

Runwood Homes Limited

Windle Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on the 21, 22 and 23 August 2018.

At our previous inspection undertaken on the 23, 24 January and 8 February 2018, we found breaches with regulatory requirements. These related to Regulation 9 (Person centred care), Regulation 12 (Safe care and treatment), Regulation 13 (Safeguarding service users from abuse and improper treatment), Regulation 14 (Meeting nutritional and hydration needs), Regulation 17 (Good governance), Regulation 18 (Staffing) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found a breach of Regulation 18 (Notifications of other incidents) of the Care Quality Commission (Registration) Regulations 2009 (Part 4). The service was rated inadequate and was placed in Special Measures. We requested an urgent action plan from the registered provider confirming to us what they were going to do immediately to address our concerns. You can read the full report from our last inspection by selecting the 'All reports' link for Windle Court on our website at www.cqc.org.uk.

Services in Special Measures are kept under review and inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe, and the rating of Inadequate remains for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

During this inspection in August 2018, we checked the actions and improvements the provider told us they would make to achieve and maintain compliance with the fundamental standards under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Our findings showed that although improvements had been made, further improvements were required. Furthermore, where improvements had been made, further time was required to ensure these were fully embedded and sustained within the service. As the service is no longer rated as 'Inadequate' overall or in any of the key questions, it is now out of Special Measures.

Windle Court is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service accommodates up to 76 older people across three separate units: Jasmine, Poppy and Sunflower. Jasmine unit is a three-storey building which is separate from the main building. Poppy unit is situated on the ground floor of the main building and Sunflower is situated on the first floor. There were 62 people living at Windle Court when we visited the service on 21 August 2018, of which two were in hospital.

There had not been a registered manager in post at the service since October 2017. A manager had been recruited following our inspection in March 2018 and was in the process of registering with the Care Quality

Commission. 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.

People felt safe living at the service. Improvements had been made around the management of medicines, staffing numbers and deployment of staff. However further improvements were required to ensure people's care records, including any associated risks, were up to date and reflective of their current care and support needs. Improvements were also required to ensure effective infection control. Staff had received training in safeguarding adults from abuse and understood their responsibilities and the actions they should take if concerns were identified. Safe recruitment systems were in place to ensure new staff were safe to work with adults. There were systems in place to learn from when things had gone wrong, and these were used as an opportunity to improve the health, safety and well-being of people.

Newly appointed staff received an induction relating to their roles and responsibilities. Staff received support, guidance and the training they needed to enable them to fulfil their role and responsibilities. Although staff felt well supported, further improvements were required to ensure staff received regular supervision. People had sufficient food and drink and were provided with choices at mealtimes. Where required, people were supported to access health care services to maintain their health and well-being. Although people were supported to have choice and control over their lives and there were systems and policies in place to support this, improvements were required to ensure the service is acting in accordance with the Mental Capacity Act 2005 and associated Code of Guidance.

People were treated with warmth, compassion and respect. Staff knew people well and were sensitive to their needs. People's independence was promoted and people were encouraged to do as much as they could for themselves. People were treated with dignity and respect and staff ensured people's privacy was maintained at all times.

Improvements were required to ensure care plans reflected people's current care and support needs. Improvements were also required to ensure that there was accurate record keeping. The registered provider employed an activities coordinator who supported people to participate in group and/or one to one activities. Information on how to raise concerns or complaints was available, and people and their relatives were confident any concerns would be listened to and acted upon.

People, relatives, staff, and health and social care professionals spoke positively about the manager who was committed to making improvements and providing good quality care. Staff were valued and well supported. The manager actively encouraged feedback about the quality of the service and saw this as an opportunity to reflect and make improvements. There were systems in place to regularly assess and monitor the quality of the service, however some of the auditing processes required improvements to enable a more robust approach to monitoring and oversight of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Improvements were required to ensure people's care records, including any identified risks, were up to date and reflective of their current care and support needs.

Improvements were required to ensure effective infection control practice.

People received their medicines as prescribed by staff who had received relevant training to do so. However, improvements were required to ensure people's topical cream charts were fully completed by staff.

People were cared for by staff who had been safely recruited.

There were sufficient numbers of staff to safely meet the needs of people.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

People were supported to make their own decisions and choices. However, improvements were required to ensure the service was acting in accordance with the Mental Capacity Act 2005 and associated guidance.

Staff received the training they needed to deliver effective care to people, however they did not always receive regular, structured supervision.

People had a choice of meals and drinks. They were supported to maintain their health and well-being, including accessing healthcare services when required.

Is the service caring?

Good 

The service was caring.

Staff were not task orientated. They knew people well and were

kind, compassionate and respectful, and treated people with dignity and respect.

People were supported to maintain their independence.

People were supported to maintain contact with families and friends.

Is the service responsive?

The service was not consistently responsive.

Improvements were required to ensure care plans reflected people's current care and support needs. This included ensuring record keeping was accurate to ensure staff were provided with clear up to date information.

People were supported to participate in a range of activities.

There were effective systems in place to deal with concerns and complaints.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Although the quality assurance systems had improved, further improvements were needed to strengthen some processes to enable greater oversight.

There was an open and transparent culture with the service.

The manager had developed positive relationships with people, relatives, staff and health and social care professionals.

The views of people, relatives and staff were sought to drive continuous improvement.

Requires Improvement ●

Windle Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 21, 22 and 23 August 2018 and was unannounced.

On the 21 August 2018, three inspectors carried out a visit to the service between 05:00 and 12:10. On the 22 August 2018, one inspector, two 'bank' inspectors and an Expert by Experience visited the service. An expert by experience is a person who has personal experience of caring for older people and people living with dementia. Our expert had personal experience of caring for someone who lived with dementia. On the 23 August 2018, the inspection was completed by one inspector and two 'bank' inspectors.

Prior to our inspection we reviewed the information the registered provider had sent us in the 'Provider Information Return' (PIR). The PIR is information we require registered providers to send us, at least annually, to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as safeguarding information, statutory notifications and feedback from the local authority. Notifications are the events happening in the service that the provider is required to tell us about. We used the intelligence we held about the service to plan what areas we were going to focus on during our inspection.

We carried out a 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.

During our inspection, we spoke with 18 people living at the service and six relatives. We received feedback from three health and social care professionals. We also spoke with 19 members of care staff, the chef, activities coordinator, deputy manager, manager and regional operations director.

We looked at a range of records including 14 people's care plans and 11 staff recruitment and support records. We also looked at the arrangements for managing medication, incidents and accidents, staff training records, rostering information, complaints and compliments and quality assurance information.

Is the service safe?

Our findings

At our last inspection in January and February 2018, we rated this key question as 'Inadequate'. At this inspection, whilst we found some improvements had been made, further improvements were required. We have rated this key question 'Requires Improvement'.

At our previous inspection, we found people were at risk of receiving unsafe care and treatment. We identified issues pertaining to staffing numbers and the effective deployment of staff. We also found the service had not responded appropriately to safeguarding concerns, for example following falls or injuries. The systems in place to monitor incidents and accidents had not been robustly managed to identify trends, determine the cause of falls and take the necessary follow up action. Individual risks to people had not always been identified and suitable control measures had not been put in place to mitigate these. We found shortfalls regarding the safe management of medicines and a lack of evidence to demonstrate people had been administered their prescribed creams.

At this inspection, we found sufficient improvements had been made in relation to staffing levels and the deployment of staff, the management of medicines, safeguarding concerns and the monitoring of incidents and accidents. However, further improvements were still required regarding risk management.

Individual risks to people were not always being managed safely and some care records contained contradictory information. For example, one person's choking risk assessment had recorded them as being at 'low risk' of choking, however an entry in their care records dated 22 August 2018 recorded them as being at medium risk of choking. We found no evidence of the new assessment that confirmed the risk and what it was based on. We discussed this with the manager who confirmed to us a plan of care for staff to follow to limit the person's risk of choking should have been produced. A Waterlow assessment had also been undertaken; this calculates the risk of a person developing pressure sores. The outcome of the assessment showed the person to be at 'very high risk' of developing pressure sores and required a plan of care to be put in place. There was no care plan in place. The falls risk assessment for the person identified they were at 'very high risk' of falls. An evaluation carried out on 22 August 2018, provided instructions to staff that the person was to be transferred with a standing aid hoist. However, this was in direct contradiction to the advice recorded by an occupational therapist on the 13 July 2018 which stated a full body hoist should be used in place of the standing aid as the person was not weight bearing anymore and was at risk of sliding off the stand hoist belts. Although staff were aware of how to support the person and used the full body hoist, this presented a risk of unsafe care being provided to the person as there had been a number of agency staff working at the service.

We observed a staff member giving fluid to a person which did not appear to be thickened. The person was lying on their side and coughed repeatedly after the drink. The staff member told us, whilst the person did have fluid thickener previously, the person did not have or need thickener in their drinks now. We checked the person's nutrition and fluid care plan written on the 2 July 2018 which confirmed the person was at high risk of choking and that all fluids had thickener prescribed. We immediately raised this with the management team. On checking, they confirmed thickening agent had been prescribed and was available

for the person and would now be used in line with the prescriber's instructions.

When we discussed our concerns about the information contained in people's care records with the manager, they told us the service was transferring to electronic care planning in September 2018. They went on to say this would enable staff to access up to date information which reflected people's current needs. Although there had been no significant impact on people, and all concerns we identified during our inspection were immediately addressed by the management team, people had continued to be at risk of receiving unsafe care and treatment.

The above examples demonstrated a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we identified significant concerns relating to staffing numbers and the effective deployment of staff; this was a particular issue on Jasmine unit. At this inspection, we noted staff numbers had increased. Whilst there were still some care staff vacancies, the manager had been proactive in recruiting staff to vacant posts, wherever possible using consistent agency staff pending vacant posts being filled. Staff raised no concerns regarding the current staffing levels in comparison to the dependency needs of people living at the service. They told us how the increase in the number of staff on duty had made a positive impact for both staff and people living at the service. One member of staff told us, "[Manager] wants us all to be safe." Staff in Jasmine unit told us the increased staffing in the unit had made a 'huge difference' to the care people received on the unit. They added as the unit was over three floors, it meant there was always a member of staff available for people if they had to provide personal care without the need to wait for another member of staff to come across from one of the other units.

People repeatedly told us they felt safe living at the service and felt confident in the ability of staff to always care for them in a professional and caring manner. However, we received variable feedback regarding staffing levels. One person told us, "I can wait 20 minutes for staff to come. I've told them if I was having a heart attack they'd be too late." The person's relative said, "Whilst we are happy with the home, I can confirm that [name] is right. We've been here with them waiting for that long before." Although most of the comments were positive and people considered staffing levels to be adequate. Some people told us they felt there were enough staff at night but an extra staff member during the day would be helpful. When we visited people in their rooms, they were able to show us their call bells, and told us staff always ensured they were within reach. One person told us, "I always have this [call bell] with me. They come fairly quickly if I call them. I'd recommend people to come here, I always feel safe, I'm in safe hands." Another person said, "I've got a call bell but if I needed help I'm quite mobile, I'd go and get someone and they'd help me." Another said, "It varies on how quickly they come, but I would say within five minutes normally." A relative told us, "[Name] call bell didn't reach the chair where they wanted to sit, so they have already made it longer so they are able to call staff. I feel [name] is much safer here than where they were living before."

We reviewed the call bell monitoring data for the period 15 August 2018 to 22 August 2018. Whilst some data was missing for the 19 and 20 August 2018 due to software issues, we noted the average time for call bells to be responded to was two minutes. Out of the 648 calls made, 28 people had to wait between 10 and 22 minutes before the call was responded to. The manager advised us no formal audits of call bell response times had been undertaken, however they were in the process of introducing these to enable them to have a better oversight of response times. Our observations showed staffing levels to be sufficient and we found that people were being supported in a timely way.

Recruitment systems were in place to help ensure the right people were employed. Relevant pre-employment checks had been completed before staff started work at the service. These included

application forms detailing employment histories, interview notes, evidence of identity and references. Records showed checks had also been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with people. The DBS check helps employers to make safe recruitment decisions.

At our last inspection, we found safeguarding alerts had not always been made to the local safeguarding team. At this inspection, we noted improvements had been made and the management team at the home had robust oversight and management of safeguarding incidents. Feedback from the local safeguarding team included, "The locality team had been concerned with a high number of safeguards, however it is also felt that this could be because there is a greater understanding of safeguarding thresholds." Staff confirmed, and records showed, they had received safeguarding training. They were aware of the ways that abuse can occur and the various types of abuse. All staff were aware of the reporting procedures if they suspected or witnessed abuse. One member of staff told us, "I would report to the care team manager or the deputy manager, and to the manager and [regional operations director]. If needed, I could go to CQC or social services. I feel like I would not be made to feel bad for doing it. It's safe here to say things I feel." The manager carried out an analysis of all safeguarding incidents and took an open and transparent approach to safeguarding concerns, working closely with the local safeguarding team. In addition, they shared lessons learned from safeguarding alerts with staff.

There were systems in place to protect people from the risk of the spread of infection. An infection control policy was in place which provided staff with information relating to infection control and regular infection control audits were undertaken. However, improvements were required to ensure the systems in place were robust. For example, we found two people were sharing the same hoist sling to support them with transfers. One person had dressings on their legs to cover open wounds. We discussed the issue of cross infection with the manager, deputy manager and regional operations director. They advised us under no circumstances should people be sharing hoist slings and took immediate action to source another one; records showed the person had not had their own individual sling since 13 July 2018.

Some of the furniture in communal areas to be dirty. Some chairs, including a person's wheelchair, had lost their protective waterproof coverings so could not be wiped down and cleaned, ensuring infection control guidelines were met. Some areas of the service had sticky vinyl floors and some carpets within Jasmine unit were noted to be dirty and tired looking. There were paper towels, soap and good hand washing guidance posters in communal bathrooms and toilets. However, a visiting health care professional told us there were no paper towels in people's en-suites to allow health professionals the opportunity for good hand washing/drying. We brought this to the attention of the manager who informed us they would address this immediately.

We shared our findings with the manager and regional operations director who advised they would take immediate action to address them. Shortly after our inspection, the manager informed us a maintenance plan had been developed and the dirty/worn chairs had been replaced. Records showed staff had completed infection control and food hygiene training and had access to personal protective equipment (PPE) such as disposable gloves and aprons.

We looked at the arrangements in place for the safe administration of medicines. Staff responsible for the administration of medicines had received relevant training and regular assessments of their on-going competency to administer medicines were carried out. We looked at the Medication Administration Records [MARs] for 16 people who resided in Jasmine and Sunflower units. Whilst we found no anomalies in people's MARs, we noted the member of staff administering medicines in Jasmine unit had not signed people's MARs at the time of administering their medicines. We carried out a stock check of the medicines and it was evident people had received their medicines however, the omission to sign the MARs at the time of

administration is not reflective of good practice. It was also not in line with the registered provider's policy for the administration of medicines. We also continued to find, where people were prescribed topical creams, their topical medicines application charts had not always been completed by staff and it was therefore unclear as to whether their creams had been applied. Where people had been prescribed medicines on an 'as required' basis, for example for pain relief, there were protocols in place for staff to follow.

Regular medication audits were undertaken; however, it was not always clear whether identified actions from the audits had been completed; for example where issues had been highlighted, there was no written evidence to show how these had been dealt with. why was it not clear?. We noted the room temperature recordings in the medicines room had been over 25 degrees for nine days during the month of August 2018, however we found no evidence to demonstrate what action had been taken to address the excessive temperatures did you ask what had been done?.

The manager and registered provider had systems in place to record and monitor incidents and accidents. There had been no significant incidents since our last inspection. The manager told us lessons learned from incidents and accidents would be shared with the staff team to help improve the quality and safety of the service. To aid this, the manager had introduced daily 'flash' meetings with heads of departments and the care team managers from each unit. We attended one of these meetings and noted 'any lessons learned in the last 24hrs' was a standing agenda item. We also saw evidence which demonstrated the manager shared lessons learned from incidents occurring in the registered provider's other services; for example, the manager had produced a 'standard operations procedure guide for night shifts' following a significant incident.

Throughout our inspection, the management team responded promptly when we made them aware of any issues in relation to safety.

Appropriate monitoring and maintenance of the premises and equipment was on-going. There were up to date safety certificates in place, such as for the electrical and gas systems.

There were systems in place in the event of an emergency. Staff completed fire safety training and people had their own individual Personal Evacuation Plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who are unable to safely evacuate a building themselves. We noted the PEEP's folder, which had previously been located in the main foyer, had been relocated to ensure compliance with General Data Protection Regulation (GDPR).

Is the service effective?

Our findings

At our last inspection in January and February 2018, we rated this key question as 'Requires Improvement'. We found night staff had received minimal supervision, and food and fluid charts had not always been fully completed, including the setting of daily fluid intakes for people. We also recommended the registered provider to review the Mental Capacity Act 2005 (MCA) and associated guidance to ensure they were acting in accordance with the MCA. At this inspection, we found this key question continues to be rated 'Requires Improvement'.

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 the mental capacity to make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

At this inspection, we continued to find shortfalls regarding the assessment of people's capacity to make decisions. Mental capacity assessments should only be completed for complex decisions such as flu jabs, dentist and mammograms and should not be undertaken for decisions around daily living activities which should be incorporated within people's care plans. Where decisions are made in people's 'best interests', records should show how the decision was reached, who was involved and the factors considered when making the decision. We found capacity assessments had been completed for people who had capacity to make their own decisions.

We also saw no evidence, as part of the 'best interest' decision making process, to demonstrate consideration had been given to less restrictive options, such as low profiling beds and/or crash mats instead of bed rails. Also, where people received their medicines covertly, we found no pharmacist had been consulted in the 'best interest' decision. As highlighted in our previous report, it is best practice to consult a pharmacist to ensure that the properties of the medication being administered covertly remain effective once crushed and mixed with food or drink, and to confirm the decision to administer medicines covertly was in the individual's 'best interests'. We also found decisions had been made by relatives who did not have the legal authority to do so.

The above examples demonstrate a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our findings with the manager. They were open and transparent with us and acknowledged improvements were required to ensure compliance with the MCA. They informed us they were a qualified best interest assessor, and told us they were currently working on staff's understanding of the MCA and

ensuring mental capacity assessments were completed in line with legislation and best practice. They had also invited, and records confirmed, a local solicitor to attend a forthcoming relatives' meeting to discuss the MCA and Lasting Powers of Attorney, enabling relatives to have a greater understanding of legislation.

Notwithstanding the above, records showed staff had received MCA and DoLS training. Staff understood the importance of choice and gaining people's consent, and we observed this practice during our inspection. One member of staff told us, "[Name] for example has to have visual cues to make a choice such as at dinnertime." They went on to say about another person, "[Name] will repeat what you say first, but if you take your time, they can make a personal decision even if it's just what drink to have. I always tell people what I am going to do and know their body language to try and understand if that's alright with them."

Where people were deprived of their liberty appropriate applications had been made to the Local Authority for DoLS assessments to be considered for approval.

Staff received an induction to the service when they started work. Newly appointed staff told us they found their induction suitable and helpful to enable them to carry out their role and responsibilities. Staff said the induction had included at least three shifts shadowing a more experienced member of staff and the completion of training. Records were maintained of staff's induction however they did not clearly show the shadow shifts staff had completed. Regular reviews were held during the induction period which provided an opportunity for staff to discuss their mandatory training and whether they were interested in any other training. We saw one member of staff had requested catheter care training; records indicated this had been booked for September 2018. Staff spoke positively of their induction. Comments included, "I have been here several weeks now. I absolutely love it, it is really good. I have done all my e-learning and moving and handling training, and I am now doing the care certificate." And, "We had practical training for moving and handling and fire safety. The e-learning was very good and it was well linked to each of the other subjects."

Training records showed staff were expected to complete the registered provider's mandatory training modules. Staff confirmed to us they were able to complete training which reflected the needs of people living at the service. This included specialist training such as catheter care, pressure sore awareness, diabetes awareness, epilepsy and Parkinson's disease. One member of staff told us they had face to face dementia training booked for October 2018 and that there had been lots of training since the new manager had come into post. Another member of staff told us, "Whatever we ask for, we are helped to get. [Manager] did one-to-one DoLS [Deprivation of Liberty Safeguards] training with me last week, and it was robust. I do feel I'm developing more as a senior. [Manager name] explains things better, so I do not feel stupid. I am encouraged to ask, I've never had that with a previous manager." Another member of staff said, "Training is very good. They always keep you updated when it's running out."

Staff felt well supported by the manager and deputy manager. They told us they could approach them at any time for support and guidance. However, with the exception of newly appointed staff who had regular recorded meetings as part of their induction programme, records showed not all staff had received regular formal supervision. This meant staff had not received a structured opportunity to discuss their responsibilities, reflect on their performance and to discuss how they can further improve their practice. We discussed our findings with the manager who confirmed the sample of records we had viewed were correct. They showed us a supervision planner they had put in place and explained they were in the process of introducing a new supervision process which included more observational and ongoing competence assessments of staff's practice. We saw minutes of a meeting the manager had held with senior staff on how the new process would be implemented. A member of staff told us, "I've not had a supervision since I came back to work in June. However, I do feel supported now, I didn't with previous managers."

People were supported to access healthcare professionals and services. One person told us, "Staff notice if I'm not well, they check me over. They've called a nurse and a doctor recently to check my legs, they get very swollen." Another person said, "I had a nurse see me yesterday and a doctor is coming in today. I've not felt so well, they're very on the ball with checking us over and looking after us." They went on to say, "The carers cream my legs morning and evening. Sometimes I have to remind them, but mostly they are very good and remember."

Although staff worked in partnership with health and social care professionals to ensure people received effective care and support, it was not always clear from some of the care records how or why healthcare professional support had been needed. When they had visited, records did not always show the outcome of their visit. For example, it was unclear why an emergency dentist was called out for one person. For another person, the service had failed to update the person's care records following a GP diagnosis of Parkinson's Disease.

We noted there was a lack of oral care planning. Oral care is important as poor oral health care, particularly when it causes discomfort, is a barrier to good nutrition and may contribute to malnutrition and weight loss. Health conditions such as diabetes are also associated with gum disease. A member of staff told us that, on reflection, they felt the recording of oral care could be better and they would raise this with their care team manager and request for it to be more specifically detailed in people's hygiene charts so enable better recording. Another member of staff told us that people did receive oral care.

We received complimentary feedback from healthcare professionals about the service. This included, "The general feedback from the team is that things have improved greatly [since our last inspection], and the incidents of pressure sores etc. have reduced. Management respond quickly to any concerns and are proactive." And, "The carers make appropriate referrals to social and health professionals." And, "Over the past two months I've noticed things have got a lot better, it was more haphazard before. Now, there is more organisation and there's [care team managers] accountable on each unit; they are very good and listen to advice and recommendations."

At our last inspection, we found people's fluid and nutritional intake charts had not always been completed and/or had included the daily fluid intake target for individuals who were at risk of dehydration. At this inspection, we noted improvements had been made however further improvements were needed to manage this area of people's care more effectively; including clearly documenting actions taken when people had not attained their daily fluid target. We shared our findings with the manager who advised they would review the paperwork to make it easier for staff to complete and take appropriate follow up action where required. Our observations throughout our inspection showed people being offered a selection of hot and cold drinks. We also observed jugs of juice and plates of biscuits placed on tables and small seating areas throughout the service for people to access.

Feedback about the quality of meals provided was variable. One person told us, "The food is lovely, always a good choice, and plenty of it. I'm never hungry or thirsty." Another said, "The food is OK but I think the vegetables are a bit overcooked, I think they boil the flavour out of them sometimes." People were able to choose where they wanted to eat their meals. One person told us, "I had roast turkey in my room, and they even brought a jug of gravy to offer me more if I wanted it. I thought that was very kind of them." If people did not like the menu option, they were offered alternative choices. One person said, "The choices of meals are normally good, but if I don't fancy them they'll do me something else; they don't make a fuss about it."

The dining experience across the service was seen to be generally positive, relaxed, friendly and unhurried. Staff provided a social, welcoming atmosphere. People were supported to make choices from the menu

provided and received food in sufficient quantities. Meals were presented in an attractive way, particularly for people who required a soft and pureed diet. One person told us how they had struggled to eat their meals in one of the dining rooms due to many of the people living with dementia on the unit, and were unable to converse with people whilst eating their meals which was something they enjoyed. Their relative told us, "We spoke with [manager] who was so understanding, so now [name] eats on the other side where they are making friends with people." The person told us, "It was very kind of [manager] to understand how hard it was, and it does help me, I think I would have stayed in my room all the of the time otherwise."

Is the service caring?

Our findings

At our last inspection in January and February 2018, we rated this key question as 'Requires Improvement' as, although staff were kind and showed compassion to people, they were often task focussed due to inadequate staff levels and the effective deployment of staff. At this inspection, we found improvements had been made and this key question is now rated 'Good'.

People, and their relatives, repeatedly told us staff were kind and caring. It was evident improvements had been made with regard to staffing numbers and the deployment of staff since our last inspection, resulting in a significant positive impact on people living at Windle Court. One person told us, "I'm happier here now than I used to be. I'd say they treat me better now, they're kinder and listen more." Another said, "I can honestly say that I have never seen staff be unkind or impatient to anybody here. They're chatty, friendly and we have a laugh together, they know I like that."

Throughout our inspection we observed all interactions between staff and people to be kind, considerate, patient and caring. For example, we observed one person crying and distressed prior to lunch. Staff took turns, including the activities coordinator, to speak with the person, kneeling close to them and providing appropriate touch to comfort them. When this did not work, staff asked them whether the person would like to go to one of the other units to visit their friend and have lunch with them and whether this would make them feel better. The person stopped crying and was supported to go and have lunch with their friend.

All staff addressed people by their preferred name, and communicated effectively with people, such as looking at/kneeling down to eye level whilst speaking with people. When we spoke with staff it was evident they knew about the people they were caring for. We observed many occasions when staff expressed concern for people, stopping for a chat and being caring and supportive when people requested assistance.

People's privacy and dignity was respected at all times. People told us staff knocked on their doors before they entered and always closed doors and curtains before supporting them with personal care. Staff were able to tell us how they protected people's dignity when providing personal care by ensuring doors were closed, covering people appropriately and explaining what they were doing. One staff member told us that one of the main visions and values of the service was to support people's dignity. They said, "For example, [name] wears skirts so when hoisting [name] you have to make sure that you cover them to protect their dignity." Another member of staff said, "I always make sure to respect people during personal care and close the doors. I treat service users as I would want to be treated. If we do that we can't go far wrong." The service had a 'Dignity for Everyone' poster displayed within the main foyer. This provided information on dignity within the service. Also displayed were details of the registered provider's 'philosophy of care' and 'Residents Charter of Rights', which included privacy, dignity, independence, choice and fulfilment.

People's independence was promoted, with staff recognising the importance of encouraging and enabling people to do as much as they could for themselves. Feedback from people included, "It's a sort of joint effort in the bath, they do my back or other bits I cannot reach, I do the rest. I try and be light-hearted about it all, we have a laugh together." And, "I'm quite independent, I can have a bath or shower whenever I want one. I

just ask them for a timeslot when the bathroom's free." And, "[Staff] help me but don't take over."

People's diversity needs were respected and included in their care plan. Regular religious services took place at the service which everyone was welcome to attend. During our inspection, we were informed one person had chosen not to leave their room to attend the 'in-house' service. They were visited by one of the ministers who spent some one-to-one time with the person saying prayers, singing a hymn and receiving spiritual support. The activities coordinator told us they had received excellent feedback from the person's family and they hoped to repeat the experience for the person.

People were encouraged to maintain relationships with friends and families. The manager said visitors were welcome at any time. There were several places people could speak with their visitors including the 'happy memories café'. One person told us, "When my family come we go to the café. They help themselves to coffee and cake, it's nice there. I like the fact my family feels welcomed here." Another person told us, "I bring my boys, or rather they bring me, down to the café. It's really nice, we sit here and they make tea for us all, we have cake too. It's a bit like being at home." Their relative said, "We normally bring [name] down here. It gives us a bit of privacy, and it makes a pleasant time for us all. We can talk and laugh together without disturbing anyone."

The service had information available on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

At our last inspection in January and February 2018, we rated this key question as 'Requires Improvement'. We found care plans were not always reflective of people's care and support needs and were not always updated following a change of needs. Improvements were also required to ensure end of life care plans were recorded, and with regard to the delivery of the activities programme. At this inspection, we found this key question continues to be rated 'Requires Improvement'.

Prior to people moving into the service, a pre-assessment was undertaken to identify people's health, personal care and social support needs to ensure these could be met by the service. Information from the pre-assessment process was used to develop people's care plans. A relative told us, "The manager came to meet us in the hospital. They were very nice and personable, helpful, answered all our queries and put our minds at rest. Since coming here, they have been checking that we are all happy. They're very good."

As highlighted in the safe section of this report, we continued to find some people's care plans were not reflective of their current care and support needs, with some care plans containing contradictory information. Improvements were needed to ensure all care plans included accurate up to date information relating to their specific care needs and the delivery of care to be provided by staff. Whilst most of the staff we spoke with knew people's needs, it would be very difficult for staff who did not know people to meet their needs accurately.

On our early morning visit on 21 August 2018, we found some inaccuracies and gaps in night time checks and close observation documentation and turning charts. Where entries had been recorded, these had not always been completed in 'real time', therefore we could not be confident staff had completed required documentation in line with people's care needs. For example, staff had recorded for one person who was on close observation, that the person was 'awake and sitting in the lounge' at 05:00, 05:30, 06:00, 06:30 and 07:00; however, the person was asleep in bed when we arrived at the service at 05:00. A turning chart for one person who required two hourly repositioning to prevent pressure sores showed this had not always taken place. We discussed our findings with the manager who acknowledged this was an issue, and shared evidence with us on how they were working with staff to make improvements to ensure accurate and contemporaneous records were kept.

The manager informed us the service was transferring to an electronic care planning system in the first week of September 2018. They told us this would enable a more effective care planning system and would enable staff to have access to clear, up to date information. We discussed with the management team the importance of ensuring the quality of information imported across to the new electronic system is reflective of people's current care and support needs.

Information regarding dying and bereavement was available in the main foyer for families. Whilst we noted some people had end of life care plans in place, the information was often sparse and was not individual to the person. We brought this to the attention of the manager who told us people's end of life wishes would be reviewed, recorded and upheld. They went on to say how the service had supported a person to have their

Do Not Attempt Resuscitation order (DNAR) revoked as they now felt 'their life was worth living'.

At our last inspection, most people spoke about the lack of activities provided. At this inspection, people's feedback was more positive. Feedback included, "I go to the lounge sometimes, but I'm not one to join in with games and quizzes. I'm happy with my own company." And, "There's a list of activities but so many people here have dementia, I think it's hard for [staff] to make many of them work well." And, "I've been out on a few trips to the seaside, the garden centre and out for lunch, they're nice occasions. I don't want to join in with the games etc. What I'd like is some time just chatting with a member of staff or doing something one-to-one." We saw a letter dated June 2018 from a relative complimenting the activity programme. It stated, "I am writing to you to congratulate the team who are working at Windle Court on the activities and entertainment side of things. The last two Friday afternoons there's been singing and even dancing with quite a few clients getting up and having a boogie... Last week was much more upbeat, I have a video of my parents singing along to 'This is the way to Amarillo', that brought tears to my eyes. The clients were smiling and the staff were smiling. The impact of these sessions shouldn't be underestimated. The mental improvement in my [person's name] is noticeable and quantifiable."

During our inspection, a local childminding group visited. We were informed the children visited on a regular basis. One person told us, "I love seeing the little ones when they come to see us. Did you see them this morning? Oh, they're lovely, I could watch them all day." Another person said, "The children came in today, they were painting and singing. I love seeing them, they sing songs and we all join in, today we sang 'Old MacDonald had a farm', it made us all smile." It was evident from our discussions with people and from our observations during the visit, that the regular visits by the children had a positive impact on people.

From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. People's care plans recorded sensory and communication needs. The manager confirmed they would always ensure appropriate formats would be sourced specific to people's individual needs if required such as large print, pictorial, braille and translation services.

There were systems and processes in place to manage concerns, complaints and compliments. Information on the service's complaints process was clearly displayed. Records showed there had been four complaints since our last inspection, and these had been dealt with appropriately. All complaints were analysed, including 'lessons learned'. For example, following one complaint, the manager had drafted guidance for staff to enable them to fully understand the role of a Court of Protection. People told us they felt confident to speak with staff about any issues that might be concerning them. One person said, "[Deputy manager] is very nice, they are always around and I feel I can talk to them about anything. I'd trust [deputy manager] to sort out anything that was worrying me." A relative told us, "I never feel the need to see the manager. If I've mentioned something, it has always been sorted, so I've always been happy with that."

Is the service well-led?

Our findings

At our last inspection, we rated this key question 'Inadequate'. We found significant improvements were required to ensure quality assurance systems were being used effectively to monitor and drive improvements. At this inspection, some improvements had been made and this key question is now rated 'Requires Improvement'. We need to be satisfied that the improvements made, and on-going improvements, are being embedded and sustained. We will do this by following these up at our next comprehensive inspection.

There had been no registered manager at the service since October 2017. The current manager had started work at the service in March 2018, and was in the process of registering with the Commission. The manager was supported with the day to day running of the service by a deputy manager.

There had been many management changes at the service which, we identified at our last inspection, had impacted on the health, safety and well-being of people living at the service and on staff. Since the manager had been in post, they had made improvements to the service. They were open and transparent with us throughout our inspection, acknowledging the areas which required improvement. They also took immediate action to address any shortfalls we identified during our inspection. Feedback received from the local authority included, "[Manager] has made great progress at the home and implemented many changes, over the last few months. I have seen a complete turnaround and the change in staff morale is unbelievable, I have no worries about the service while [manager] is there. My concerns would be the sustainability should [manager] move on."

People spoke positively about management and the service they received, and told us they would recommend the service to others. Comments included, "It's improved a lot since the new manager has been here. The atmosphere's changed, people are listened to, staff seem happier and relatives seem happier too." And, "This is the best home I've been in. It's well ordered, the food is better and I can do as I wish. Managers should be congratulated." And, "I'd recommend this place now. They've got better staffing levels now and it makes a big difference." We noted a customer satisfaction survey had been undertaken in May 2018 of which five responses had been received. People were asked 'What is your overall opinion of the home?'. Two people had responded 'very good', and two 'good'. One person had added a comment which read, "So pleased there are now three members of staff in Jasmine. It is once again a safe, happy, productive environment for residents and staff."

The manager demonstrated their passion and commitment to providing person centred care, ensuring people received good quality care. They told us their focus since coming into post had been to complete the actions from the service's improvement plan. This had been developed following our last inspection. The manager had regularly sent the Commission updates as to progress made against the improvement plan. They had also been proactive in recruiting staff to vacant positions and working with new and existing staff to change the culture of the service and embrace the registered provider's visions and values.

The manager told us they were working on increasing the confidence of the care team managers to manage

teams and the introduction of experimental learning and learning sets. They said, "Getting relationships and culture right is the basis to getting things done. I had to do this first before anything else, and my walkarounds helped to do this." We asked what they were most proud of in the first five months since they had started work at the service, they said, "I am most proud of my staff and their development and passion for change. We wouldn't have been able to move forward without this. Relationships and engagement with visitors is also much better."

The manager had introduced daily walkarounds and daily 'flash' meetings with the deputy manager, heads of departments and care team managers. One member of staff told us, "It's brilliant as we all know what we are doing. The only area of concern I have is some night staff as we have lots of agency staff. They don't know our residents as well as we do and records are not as thoroughly completed, but [manager] is dealing with it." As already highlighted within this report, we identified on-going issues about accurate and contemporaneous record keeping. The manager was already aware of the majority of our findings and explained to us what they had, or what they were proposing to do, to rectify these. For example, they had produced easy read guidance for staff to enable them to fulfil their role, adapting paperwork to make them easier for staff to complete and undertaking night visits to the service. The daily flash meetings also incorporated 'lessons learned in the last 24 hours' to help drive improvement. Although we had continued to identify concerns, we found most staff had an in-depth knowledge of people's needs, and we found no significant impact on people living at Windle Court; our concerns resolved mainly around paperwork as opposed to the care provided to people. People's care records were immediately amended in response to all the concerns we raised and, where appropriate, staff practice addressed.

People's and relatives' involvement and feedback on the service was encouraged. Regular residents and relatives' meetings had been held to discuss the day to day running of the service. The manager had also introduced a relatives' newsletter keeping people up to date with activities, recruitment and staff changes and updates regarding the local authority's embargo on admissions to the service (now lifted) and new initiatives such as the re-launching of the PROSPER project. PROSPER is a resident safety initiative to improve the culture around people's safety and provides training, support and guidance to care services to reduce falls, pressure ulcers, chest and urinary tract infections. We saw a suggestion box in the main foyer, which was open to staff, people and visitors. Posters had been displayed about the forthcoming re-launching of PROSPER, encouraging people to put forward suggestions to support its implementation.

All the staff we spoke with told us morale was high and they felt supported and valued by the manager. They were extremely complimentary of both the service and deputy managers. One member of staff told us, "Since [manager] came, all is calmer. Service users are happy, the staff are happy. I cannot find fault with [manager], they listen to us and help us. We feel able to approach where we couldn't always before. [Manager] tries to work with us, for us. They fought with head office to allow us to wear smart white blouses rather than the heavy uniform in the terribly hot weather when it was hard to work. I feel [manager] is interested in service users' and staff's well-being." Another staff member said, "In the recent heatwave, [manager] brought in watermelons and encouraged not only the residents but staff to drink. [Manager] says by looking after staff, staff are looking after the residents. We haven't had that approach before. We want to keep [manager]." Another said, "I do feel supported now, I didn't with previous managers. [Manager and deputy manager] are approachable and I know they are there if I need them."

Regular staff team meetings were held and topics such as training, activities and the day to day running of the service were discussed. A staff questionnaire had been undertaken in June 2018 which focused on 'communication'. We noted 17 responses had been received, all of which were positive. For example, staff were asked whether their manager had good communication skills. Responses showed eight staff strongly agreed with this statement, and nine agreed. It was clear from our discussions with the manager, the

importance they placed on effective communication to ensure a seamless service. They told us this was still work in progress, and had welcomed our feedback during our visit which would help them to make further improvements.

There were systems and processes in place to monitor the quality of the service. However, these had not identified some of the issues we found, for example in relation to infection control and care records. The manager was aware further improvements were required and was implementing processes to ensure these were more robust and effective, thereby enabling them to have clearer oversight of the service.

Personal records were stored in a locked office when not in use and information on the service's computers were password protected to ensure information was kept safe.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager, although not registered with CQC, was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood their responsibilities under duty of candour, which places a duty on staff and registered persons to act in an open way when people come to harm.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Improvements are required to ensure the provider is acting in accordance with legislation and associated guidance to ensure they are acting in accordance with the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Improvements are required to ensure service user's care records, including identified or potential risks, are up to date and reflective of people's care and support needs.