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Windermere Rest Home

Inspection report

23-25 Windermere Road
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Essex
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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

Windermere Rest Home is a small privately owned care home. The service can provide care and accommodation for up to ten older people. People living in Windermere Rest Home may have care needs associated with living with dementia. At the time of our visit there were 10 people living in the service. An unannounced inspection was carried out on 14 July 2016 and 15 July 2016. At the previous inspection the Commission highlighted areas in the service needed to improve to ensure safety and wellbeing of people living in the service.

Vast improvements have been made since our last inspection, at this inspection the service has been rated overall as "Good" as the provider had shown sustained improvements over a long period of time.

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

The service had made improvements to ensure staff delivered support that was effective and caring and this was delivered in a way which promoted people's independence and wellbeing, whilst people's safety was ensured.

Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient numbers of staff enabled people's individual needs to be met adequately. Trained staff dispensed medications and monitored people's health satisfactorily.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers, community mental health nurses and GPs to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. People were supported to identify their own interests and pursue them with the assistance of staff. Person centred social activities took place within the service.

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.

People felt safe at the service. The provider's arrangements ensured that staff were recruited safely. People were supported by sufficient staff to meet their needs.

We found people's medicines were managed and stored safely.

Is the service effective?

Good 

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

The dining experience for people was suitable to meet their needs and people's nutritional requirements were being met.

People had access to healthcare professionals as and when needed to meet their needs.

Is the service caring?

Good 

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good 

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their relatives and use their feedback to make improvements.

The service had implemented a number of quality monitoring processes to ensure the service maintained its standards.

Windermere Rest Home

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 manager 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.

This inspection took place on the 14 July and 15 July 2016 and was unannounced. The inspection was undertaken by one inspector.

We reviewed other information that we hold about the service such as notifications, these are the events happening in the service that the manager is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

As part of the inspection we spoke with three people who used the service, two relatives and three members of care staff, the manager and provider. We also spoke to the Local authority's contracts team.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how they were cared for by staff. We therefore used observations, speaking with staff, and relatives, reviewing care records and other information to help us assess how people's care needs were being met. We spent time observing care in the communal areas and 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.

As part of this inspection we reviewed four people's care records. We looked at the recruitment and support records for three members of staff. We reviewed other records such as medicines management, complaints and compliments information, quality monitoring and audit information and maintenance records.

Is the service safe?

Our findings

At our last inspection the service failed to demonstrate how it would ensure the safe care and treatment of people using the service. At this inspection we found that improvements had been made and sustained over time and people were now being cared for safely.

At our previous inspection we found staff instinctively knew the people they supported and how to protect people from risks to their health and wellbeing and this was due to the service not undertaking appropriate preadmission and risk assessments prior to people being admitted into the service. Risk assessment processes were inadequate. They did not demonstrate that the service understood the risks associated with people's needs or that they would be able to meet them. At this inspection we found improvements had been made the manager informed that since the last inspection the provider had employed a consultant who had been supporting the home to review and rewrite every person's risk assessment to ensure that all potential risks are identified and mitigated. One member of staff informed, "The new risk assessment forms are really good as they clearly highlight each person's risk and we can update them every time the risk changes, this way we are able to ensure the people we care for are safe." On reviewing people's risk assessments it was clear that each risk assessment fully identified risks to people's safety and how staff would monitor and manage each risk, risk assessments also evidenced involvement of the person and their relative and professional were required and appropriate.

Staff we spoke with knew how to recognise the signs of possible abuse and how and who to report it to. One member of staff informed us, "If I think someone is being abused I would speak to the manager and if it's the manager I have concerns about I would contact Social services or CQC". Staff felt confident that the manager and provider would act accordingly in the event of any concerns. Records showed that where issues or concerns had been reported, these had also been addressed appropriately and in a timely manner by the manager. We found that all staff had attended safeguarding training with the local authority. The manager said, "The provider and consultant had arranged training for all the staff and we also have done online training which is monitored by the provider and consultant every month to ensure all staff have achieved the pass mark and are competent."

Clear information was available to staff and people on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. There were 'ASK SAL' posters around the service, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. The posters gave information about who to contact outside the service if anyone wished to do so. This was provided in an appropriate format so as to ensure that people understood what abuse was and how they would be protected.

Our previous inspection highlighted concerns around the number of staff available to meet people's needs. At this inspection we found that improvements had been made as staffing levels were periodically being assessed against the people's changing needs. Staff rotas confirmed that since our last inspection staffing levels had been increased to three members of staff between 0700 and 14.00 as this covered the busiest

period of the day and after 14.00 staff levels dropped to two members of staff. The service also now employed cleaner who worked at the service every day. The Manager informed, "If people become more dependent we can increase the staffing levels accordingly". The provider informed that they had adjusted staffing numbers accordingly since the last inspection to ensure that the people that received a good service.

During our inspection we found there were sufficient staff on duty to meet people's assessed needs and when people accessed the community the manager informed that the service would either ask people's relatives to help or ask social services for additional funding. The provider informed that they had not dropped or adjusted staffing numbers since the last inspection despite the drop in number of people using the service. The provider went on to inform that this had been because they wanted to ensure that the people that remained received a good service. The provider added that when the service does start to take new people into the service they would periodically review staffing levels along with the Local Authority to ensure that the service had sufficient staff on each shift to meet the needs of people using the service.

People's views on staffing levels were very positive. One person informed us, "I need staff to help me get around the home and as soon as I call for help someone comes straight away to help me". This was also echoed by a visiting relative who informed, "I have noticed over the last twelve months there has been more staff in the home and there is always a member of staff in the lounge when I have visited which is reassuring". Staff's comments were also positive. One member of staff told us that staffing levels were acceptable this meant staff were able to meet people's day to day needs without feeling pressured. Staff also informed that with the additional member of staff we can now have a break as this was not always the case in the past. Our observations on the first day of the inspection over an hour period in the morning showed that the increase in staffing levels was working and people's needs were being met in timely manner.

The service ensured that it employed suitable staff because a clear recruitment process was followed. This made sure that staff were suitable to work with people in a care setting. Relevant checks had been carried out including obtaining at least two references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

At our last inspection we had some concerns about the administration and storage of medicines. At this inspection we found improvements had been made as the manager and provider showed records of monthly audits and medication counts that had been completed since our last inspection. We observed staff doing the medication round. Staff explained to people what medication they were being given, then observed them taking it, and when people declined to take the medication staff placed the tablets in a sealable container and labelled it then returned minutes after to ask the person if they would take they medication. Medication was securely stored and the service had a procedure in place for the safe disposal of medication. We reviewed 10 people's medication administration records (MARs) and found them all correctly completed with no unexplained gaps or omissions. Staff involved in the administration of medication had received appropriate training and competency checks in order for them to safely support people with their medications.

People were cared for in a safe and clean environment however we did identify some minor works that needed to be carried out in some of the bedrooms, for example wallpaper that was falling off this was highlighted to the provider who informed they would arrange for this to be repaired as soon as possible. The provider employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. In

addition, identified risks such as low ceiling, loose flooring and uneven surfaces had been highlighted with hazard signs to aid people using the service. During the inspection we noted parts of the home had been redecorated; this being new flooring in the downstairs bathroom and main lounge. The provider added that further works such as repainting bedrooms and hallways would be carried out to the rest of the home over the next twelve months.

Is the service effective?

Our findings

At our last inspection we noted that most staff had received training to carry out their role. Although staff training records showed and staff told us that they had received suitable training to meet the needs of the people they supported, updates had not been regularly completed.

At this inspection we found all staff to have a good knowledge and skills level needed to provide good quality care to people using the service. Upon reviewing the services training matrix it was evident that all staff had attended training and had refresher training dates planned as part of their ongoing development. Staff told us they attended mandatory training when they first started work and that they also attended yearly refresher courses which were arranged and monitored by the manager this was to ensure they understood their role and could care for people safely. Looking through staff's training folders it was evident that all staff had attended all the mandatory training. The provider informed that all staff training was provided through the local authority. The provider also went on to say the service employed a consultant who had been coming and spending time with the manager and staff ensuring they had an understanding of the role and what is required of them.

At our previous inspection we were unable to confirm if all staff had received an induction prior to commencing employment as the records were not in the service. At the inspection all staff records reviewed confirmed that staff had received an induction to ensure they understood their role and could care for people safely. This was also confirmed by staff we spoke to. One member of staff told us, "Before I started working here I was asked to complete an induction which helped me learn about the role", "The induction involved an orientation of the building, fire drill, reading people's care plans and completing mandatory training". Staff also informed of a period of being observed by the manager to ensure the level of care they were delivering met the needs of the people they were supporting. The manager was aware of the new Skills for Care 'Care Certificate' and how this should be applied and informed that most staff had completed the certificate and some were still in the process of completing it.

Staff had regular supervision and support to ensure their skills were up to date and they had the opportunity to discuss their development needs. Staff informed us that this gave them the opportunity to sit down with the manager and discuss any issues they may have on a one to one basis. Staff confirmed that supervision was always about staff and also looked at ways in which staff could develop and best support the people they are caring for. Staff informed us that they had regular team meetings with the manager and owner and all staff were given the opportunity to speak out on any issues that may affect them at work. Staff felt supported by the manager and could speak to them at any time which was evident during our inspection. We reviewed the monthly meetings folder and found the service was holding meeting with staff, people and relatives on a regular basis. The manager told us that the meetings gave people the opportunity to discuss people's care and the running of the service and everyone present at the meeting was encouraged to be open and transparent about any concerns they may have.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. Details on how to involve the person in decision-making according to their individual levels of understanding and preferred communication methods were included in each person's care plan. In addition an Independent Mental Capacity Advocate (IMCA) was available when required to advocate for people, to ensure that people's rights in this area of their care were protected.

The manager and staff showed a good understanding of their responsibilities and had made appropriate DoLS applications in recent months. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered, if the person was unable to make an informed decision staff would then make a decision in the person's best interests, taking into account the person's past and present wishes and feelings. Where people had been assessed as lacking mental capacity to make an informed decision, the service had care plans and risk assessments in place to ensure people's wishes and feelings were being respected.

People said they had enough to eat and drink and choice about what they liked. Throughout the day we observed people being offered food and drinks. The service had several jugs of juice placed around the home and these were regularly replenished. All staff were encouraging and supporting people to make themselves a drink. People had their specialist dietary needs met, for example, the service were able to cater for people who required a soft food diet. Staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten. The food was cooked using fresh produce, in the morning staff went around to all the people using the service to discuss the meal choices from the meal that was provided. Daily menu was written on the white board for the residents to see and during our two day inspection we noted that staff would discuss the menu options with each individual just in case they have changed their mind since choosing their option in the morning after breakfast. People had the choice to change their meal preference at any time during the day. The service did not have kitchen staff, after the morning tea round one member of the care team went into the kitchen and started preparing lunch. The manager and provider informed that all staff had food and hygiene training.

People's healthcare needs were well managed. We noted that people were supported to attend any hospital appointments as scheduled. When required, the service liaised with people's GP, mental health professionals and community mental health services to ensure all their healthcare needs were being met; in addition people were supported to obtain dental care and vision tests as and when required. One visiting Professional informed, "The service is very quick to notify us when people's needs changed, which means we are able to intervene before people's condition deteriorates".

Is the service caring?

Our findings

We found staff to be friendly and caring towards people living in the service. Staff made people feel that they mattered. We observed staff listening to people and interacting with them in an appropriate, respectful manner and they always gave people time to respond. Staff had positive relationships with people. One person told us, "I am happy here, the staff are good, the food is good and I get to see my relatives what more can I ask for".

The service had a very strong, person-centred culture that was acknowledged by everyone we spoke with. Care plans were personalised to each individual's needs. The service worked closely with all professionals and relatives to undertake specific ways of providing care for all the people living in the service and this was all recorded in the care plans.

People were supported to be as independent as they chose to be and this was documented in their support plans; the manager also added how they supported people to be independent. People were really relaxed in each other's company and with the staff who were present. There was free flowing conversation and exchanges about what was on the television and the newspapers some of the residents were reading.

Staff respected each person's choices, for example respecting privacy. We observed a member of staff asking and listening to people what they wished to do for the day and then proceeding to support them with their decision.

Staff knew people well, including their preferences for care and their personal histories. People and their relatives were aware of their support plans and had regular meetings with the management team to identify any needs or wants they may have, along with their overall well-being. A relative told us, "The manager is very approachable and always communicates with us when there is a change in our relative's needs."

People were supported and encouraged to maintain relationships with their friends and family. One person confirmed people's relatives and friends could visit whenever they wanted and said, "My relative visits almost every day and sometimes my relative can't visit me so they will call me on the home's phone so I can speak to them which is really nice".

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to. The manager gave us examples of when the service had involved an advocate, such as supporting with annual reviews and support planning. Advocates were mostly involved in decisions about changes to care provision.

Is the service responsive?

Our findings

At our last inspection we found people did not always receive care in a person centred way. We also found that people's care was not always planned and assessed to ensure people's safety and welfare and were not fully reflective or accurate of people's care needs. At this inspection we found that improvements had been made in all areas of concern. People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff.

The manager informed that as part of the new care planning process introduced by the provider and the consultant after the last inspection the manager or member of staff in charge of the shift would meet with other health professionals to plan and discuss people's care before coming to the service on how the service would be able to meet their needs. The manager informed, "After the last inspection the service reviewed every person's care plan with the person and their relatives to ensure that the care plan had a true reflection of the people's needs." Staff had carried out comprehensive assessments of people's needs before they were admitted to the service. They had spoken with, and in some instances worked with, everyone already involved in caring for and supporting the person, in order to learn as much about the person as they could. Staff used this information to devise the person's support plan. Support plans were reviewed and changed as staff learnt more about each person changing needs, for example when a person's mobility reduced the care plan were changed to reflect how the person's needs would be best met. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they came to live at the service.

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed, in the way the person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

At our last inspection there were limited opportunities for people to engage in meaningful activities. At this inspection we found the service had a weekly activities plan in place which the provider had discussed with some of the people using the service and had agreed on activities people enjoyed and would like to do. The manager and staff said that the choice of activities on the day was flexible so people could change from the planned activity. During our inspection we observed one member of staff playing cards with one person, whilst another member staff played ball games with the other people in the service. People appeared to be enjoying themselves. The service had a garden area in which people had regular access and staff were able to observe them from a distance to ensure they were safe. One relative informed, "I visit the service on most

days and when I have been here everyone appears to be having a good time, a few months ago there was a singer here that was really good."

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager or person in charge, to address the issue. The manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter. Complaints we reviewed confirmed this.

Is the service well-led?

Our findings

At our previous inspection we found quality assurance systems and processes which assessed, monitored or improved the quality of the service were not effective or established and shortfalls had been found in the management of medication and also how the service assessed staffing levels. At this inspection we found improvement had been made as the manager and provider had implemented a number of monitoring systems these were continually being reviewed to ensure they were effective in highlighting issues that had previously been missed. The provider informed that after the last inspection the service had employed a consultant who reviewed all the service processes and then supported the manager to implement the use of Quality Compliance Systems documentation which had ensured the manager and provider stayed on top of all the quality monitoring.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control. The manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit and this were reviewed by the provider and consultant periodically to ensure all actions were being completed. Records we hold about the service confirmed that notifications had been sent to CQC as required by regulation.

The manager was visible within the service. People and relative informed that they were very approachable and could speak to them at any time. The manager had worked in the service for a number of years and had very good knowledge of the service and the people that used the service.

People benefited from a staff team that felt supported by the manager. Staff said this helped them to assist people to maintain their independence and also showed that people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

People and their relatives felt at ease discussing any issues with the manager and their staff. "One relative informed, "Because it's a small home, there is a family feel to the place, when I come in I always see the manager or the provider sitting and chatting with the residents and everyone looks like they are having a good laugh".

The manager told us the aim of the service was to ensure people and their relatives felt at home and happy living in the service. The manager and provider informed us that they held meetings with relatives and people using the service as this gave them an opportunity to identify areas of improvement and also gave relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they were involved in the continual improvement of the service. For example one relative informed of how

the provider had consulted them on the flooring colour and that is now in the lounge.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.