

Springcare (Birkenhead) Limited

Windy Knowe Nursing Home

Inspection report

Windy Knowe Nursing Home
15 Waterford Road
Oxton
Birkenhead
Merseyside
CH43 6US
Tel: 0151 653 3006
Website: www.springcare.org.uk

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on 14 and 15 January 2015 and was unannounced. Windy Knowe Nursing Home is registered to provide accommodation and nursing care to 40 people with dementia. Some bedrooms are shared and some have their own en-suite facilities.

The manager was registered 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 and associated Regulations about how the service is run.

We last inspected the care home on 31 October 2013. At that inspection we found the service was meeting all the essential standards that we inspected.

Some people had lived at Windy Knowe for a considerable time and considered it to be their home,

Summary of findings

others had moved in more recently. There was a team of 15 staff on duty each day, five care staff and one on induction, four nursing staff, including the manager and deputy manager, two kitchen staff, two cleaners and the maintenance person. All of the staff had completed induction training and received regular training by the provider.

We had some concerns about the staffing levels and whether they were sufficient in all areas of the home at all times. We also had some concerns about infection control and how this was managed. We discussed our concerns with the management team.

The home used safe systems of recruiting new staff. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the home.

People were able to see their friends and families when they wanted there were no restrictions. Visitors were seen to be welcomed by all staff.

The staff we spoke with were able to tell us the action they would take to ensure that people were protected

from abuse. All staff had received training about safeguarding. We found that medicines were managed safely and records confirmed that people received the medication prescribed by their doctor. Records we looked at showed that the required safety checks for gas, electric and fire safety were carried out.

People we spoke with confirmed that they had choices in all aspects of daily living. Menus were flexible and alternatives were always provided for anyone who didn't want to have the meal off the menu that was planned. People we spoke with said they always had plenty to eat.

The five care plans we looked at gave details of people's medical history and medication, and information about the person's life and their preferences.

The expert by experience commented:

"People were happy with the staff and the care provided. I spent time on both floors and staff were friendly and provided care in a respectful way. The lunch was tasty and the pudding was most enjoyable. People were happy with the food provided and there was plenty".

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service required further improvements to its safety.

We noted improvements were required to staffing levels and infection control and we shared our concerns with the management team. Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures to inform the manager or senior on duty.

Medicine management was in accordance with current and relevant professional guidance. Medicines were being administered as prescribed and stored at an appropriate temperature.

Requires Improvement



Is the service effective?

The service was effective.

All staff had received training and were being provided with an on going training plan. Staff had good support with supervision and annual appraisals taking place.

Menus were flexible and alternatives were always available. People we spoke with said they enjoyed their meals and had plenty to eat. People's weights were recorded monthly. People were supported to eat and drink appropriately supported by staff who treated them in a dignified way.

People were all registered with a local GP practice. People were supported to access community health services including dentist, chiropodist and optician.

Good



Is the service caring?

The service was caring.

People told us that staff treated them well and we observed warm and caring interactions between staff and the people using the service.

The people who used the service were supported, where necessary, to make choices and decisions about their care and treatment.

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private.

Good



Is the service responsive?

The service was responsive.

Care plans were up to date and informative. The information provided sufficient guidance to identify people's support needs.

People told us staff listened to any concerns they raised. There was a good system to receive or handle complaints.

Good



Summary of findings

The home worked with professionals from outside the home to make sure they responded appropriately to people's changing needs.

Is the service well-led?

The service was well-led. There were systems in place to assess the quality of the service provided at the home.

Staff were supported by the management team.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Good



Windy Knowe Nursing 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 checked 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.

We visited the home on the 14 and 15 January 2015. The inspection was unannounced and the inspection team consisted of an Adult Social Care inspector, a specialist advisor with experience and knowledge of dementia care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We focused on talking with the people who lived in the home, speaking with staff and observing how people were cared for. The second day was spent looking at medication, care plans and records related to the running of the service.

During our inspection we spoke with ten people who lived in the home, five visitors, five care staff, two nurses, the maintenance person, two domestic staff, the cook and kitchen porter, the deputy manager and the manager. We observed care and support in communal areas, spoke with people in private, looked at the care records for five people and looked at five staff records. We also looked at records that related to how the home was managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the previous inspection reports and notifications of incidents that the provider had sent to us since the last inspection in October 2013. We also contacted the local commissioners of the service.

We requested information from the provider after the inspection. The information sent by the manager was the staff training matrix, staff rotas and induction training programme.

Is the service safe?

Our findings

People we spent time with told us that they felt safe living at Windy Knowe, one person told us “I do feel safe here” another person said “It’s a lovely safe place to live”. We asked the five relatives we spent time talking with if they thought the home was safe, all said it was.

We spent time on the two floors continually over the two days. During most of our time on the ground floor we saw that staff provided the care when people required it. There were 20 people on the ground floor cared for by three care staff and two nurses. The managers were also on that floor.

During the time we spent on the first floor we saw that staff provided the care when they were able to in a reactionary manner as there were only two care staff on the first day and two care staff and a new carer on induction on the second day to care for 19 people. We saw that there were people who needed staff support but were not always receiving it as staff were busy supporting others. This meant there was a risk that people’s needs would not be met in a timely manner.

The ten people we spoke with who could tell us their views said there was enough staff to provide the support they needed. One person told us “The staff are very good and always helpful their always busy”. Another said “Lovely girls and the boys are very good too”. Relatives we spent time with said “My relative is really cared for here; there is always enough staff available to assist her”. Another relative said “Great care from all staff they are so kind and willing at all times. The staff are very well trained as my relative can become anxious at times”.

The five care staff we spoke with told us that it was always a lot busier on the first floor as there were not enough staff at times and it was very demanding.

In giving feedback to the manager and deputy manager at the end of day we discussed our concerns regarding staffing levels and the observations of care recorded by the inspection team. The manager said they did have an extra member of staff on the first floor on day two; this was the carer on day two of their induction and was clearly not able to provide full support to the people as they were not familiar with the surroundings and the people requiring assistance.

People were not always safe in the home because they were not always protected as the staff did not follow universal safe hand hygiene procedures. We observed staff throughout the day providing care and support to people. There were sufficient soap dispensers within the corridors for staff and visitors to have the opportunity to wash or disinfect their hands appropriately. We observed two staff in the home not following hand hygiene procedures, they attended to people’s personal care without washing their hands. The two staff then went to serve people their lunch. There was no audit of hand hygiene completed by the provider.

The staff toilets did not have any hand paper towels for staff to ensure their hands were dried appropriately; there was a small towel that had been used for communal use.

We found problems with the cleanliness and hygiene in the basement areas, specifically the corridor and the staff changing area/toilets. There was dust and the toilet areas required a deep clean. When shown to the manager, they took prompt action and the areas were seen to be clean on the second day of the inspection. We asked the management team to review the hand washing arrangements in the home.

We spent time in all areas of the premises and could see that Windy Knowe was well maintained and comfortable for the people living there. Health and safety had been checked through various risk assessments and audits. Fire risk assessments had been recently reviewed and we saw a fire drill record and tests for alarms/lighting records had taken place. There was a designated member of staff who was responsible for checking the environment. We saw records of audits that had taken place daily, weekly and monthly.

Safeguarding notifications were reported to the Care Quality Commission (CQC). We spent time talking to the manager and deputy manager and looking at safeguarding incident notifications. There were two notifications which had been reported to the local safeguarding team and the CQC. There was a copy of local safeguarding protocols in place. Staff spoken with were aware of reporting incidents to the manager or senior member of staff on duty. There were up to date policies and procedures to follow when there was an incident.

The 12 staff we spent time talking with were all aware of the whistleblowing policy and procedure and told us they were

Is the service safe?

aware of how to report any concerns. All of the staff told us they thought they provided good care to the people living at the home and would report any bad practice or mistreatment.

We discussed the staff recruitment with the manager and were told that they had employed new staff recently to work at the home. We looked at five staff personnel records including one latest staff file which we saw had the correct evidence that staff employed were suitable to work with vulnerable people. Qualifications, references and appropriate checks such as Disclosure and Barring Scheme (DBS) records had been checked. The provider had a disciplinary procedure and other policies relating to staff employment.

We spent time with a nurse who was responsible for medication at the home in the medication room. We saw that medicines were stored safely in the medication room in locked cupboards and records were kept of medicines received and disposed of. We looked at the Medication Administration Records (MAR) for four people. The MAR charts were correctly filled in, accurate and all had been signed and dated with the time of administration. We looked at the controlled drugs records and medication. We saw that all of the controlled drugs had been administered appropriately.

Is the service effective?

Our findings

We asked ten people about the skills of the staff and if they were competent in their roles. Comments received included; “Good and seem to know what they are doing” and “Lovely are really good at their jobs”. One person commented “I think the staff are wonderful and know how to help us”. A relative told us “The staff here know how to look after my relative and have the skills to look after her properly. I come at different times as does the family and they are always happy to see us and are very welcoming”. Another relative said “I wouldn’t have my relative anywhere else, the staff are fantastic”.

We looked at staff training. Staff were up to date in training for providing care and support for people living at Windy Knowe. We looked at the training material and information and saw that the training was provided in house by the provider who had its own training department. We were sent the training matrix that showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. Training for staff included health and safety, fire safety, dementia care, personal care and person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control.

The 12 staff we spent time talking with were aware of the Mental Capacity Act 2005 (MCA). All care staff and nursing staff spoken with had completed training and were aware of what the MCA was and what the Deprivation of Liberty Safeguards (DoLS) procedure meant if implemented. All of the people living at the home had a DoLS in place except for one person. The managers had an effective and good working relationship with the local authority. The expert by experience spent time with the deputy manager who was extremely knowledgeable and had implemented a clear concise procedure with records in place to show what actions had been taken in relation to mental health. We looked at five care plans and all clearly showed that MCA assessments had been undertaken and when the local authority had been liaised with.

The 12 staff we spoke with had completed the provider’s mandatory training for required areas. Staff told us that they were happy with the training provided and there was a lot of it. Comments made were “I have done lots of training and it’s been good too”. “I am up to date with training and the manager puts notices up for staff of training that is

coming up”. There was an induction programme that included shadowing other staff and completing training specific to their roles. We looked at the records of staff training which showed that all staff had completed a range of training relevant to their roles and responsibilities. Staff spoken with told us that they had also completed or were in the process of completing a Health and Social Care qualification.

Staff spoken with told us that they had supervision meetings with management. There was an annual appraisal procedure that had been implemented for staff. We were told by all of the 12 staff spoken with that they had received an annual appraisal from the management. The staff spoken with told us that they were appropriately supported and that there was an open policy at Windy Knowe where they could talk to one of the management team about any concerns they may have.

We observed staff interacting with people throughout the day and evening. Staff were seen to have a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the inspection confirming comments made by people, supporting people to make decisions and being very patient. The people who lived in the home were constantly encouraged by staff to be independent. People we spoke to and their relatives informed us that staff met the individual care needs and preferences at all times.

People were supported to have sufficient food and drink. People had access to food and drink throughout the day. The staff were very keen on promoting healthy eating and we saw that hot, home cooked food was served at lunchtime. We spent time in the dining room at lunchtime observing the support provided to people by the staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. This was completed on the ground floor only.

We were present for the lunch meal that was soup, beef stew, pork steaks, vegetables and sponge pudding for the desert. We spent time in both dining areas on the ground floor and first floor. The staff were seen to ask people what they wanted, people were asking for alternatives if they did not want the food offered. A variety of sandwiches were provided. The expert by experience had lunch and informed us that it was good. Comments from people were that the food was, “Very nice”, “Lovely”, “Quite good I would

Is the service effective?

like a change though". The majority of people had their meals in the dining rooms. The staff were seen to be supporting five people to eat. They did this in a calm manner and were heard talking and telling the people what they were having to eat and drink. The support observed was dignified and respectful. We were told that two people were being cared for and supported to eat and drink in their bedrooms.

The provider checked people's weight regularly and made recommendations about their diet. There were special diets including soft diets and nutritional supplements. We observed two observational records for people who were being monitored for food and fluid intakes. These observational records were seen to be completed appropriately.

People were supported to attend healthcare appointments in the local community, the manager informed us that most healthcare support was provided at the home. Staff

monitored their health and wellbeing. Staff were also competent in noticing changes in people's behavior and acting on that change. There were discussions throughout the inspection about people's health checks. Records we looked at informed the staff how to ensure that people had the relevant services supporting them. The manager told us that the doctors visited the home as required. A chiropodist was visiting a person in the afternoon of day one and staff were aware of what was required to ensure the person needs were met beforehand.

People had been enabled to personalise their own rooms, we were shown three people's bedrooms by the staff. Three people told us they were happy with their rooms and if they had an issue with their rooms, they told us they would report it to the managers. We looked at the maintenance records that showed that any issues were dealt with promptly.

Is the service caring?

Our findings

The ten people we spoke with told us that staff treated them well. Comments included, “Lovely staff”, “Very friendly and caring”. “Nothing to complain about”. We observed caring interactions between staff and the people living at the home. We observed the people who used the service were supported where necessary, to make choices and decisions about their care and treatment.

We saw a member of staff walking with a distressed person who was worried about their family. The member of staff was compassionate and respectful to the individual and calmed them down. We observed staff on both days reacting in a respectful manner if they were assisting or supporting people.

We spent time talking with five relatives of the people living at Windy Knowe. All were very positive about the care and support provided. We were told that they all visited different times of the day and evening and that staff were always welcoming. Comments made included “We chose this home for our relative and its worked out really well as the staff are very good and genuinely care” another commented “The staff are wonderful, they will inform me or my family of any issues with mum day or night, couldn’t ask for more”.

We saw that staff respected people’s privacy and were aware of issues of confidentiality. People were able to see

personal and professional visitors in private either in their own rooms or in the conservatory. A chiropodist visited the home and was escorted with the person to their bedroom to provide the treatment in private.

We observed people being listened to and talked to in a respectful way by the managers and the staff members on duty. People were constantly seen to ask questions and wanted actions by the staff. Staff were all seen and heard to support the people, communicating in a calm manner and also reassuring people if they were becoming anxious. It was clear from the content of the conversations that such matters were often discussed and their views sought and respected. The relationship between the staff members and the managers, with the people at Windy Knowe was respectful.

Some people could not easily express their wishes and had no family/friends to support them to make decisions about their care. Through the provider, there was an effective system in place to request the support of an advocate to represent their views and wishes. We were told by the manager that no one had recently utilised this service but that they accessed this service on behalf of people if they thought it was required. The information for advocates was displayed in the reception area opposite the front door.

Most people were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen.

Is the service responsive?

Our findings

People we spent time with were happy with the care provided by staff. Two people told us “Staff ask me what I want and listen to what I say”. And “I get up early and staff make me a cuppa, I’ve always got up early it’s my choice”. We observed at this inspection that communication was explored with each person to find the most effective way of engaging with them.

We looked at five people’s care plans. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. People’s needs had been assessed and care plans developed to inform staff what care to provide. The records fully informed staff about the person’s emotional wellbeing and what activities they enjoyed. Staff were very knowledgeable about all of the people living at the home however we did not see many interactions for activities or stimulation for people on a one to one basis.

We spent time talking to people about activities and were told by three people that there was always something taking place. Comments included “Lot of activities here if you want to do things” another comment “We have a lady who does lots of things with us”. Another person told us “People come in to see us, sing songs, its lovely”. We spent time with the activity coordinator discussing activities and looking at the programme for January and February 2015. Activities included, coffee mornings, reminiscence and discussion, classic movies, poetry, quizzes, pamper day, entertainment coming into Windy Knowe and outings to pubs for lunch. The activities were mainly group activities, we discussed one to one activities and were told that they do take place, time permitting.

We discussed activities for people with dementia and the importance of people being stimulated to support their wellbeing with the managers. We were told that they would look at dementia good practice guidance and implement a plan for one to one stimulating activities for people who required that support.

During our inspection we saw that people would go to the managers to have a conversation and discuss what was on their mind. Also, staff were seen and heard to confirm and encourage people living in the home in their decision making judgements.

People’s needs were formally reviewed twice a year or more frequently, if required. There were monthly comments on the care plan records to inform staff had assessed as being the same care provided. People when asked about their reviews of care were sure about what we were asking. A relative told us that they were very involved in the care review process and that the care provided was what was agreed.

People told us staff listened to any concerns they raised. There was one complaint raised by a relative for a person living at the home. The records showed what actions the staff had taken and the outcome of the investigation. The complaint was handled appropriately and followed the complaint procedure in place at the home. We were provided with the complaints policy and procedure. People spoken with told us that if they were not happy they would talk to the manager or staff. The complaints procedure was displayed on the notice board in the reception area.

The manager told us that they had a residents/relatives meeting in October 2014. The relatives that we spent time with told us that staff were good at communicating with them. We did hear numerous telephone calls from family members contacting the home to see how their relatives were doing. Staff took the time to inform the relative how the individual was and if there were any issues.

The home worked with professionals from outside the home to make sure they responded appropriately to people’s changing needs. We observed conversations taking place and telephone calls being made to professionals requesting they attend to people’s treatments for their health and wellbeing.

Is the service well-led?

Our findings

The ten people we spoke with and five relatives told us that the managers were always available. People's comments included "The manager is really nice", "I know the manager, and I do talk to her". Relatives' comments included, "I always speak to the manager or deputy they always have time and listen to what I say. Really good and will act on what I request for my mum". And "I have no problem asking the two managers for anything, they are wonderful caring people".

The leadership was visible and it was obvious that the managers knew the people who lived in the home. Staff told us that they had a good relationship with the managers and that they were supportive and they listened. We observed staff interactions with both the managers which was respectful and light hearted. There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the home.

The managers and the staff had a good understanding of the culture and ethos of the home, the key challenges and the achievements, concerns and risks. Comments from staff were, "It's a good place to work, I love working here", and "We do provide really good care here, we all care about the residents". Another comment was "I love working here the staff are great we all help each other. It's really important". The professional we spoke with from the Wirral local authority had no concerns about the care being provided. The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

There were systems in place to assess the quality of the service provided in the home that included, weekly

medication audits, staff training audits, health and safety audits, incident and accident audits and falls audits. However they were required to be more robust in following guidelines for infection control.

We looked at the ways people were able to express their views about their home and the support they received. One person told the expert by experience "They are always asking me if I'm ok, am I happy". We were told that open days and residents /relatives meetings were held. Information looked at showed that meetings took place and people were asked if they had any issues. We looked at 12 feedback forms, all had very positive comments including, "Excellent afternoon, great care and great staff" and "Thanks for giving us special times with our mum". We saw that people who lived at the home and relatives were provided with feedback forms at all open days and meetings. The manager planned to do this again; we received the dates of residents/relatives meetings for 2015.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We looked at a selection of records throughout the two days. All were seen to be up to date and relevant. Monitoring records looked at for two people were thoroughly completed by staff, they had signed and collated the information required to be gathered for the individual's food and fluid intake. Confidentiality was maintained with locked filing cabinets and a password protected computer which was secured in place.