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Windmill Lodge

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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 17 December 2018, the inspection was unannounced.

Windmill Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Windmill Lodge is a three-floor detached house. Windmill Lodge accommodates up to eight people with learning disabilities or autistic spectrum disorder on two floors. The third floor is used by staff. There were eight people with learning disabilities or autistic spectrum disorder living at the service when we inspected. Several people were experiencing mental health difficulties. One person required a wheelchair when mobilising longer distances, such as accessing the community.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had last been inspected on 26 May 2016 and was rated Good.

The service is owned and managed by a provider who is an individual and who is in day-to-day management of the service. They have been assessed as fit to carry on the service and a registered manager was not required. 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. During the inspection we identified that the provider was incorrectly registered as they were operating the service as a limited company and not as an individual. We are discussing further what action needs to be taken to remedy this.

Medicines were not always well managed. The provider was not following their medicines policies and procedures. People's GP's had not been consulted with about the use of over the counter homely medicines. Risks to people's health and safety were not always well managed. Most people had risk assessments in place which detailed how staff should support people to keep safe. One person's risk assessment had not been updated following an incident where they had wandered onto the motorway. Another person did not have any risk assessments in place at all.

Accidents and incidents involving people were recorded. However, the action taken by the provider following the incident/accident was not always clear or recorded. This was an area for improvement. The provider had carried out sufficient checks on all staff to ensure they were suitable to work around people who needed safeguarding from harm. The provider had not asked applicants for a full employment history and documented reasons for gaps in interview records. The provider agreed they needed to amend the application forms for future use and improve their recording of interview records.

People had access to food and drink which met their needs and to maintain good health and were supported to be as independent as possible at meal times. People were supported to put together a pictorial menu plan for the week. People were able to choose different foods from the menu plan when they wanted. The management team told us that people's dietary intake was monitored to ensure people had a balanced diet. People's care records did not contain a record of what food they had eaten.

It was not evident if each person was supported appropriately by a planned assessment and care planning process to make sure their needs were met. One person's assessment who had recently moved to the service had not been completed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did not always support this practice.

The provider did not have good systems in place to monitor the quality and safety of the service provided. The provider had undertaken quality audits in some areas but these had not been robust enough to capture the action required to improve the service.

Staff understood the various types of abuse to look out for to make sure people were protected from harm.

A number of new staff had been recruited in the last 12 months. Staff had not completed induction training. The training records evidenced that staff had not always received the training needed to give them the skills and knowledge to care for people. Staff confirmed they had received regular supervision with the provider. Staff told us they felt well supported by the provider.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. However, action had not always been taken when sudden weight loss had occurred. One person had lost 7kg of weight between 01 March 2018 and 01 June 2018. This had not been reported to the person's GP as a concern.

The building was suitable for the needs of the people who lived there. Some parts of the building looked a little dated and were in need of redecoration. This is an area for improvement.

Staff treated people with kindness and compassion. Staff knew people's needs well and people told us they liked their staff and enjoyed their company. People and their relatives were consulted around their care and support and their views were acted upon. People's dignity and privacy was respected and upheld and staff encouraged people to be as independent as possible.

People received personalised care which met their needs and care plans were person centred and up to date. Where known, people's wishes around their end of life care were recorded. People were encouraged to take part in activities they liked. There had not been any complaints but people could raise any concerns they had with the provider. The provider sought feedback from people, relatives, staff and health and social care professionals which was recorded and reviewed.

People knew the provider. Relatives had confidence in the management of the home. The provider had good oversight of the service. Some audits and checks were carried out by the provider. The provider told us they did not have any formal processes in place to audit and check people's care plans, risk assessments and medicines practice. Quality assurance processes had not been successful in recognising all the issues we identified in this inspection.

The provider had purchased policies from an external company. Although policies and procedures were in place the provider was not always following these. People's information was not always treated confidentially.

The provider kept up to date with good practice, local and national hot topics by attending provider and registered manager forums. Staff meetings were held on a regular basis to ensure that staff had opportunities to come together, share information and gain information from the management team.

The provider had notified CQC about important events such as safeguarding concerns, serious injuries and DoLS authorisations that had occurred. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. The provider had displayed the rating in the service.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations and one breach of the Health and Social Care Act 2008. You can see what action we told the provider to take at the back of the full version of this report.

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.

Risks had not always been appropriately assessed and mitigated to ensure people's health and safety.

Medicines were not always managed safely.

There were enough staff deployed to meet people's needs. The provider had carried out sufficient checks on all staff. However, application forms had only asked applicants for 10 years of employment history and not a full employment history.

Staff knew what they should do to identify and raise safeguarding concerns.

The service was clean, tidy and equipment had been properly checked. Some areas of the service required redecoration.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

The staff had not always completed training to help them meet people's assessed needs. Staff received effective support and supervision.

It was not evident if each person was supported appropriately by a planned assessment and care planning process to make sure their needs were met.

The staff and management team understood the Mental Capacity Act 2005 and how to support people to make decisions. Capacity assessments were not always decision specific. Best interest decisions had not been made in collaboration with others involved in people's care.

People's choices and decisions were respected.

People received medical assistance from healthcare professionals when they needed it. However, action had not always been taken when people lost weight.

People had access to food and drink which met their needs and to maintain good health and were supported to be as independent as possible at meal times.

The layout of the service met people's needs.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity, respect, kindness and compassion. Staff were careful to protect people's privacy.

Staff had a good understanding of maintaining people's confidentiality.

People were supported to engage with friends and family members. People were supported to keep in contact with their relatives on a regular basis.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place for most people, these were person centred and clearly detailed what care and support staff needed to provide.

People's end of life wishes and preferences had been discussed and documented when this was appropriate.

People knew how to complain. Complaints procedures were on display in communal areas. There had not been any complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Audits had not always been totally effective in identifying shortfalls in the service. Additional improvements to policies, procedures and practice were identified. Records had not always been stored securely.

The provider was not correctly registered with CQC because they had set up a limited company and had not registered this with CQC.

The provider had reported incidents to CQC and had displayed the rating from the last inspection in the service.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

People, relatives and staff felt the provider was approachable and would listen to any concerns. Staff felt well supported by the management team.

Windmill Lodge

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.

This inspection took place on 17 December 2018 and was unannounced. The inspection was carried out by one inspector.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We spoke with three people about their experiences of living at the service and we observed care and support in communal areas. We observed staff interactions with people. We also spoke with three people's relatives who visited the service. We spoke with six staff, which included support workers, senior support workers, the deputy manager and the provider.

We requested information by email from local authority care managers, commissioners and Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. We received feedback from a local authority commissioner.

We looked at the provider's records. These included three people's care records, care plans, health records, risk assessments, daily care records and medicines records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the provider to send additional information after the inspection visit, including training records, a statement of purpose, compliment letters and quality assurance information. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

Medicines were not always well managed. The provider was not following their medicines policies and procedures. The provider's 'medicines away from leave' policy clearly detailed staff should not be taking medicines out of the original packaging and putting them into compliance aids when people leave the service to visit their relatives. Compliance aids should only be filled by trained pharmacists. When medicines were taken out of the service by people when they visited their relatives; staff had been dispensing medicines into secondary storage devices. This increased the risk of medicines errors as staff could make dispensing errors which could cause people harm. The deputy manager confirmed that the staff not following the provider's policy and agreed practice.

The provider's homely remedies policy stated that staff should only administer homely remedies if these had been approved and signed off by the person's GP. Homely remedy is another name for non-prescription medicine which can be purchased over the counter. People's GP's had not been consulted with about the use of over the counter homely medicines. Homely remedies such as Paracetamol were in stock and the deputy manager told us these had been administered to people when required. This increased the risks of people receiving medicines which may interact with other medicines they were taking, which could cause them harm. The provider had failed to assess the risks to people of this practice.

The provider had not carried out any recorded audits or checks to evidence that they were checking medicines administration records (MAR) for gaps, errors or that stocks of medicines balanced with what had been delivered and administered. We carried out a stock check of everyone's medicines. Seven out of eight people's medicines were correct. One person's medicines were dispensed from a different pharmacy. Staff had to hand write their MAR, instead of this being printed and checked by the dispensing pharmacy. We checked the person's medicines stock against the MAR and found that medicines were missing. The person was prescribed medicines which can be used to treat vitamin D deficiency. There were six missing capsules that could not be accounted for, staff were unable to find these. We reported this to the provider who agreed this was an area of concern. They agreed to carry out an investigation.

Most people were in receipt of as and when required (PRN) medicines. One person was prescribed Zopiclone tablets, Paracetamol and Co-codamol tablet PRN. Other people were prescribed Paracetamol tablets PRN. PRN protocols were not in place to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant that staff administering these medicines may not have all the information they need to identify why the person takes that particular medicine and how they communicate the need for it.

The failure to ensure the safe management of prescribed medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were securely stored in a locked cabinet. People were supported with their medicines at the appropriate times. Staff had received training in medicine administration. Once staff had received training they undertook a medicines competency check. There were four staff who were trained and had been

assessed as competent to administer medicines. Temperatures of medicines storage areas had been recorded consistently. The records showed that temperatures were always 20°C. The room in which medicines were stored was very hot as the boiler was sited in there as well as a radiator. The provider acknowledged the room was very hot several times during the inspection and checked that the window was open. We discussed with the provider that there may be an issue with the accuracy of the thermometer. They agreed they would monitor the temperatures of the room and may invest in a new thermometer to ensure that medicines were stored below 25°C. Storing medicines outside of the manufacturers recommended range for a long period of time will affect the efficacy of that medicine and might mean they were not effective.

Risks to people's health and safety were not always well managed. Most people had risk assessments which detailed how staff should support people to keep safe in areas such as managing mental health needs, utilising public transport, accessing the community, accessing the kitchen and mobilising around the service. One person's risk assessment had not been updated following an incident where they had wandered onto the motorway when they were low in mood. The incident had been discussed with the person's psychiatrist and identified as an area of future risk. We discussed with the management team who advised that the staff knew the person well and could identify if their mental health was deteriorating. However, there were new staff that had been employed who worked with the person. They did not know the person as well as more experienced staff, which meant they may not pick up on signs that the person was unwell. This put the person at risk of harm. Another person did not have any risk assessments in place at all to detail how staff should work with them to keep them safe. They had specific moving and handling needs in relation to mobilising around the service, out in the community and there was no personal emergency evacuation plan (PEEP) in place to detail the support they would need to exit the service in an emergency. A PEEP is an individual escape plan for people who may not be able to reach a place of safety unaided or within a satisfactory time period in the event of an emergency. We reported this to the provider and asked them to take action. After the inspection the provider put in place risk assessments to clarify how staff should work with the person to mitigate the risks for this person.

The failure to take appropriate actions to mitigate risks to people's health and welfare is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Relatives told us their family members were safe. One relative said, "I feel she is safe." We observed people moving around the service as they pleased. Some people were able to go out into the community without support. When they left the service, they told staff where they were going. This enabled staff to anticipate an expected time of return. Records showed that if people did not return within a reasonable time frame action was taken to locate their whereabouts. A health and social care professional told us, 'I have visited the service a number of times and in all occasions the residents all seemed happy, safe and the support was being delivered appropriately.'

Accidents and incidents involving people were recorded. However, the action taken by the provider following the incident/accident was not always clear or recorded. It was not clear whether people's local authority care managers had been informed, first aid had been given or whether medical support had been gained. This was an area for improvement. The provider monitored people's mental health through daily checks of their behaviour and interactions. This information was collated on a monthly basis and added to a graph. This enabled the provider to keep a close eye on people's health, learn lessons and adjust practice as well as seeking professional help for people if they started to deteriorate.

The provider had not always carried out sufficient checks on all staff to ensure they were suitable to work around people who needed safeguarding from harm. Records showed that staff were vetted through the

Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Photographs were in place for most staff members. Applications forms had only asked applicants for 10 years of employment history and not a full employment history. Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 clearly states that a full employment history is required. CVs were in place giving a more detailed employment history for some staff. However, one staff members CV showed unexplained gaps in their employment history between October 1985 and April 1987, August 1999 to February 2000 and August 2000 to April 2001. The provider had recorded in the staff members interview notes that there had been a discussion about employment history and reasons for leaving. However, the provider had not documented the staff members responses and had not recorded which dates and items had been discussed. We spoke with the provider about this and they agreed they needed to amend the application forms for future use and improve their recording of interview records.

People had their needs met by sufficient numbers of staff. There were three staff on duty during the day and one staff member carrying out a sleep-in duty at night. During the inspection staff were responsive to people and were not rushed in their responses. People told us they liked staff. One person smiled when we asked them if they liked living at the service.

People benefited from living in an environment that was clean. A health and social care professional told us, 'Generally the home is clean and suitably maintained.' Staff carried out cleaning tasks and some people (who were able to) completed cleaning tasks in their own rooms. People were encouraged to be as independent as possible to ensure they retained skills. A part time cleaner was employed to carry out in-depth cleaning of different areas of the service. Four out of 12 staff had received infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff.

Records showed that the premises and equipment received regular servicing, such as fire equipment, the boiler, legionella tests, electrical wiring and electrical items. We discussed the decoration of the service with the provider as some areas of the service were looking tired and tatty. Some carpets were worn and in need of repair. This is an area for improvement. The provider told us they planned to redecorate two communal rooms, people's bedrooms and planned to replace some of the flooring on the ground floor.

Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew to report any concerns to the provider or the local authority and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse.

Is the service effective?

Our findings

A number of new staff had been recruited in the last 12 months. Staff had not completed induction training. One staff member had started their role two weeks before the inspection and two others had started in October 2018 they had not completed induction training. One staff member told us, "I have not had moving and handling training or specific training; I would like to though. I have done a few online courses." Another staff member said, "Induction did not involve training. I have not had any training." The deputy manager told us new staff shadowed more experienced staff for two to three shifts. The provider's induction process included reading policies and procedures and getting to know the layout of the building and the routines. The provider's induction did not include assessments of work and observations to check staff met the necessary standards to work safely unsupervised and provide care appropriate and safe. These assessments and observations as well as training and information form The Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of minimum standards that should be covered if staff are 'new to care' and should form part of a robust induction programme.

Training records confirmed that some staff had attended training courses after these had been identified as part of their training and development needs. The training records evidenced that staff had not always received the training needed to give them the skills and knowledge to care for people. People living at the service had learning disabilities, autism and mental illnesses. Some people required moving and handling equipment to help them maintain their mobility and some people were known to display behaviours that other people may find challenging. Only one staff member had attended mental health training, five staff attended fire safety training and six out of 12 staff had attended first aid training. Training records showed that staff had not attended autism and learning disability training. This put people at risk of receiving inappropriate care and put staff at risk of injury. The provider's training records evidenced that some staff had registered online to complete training but had not yet started their courses.

The failure to make sure staff had the induction and training they needed to carry out their role is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Staff supervision had been recorded in their files. Staff confirmed they had received regular supervision with the provider. Staff told us they felt well supported by the provider. One staff member said, "I had supervision with [the provider] after I started. I could definitely talk to [the provider] and everyone; they are all open and friendly." Supervision records we viewed did not include discussions about training needs.

People had access to food and drink which met their needs and to maintain good health and were supported to be as independent as possible at meal times. People were supported to buy the food shopping and were supported to put together a pictorial menu plan for the week. People were able to choose different foods from the menu plan when they wanted. For example, the menu plan showed that vegetable soup was available for lunch. However, people chose to make themselves toasted sandwiches instead. People were able to make their meals when they wanted them. The provider had assessed that some people required supervision whilst they were using the kitchen. We observed one person locating the senior support worker

and telling them they were going to the kitchen to make their lunch. When people used the kitchen independently a staff member made sure they were present to monitor the person's safety when using knives and cooking equipment. On the evening of the inspection, the service held a Christmas party, friends and relatives attended and joined their loved ones for food and drinks. Meal times were relaxed and calm; people chose when they wanted to eat and where they wanted to sit to have their meal. The management team told us that people's dietary intake was monitored to ensure people had a balanced diet. They told us this was monitored through checking the menu. We discussed this with the provider as people were often choosing to eat meals that were not listed on the menu plan, which meant that effective monitoring did not take place. The provider agreed that they needed to record people's meal if they required their dietary intake monitored.

It was not evident if each person was supported appropriately by a planned assessment and care planning process to make sure their needs were met. For example, one person had moved to the service as a planned move without any assessment documentation being completed by the provider. Their care file contained a small amount of information obtained from the person staying at the service overnight before they moved in. Staff asked the provider questions about the person during the inspection as they were not sure what the person could do for themselves. During the assessment process people visited the service to meet other people and staff and look at the facilities including their room. Trial overnight stays took place to enable the person to test out whether they would like to live at the service. The Equality Act covers age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are called protected characteristics. The assessment process covered some of the protected characteristics of the Equality Act but not all, this meant that the assessment process would not capture all of people's needs, wishes and requirements. This is an area for 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 mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

The provider had correctly applied for DoLS within the MCA for three people living at the service, two of these applications had been authorised by the local authority at the time of this inspection. The provider was meeting the DoLS assessor with the other person later in the week. Staff understood the principles of the MCA and were aware of the need to respect people's choices. People who were able to had given their consent to have staff help them with their medicines. People's capacity had been assessed. Capacity assessments were not always decision specific. Where people lacked capacity to understand their medicines, assessments showed that a best interest decision had been made. Best interest decisions had not been made in collaboration with others involved in people's care (such as relatives or health and social care professionals) and the decision making process had not been recorded. This was an area for improvement.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Most

people had a hospital passport. This outlined specific health needs and how they should be managed. Staff had sought medical advice when required and had discussed concerns with relatives. Records demonstrated that staff had contacted people's GP, community nurse, dentist, optician, psychiatrist and speech and language therapist (SaLT) when required. People received effective, timely and responsive medical treatment when their health needs changed. People were supported to attend regular appointments with their mental health specialists and were weighed regularly to enable the provider to monitor their dietary intake and general health. However, action had not always been taken when sudden weight loss had occurred. One person had lost 7kg of weight between 01 March 2018 and 01 June 2018. This had not been reported to the person's GP as a concern. Since June 2018 the person's weight had continued to fluctuate. They had lost a further 3kg of weight between June 2018 and 02 December 2018. We discussed this with the provider and advised them to report the weight loss to the person's GP as sudden and unintentional weight loss could signal a health concern.

The service worked well with other teams and healthcare professionals. The community nursing service visited the service twice a week to provide nursing care to one person. The provider frequently contacted people's care managers, psychologists and psychiatrists when required.

Staff asked for consent prior to carrying out any support tasks and staff encouraged people to make decisions for themselves. Staff asked people what they would like to do, where they would like to go and people's decisions were respected. One person chose not to attend the Christmas party, their decision was respected. Several people liked to take care of Lucky the service's dog. Staff encouraged people to take the dog on regular walks and encouraged people to care for the dog. One person said, "I am very fond of the dog."

The building was suitable for the needs of the people who lived there. A health and social care professional told us, 'The service suits the individuals that are currently living there.' The service was set in an ordinary house which was spread over three floors. There was a communal living room and kitchen. There was a garden at the rear of the house. People had chosen the decoration for their own room.

Is the service caring?

Our findings

People told us they liked living at the service. One person put their thumb up in response to being asked if they were happy and receiving good quality care. Other people told us they were happy. We observed people smiling and having fun at their Christmas party.

Staff were aware of the need to respect choices and involve people in making decisions where possible. Staff were aware about encouraging people to be more independent. One staff member said, "We sometimes assist with personal care depending on how independent the person is and whether they need help; we encourage independence." Daily records evidenced that people were making choices about all aspects of their life. People were supported to make decisions, choices and to be as independent as possible. Each person was at a different stage of support and independence. Some people were able to complete most tasks such as their own washing, cleaning and some meals. Other people carried out some tasks with support from staff.

There was a relaxed atmosphere in the service. People and staff used humour and friendly banter as part of their communication.

Staff maintained people's privacy and dignity. We observed staff knocking on doors before entering and giving people privacy when they wanted it. Staff advised us of people's morning routines when we first arrived to ensure that people were given space and time to wake up in their preferred manner. Staff had a good understanding of maintaining people's confidentiality.

Staff shared with us the different ways in which they worked with each person which showed they knew people well. The rota's evidenced that people had consistent staff providing their support.

Staff spent time actively listening and focussing on people and responding accordingly. People were encouraged to take things at their own pace and were not hurried or rushed. Staff supported people by providing reassurance to their questioning. Staff told us that they enjoyed their jobs. This was evidenced through their enthusiasm and approach.

Records showed there were regular 'residents meetings' to discuss the service, the meals, activities and other important information. The last meeting had taken place on 17 November 2018, all but one person living at the service had attended. People were also given surveys to complete on a monthly basis. The results of these were positive. People were asked what they'd like to change or improve. Their feedback was listened to. For example, where people had fed back they would like a particular meal on the menu, this was incorporated into the menu the following week. One person had asked to have their room decorated. The provider was working with this person to tidy up and clear some space in the room before this could take place.

People's care plans detailed their life histories and important information which helped staff engage and respond to their individual needs, this included information about where they had lived, who their relatives

were, important dates and events and what people's favourite things were. Most people's care plans clearly listed the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan.

The provider had a detailed policy which outlined the process for appointing an advocate if it was identified that this was necessary to support people who lived at the home. One person was supported by an advocate on a regular basis.

People's religious needs were met. Some people were supported to go to church when they wanted to attend, some people were able to attend church services without support.

Relatives were able to visit their family members at any time. One relative told us, "It [the service] is like family." Other relatives said, "I always just turn up, staff are always nice and friendly"; "I am happy with the care"; "You can't quantify the feeling here" and "We feel welcome. It is so homely, we are so happy we found here." People were supported to maintain relationships with their relatives, this included support to visit relatives on a regular basis and telephone calls.

Is the service responsive?

Our findings

Staff were responsive to people's needs. People told us that staff supported them to be active members of their local community. People were encouraged to get out of the house on a daily basis and complete tasks and activities they enjoyed. One person told us, "I am having a day in the house today. I am looking forward to the party tonight." Another person said, "I am not interested in joining the Christmas party today, I might go to Bluewater or Lakeside by bus."

People were supported to have good days that were meaningful to them. People's activities were totally centred around each person. One person explained how they had baked cakes and biscuits the day before for the Christmas party. They explained they spent time caring for the pet dog including feeding and walking it. People were supported to meet their friends and peers through attendance at clubs and groups. Several people enjoyed attending day activities services. People with autism may have routines and rituals they need to carry out to help them have a good day. We observed that one person's routine involved the pet dog, the person and the dog clearly enjoyed each other's company. The person went straight to the dog before entering and leaving the room and the service to stroke them and cuddle them. The dog enjoyed the fuss made and greeted the person with a wagging tail. The person's relatives told us, "[Person] used to be scared of dogs but they have really bonded." The person told us they walked the dog, they were smiling and patting the dog whilst they spoke with us.

Care plans were in place for seven out of eight people. One person had just moved to the service and their care plan was in progress, the person and their relatives had shared some basic information about care and support needs. Staff were developing the person's care plan as they got to know them. People's care plans were person centred. Care plans clearly detailed people's cultural needs as well as their care and support needs.

People's care was reviewed regularly; when people's needs changed, this was reassessed. Care packages were reviewed with the person, their relatives and with any health and social care professionals as required. Review records were maintained which included clear actions for the service to carry out, such as health referrals to be made.

Staff completed daily records of the care and support they had provided and this was kept in the person's care file. The daily records evidenced that staff were supporting people according to their care plan.

There was no one receiving end of life care at the time of our inspection. The provider had done some work with some people at the service to identify their future wishes and plans. The provider told us they had provided end of life care in the past. One person's relatives told us about experiences of when a person had died. They explained that every person living in the service was involved in the funeral as well as relatives. People were supported to attend if they wished. They said, "It was very natural, [Provider] stayed with [person] to the end and made such a difference to his life."

The provider was aware of the Accessible Information Standard (AIS) and discussed ways that they provided

information to people. AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Providers of health and social care services are required to follow the standard. There were visual aids around the home, for example daily menus and the planned entertainment. Information about people's communication needs was available in their care plans.

People knew how to complain. The provider's complaints policy included information about where to go outside of the organisation if people were unhappy with the provider's response. It listed the contact details for the local authority or the local government ombudsman. There was an easy to read complaints guide in place which was on display in the dining room. There had not been any complaints about the service.

Is the service well-led?

Our findings

People knew the provider. We observed that people and their relatives felt confident in speaking to the provider about things. The staffing rota showed that the provider was frequently on shift in the service which meant they had a good understanding of people's care and support needs and what was happening on a day to day basis.

Relatives had confidence in the management of the home. Comments included, "[Provider] is so dedicated to it all"; "I feel [Provider] is responsible and approachable, they (staff) are quite good"; "[Provider] is an exceptional person" and "I am very happy with communication with the service, they are one step in front. We often discuss what is working and what is not." Relatives commented on the atmosphere of the service. They all felt it was homely and relaxed. We observed people relaxing and feeling comfortable in their surroundings.

Some audits and checks were carried out by the provider. The provider carried out weekly checks of people's money which was looked after by staff and held securely in the safe. Regular checks were carried out on first aid boxes, water temperatures and kitchen equipment. The provider reviewed people's daily records and survey results and used these to monitor people's health and welfare. Although some audits were completed regularly and action plans developed to make improvements. The provider told us they did not have any formal processes in place to audit and check people's care plans, risk assessments and medicines practice. Therefore, the areas of concern we found during this inspection such as risk assessments, medicines management, training and induction and records storage were not identified and dealt with in a robust manner to ensure the continued safety and quality of the service.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The provider had purchased policies from an external company. Although policies and procedures were in place the provider was not always following these. The medicines policies had not been followed which put people at risk of harm. The tools provided by the external company to aid the provider in assessing and monitoring the quality of the service had not been used, which meant that the provider did not have a full oversight of the service.

People's information was not always treated confidentially. Some records were stored securely in the provider's office. Some records were stored in the staff room/office on the ground floor. This office had two entrances, one which was kept locked and one which was not. Which meant when this room was unoccupied the records were not secure. Files held on the computer system were only accessible to staff that had the password. Maintenance records were not up to date and accurate. Repairs and requests for work had not been recorded consistently. Records did not show whether repairs and maintenance had been carried out in a timely manner.

The failure to operate effective quality monitoring systems and failure to ensure records were accurate, complete and stored securely was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we identified an issue with the provider's registration. They were registered with us as an individual. However, the service was being run by Hosanee & Company Limited. The local authority confirmed they were paying Hosanee & Son Limited. The director of both these organisations was the provider 'Mr Abdoollah Hosanee'. The registration of an organisation as the provider of a regulated activity is subject to a registered manager condition under Regulation 5 of the Care Quality Commission (Registration) Regulations 2009. As the provider had failed to register under the correct legal entity a registered manager was not in place at the service.

The failure to correctly register as a provider with CQC is a breach of Regulation 10 of the Health and Social Care Act 2008.

The provider kept up to date with good practice, local and national hot topics by attending provider and registered manager forums. The provider had signed up to receive alerts and notifications from agencies to ensure they knew about recalls of medicines and equipment. This were checked by the provider and relevant action taken when required. The provider planned to provide staff with updated dignity training, so that staff could become dignity champions in the service. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this.

The provider's statement of purpose stated; 'The aim of the service is to offer residential care and support as part of the community for eight adults with mild to severe learning disabilities. The care and support will be provided for as long as they wish and as long as we can meet their individual needs. Support is offered on an individual basis, respecting their rights to informed choice, privacy and to be treated with dignity.' We observed that people were supported according to their needs. Staff treated people with dignity and respect and did their utmost to ensure that people had the best quality of life. There was a relaxed and homely atmosphere at Windmill Lodge. Each staff member we spoke with told us how much they enjoyed working at the service and providing care and support to the people living there.

Staff meetings were held on a regular basis to ensure that staff had opportunities to come together, share information and gain information from the management team. The last meeting had been held on 22 November 2018. A staff member told us, "We have these quite regularly to make sure there is effective care in the home." Staff told us they had lots of support from the management team. Staff were surveyed annually to gain feedback about the service. The 2017 results showed that six staff had responded. All the feedback was positive; however, three staff had said the decoration and furnishings were not at an acceptable standard. One staff member said, "I love it, I feel well supported. Everyone is friendly, I feel I could talk about anything and be listened to." Another staff member said, "I feel I can ask questions, he is very easy to talk to as a manager."

Relatives were given opportunities to provide feedback about the service in a variety of ways; through informal chats and discussions, reviews and through an annual survey. The last survey had been completed in 2018 based on experiences in 2017. The survey results showed that four out of five relatives responded. All the feedback was positive. The provider planned to send out surveys again in January 2019 to gain feedback about the care and support provided in 2018. The provider had received compliments about the service from people, relatives and health and social care professionals. People had sent a thank you card to staff following the Christmas in 2017 it said, 'Thank you for a lovely Christmas at home.' A health and social care professional had written, 'I am impressed with the care and support shown to each individual.'

Health and social care professionals such as GP's, local authority care managers and day services had been

sent surveys in 2018 to gather their feedback. Five health and social care professionals had responded. All the feedback was positive. A health and social care professional told us, 'I feel the home is supported well by its owner. It delivers individualised support, frequent access to the community to meet individual resident's needs.'

The provider collated the surveys and created an action plan with clear actions to do in response to comments made. For example, the action plan showed that the provider planned to redecorate communal areas and people's bedrooms as well as updating people's surveys to make them easier to read. The surveys had been amended and the decorating action was still outstanding.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The provider had notified CQC about important events such as safeguarding concerns, serious injuries and DoLS authorisations that had occurred.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating for their last inspection in the reception area.

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	<p>Section 10 HSCA Carrying on a regulated activity without being registered</p> <p>The provider was registered with us as an individual. However, the service was being run by a limited company. The provider had failed to register under the correct legal entity. Regulation 10 (1)(2)(3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the safe management of prescribed medicines and failed to take appropriate actions to mitigate risks to people's health and welfare. Regulation 12 (1)(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective quality monitoring systems and failed to store records securely. Regulation 17 (1)(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure staff had the induction and training they needed to carry out their roles. Regulation 18 (1)(2)</p>

