manager told us they send surveys out to relatives and friends twice a year.

● The home held meetings for people and their relatives. Subjects were food, outings, updates and activities. Records showed people and their relatives were involved in the home and kept up to date. Relatives were routinely asked for their views and they told us they felt involved in the home. All relatives told us that they were always made to feel welcome and could visit at any time.

● The home had regular staff meetings. Minutes showed discussions about people, updates, events within the home and reminders. Records showed good attendance by staff.

● The service had some links to the local community. The home employed an activity lead whose role was to promote and improve community engagement. They told us they were passionate about their role and had made some good links particularly working with younger people and trying to bring together different generations.

● The service had good working partnerships with health and social care professionals. A health professional told us, "Windsor Court has improved a lot the past few years".