

# Winslow House Limited

# Winslow House

## Inspection report

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## Ratings

### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



## Overall summary

This inspection took place on 15 October 2015. Winslow House is located in the small town of Nailsworth near Stroud and is registered to accommodate up to 35 older people. However, one shared room is used by a single person. There were 34 people in residence when we visited. The property is a Victorian house which has been adapted to suit the needs of people with physical and sensory disabilities. The home is accessible to those people with mobility impairments however some rooms require one or two steps to be negotiated. All private bedrooms have en-suite facilities.

There was a registered manager in post. 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.

The provider had a regular programme of audits to complete. Some of the checks were completed on a daily basis, others on a weekly or monthly basis. However the

# Summary of findings

information collected from some of the audits was not always analysed to see where improvements could be made. They were missing the opportunity to make improvements to ensure the quality and safety of the service was maintained.

All staff received safeguarding adults training and were knowledgeable about safeguarding issues. They knew what to do if bad practice was witnessed, alleged or suspected and would take the appropriate actions. The registered manager was aware of the need to report events promptly to the local authority and CQC. The appropriate steps were in place to protect people from being harmed.

A range of risk assessments were completed for each person and appropriate management plans were in place. The premises were well maintained and all maintenance checks were completed.

The registered manager monitored the staffing levels and based the staffing numbers on the care and support needs of each person in residence. The different shifts the care staff did ensured that the busiest times of the day were covered and people's needs could be met. People were not put at risk because staffing levels were low.

All staff completed a programme of essential training to enable them to carry out their roles and responsibilities. New staff completed an induction training programme and there was a programme of refresher training for the rest of the staff. Care staff were encouraged to complete nationally recognised qualifications in health and social care.

Care records were accurate and detailed and provided sufficient information to instruct care staff how each person wanted their care and support to be provided. The healthcare needs of people were met appropriately.

People were supported to make their own choices and decisions. Staff were aware of the need to ensure people consented to their care and support. When people lacked the capacity to make decisions, best interest decisions were made involving healthcare professionals. We found the service to be aware of the Deprivation of Liberty Safeguards and able to act accordingly when there was a need.

People were provided with sufficient food and drink. Their specific dietary requirements were catered for and there were measures in place to reduce or eliminate the risk of malnutrition or dehydration. Some people thought that improvements should be made and they had voiced their opinions in feedback to the registered manager and provider. Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to.

The staff team had good friendly relationships with the people they were looking after. People were able to participate in a range of different activities and external entertainers visited the home. People were encouraged to be as independent as they were able and used the local community facilities.

There were safe recruitment procedures in place to ensure unsuitable staff were not employed. Regular staff meetings were held in order to keep them up to date with any changes and developments in the service. There were also 'resident meetings' and people were encouraged to express their views about things they wanted to happen. This feedback however was not included in reviews of the service to ensure that people's views were heard and acted on.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# 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 was safe.

People received care from staff who were trained in safeguarding and recognised abuse. Safe recruitment procedures were followed to ensure that unsuitable could not be employed.

Staffing levels were based on the collective needs of people in residence and shifts had been arranged to ensure sufficient staffing numbers at key times of the day. There were enough staff to keep people safe.

People's medicines were being managed safely.

Good



### Is the service effective?

The service was effective.

Staff received the relevant training and support in order to undertake their role effectively and meet people's needs. They felt supported and received regular supervision to monitor their work performance.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The registered manager was aware when the appropriate applications would need to be made to the local authority to deprive a person of their liberty.

People were provided with sufficient food and drink. They were given choices about what they wanted to eat and drank.

People were supported to see their GP and other healthcare professionals when they needed to.

Good



### Is the service caring?

The service was caring.

People were treated with respect and kindness and were at ease with the staff who were looking after them.

The care staff had good relationships with people and talked respectfully about the people they looked after.

Good



### Is the service responsive?

The service was responsive.

People received the care and support that met their specific needs. Care planning documentation provided an accurate and detailed account of what support was needed and what care had been provided.

Good



# Summary of findings

People were able to participate in a range of social activities. People were on the whole listened to and staff supported them if they had any concerns or were unhappy.

## Is the service well-led?

The service was partially well led.

Improvements were required to ensure that all feedback from survey forms and meetings resulted in an action plan. This would evidence where improvements were needed and what actions had then been taken.

There was a programme of checks and audits in place but these had not resulted in any action plans. The prevalence of falls, accidents or incidents and complaints were not analysed to see if there were any lessons to be learnt.

There were robust systems in place to ensure that the premises were kept clean and tidy, that maintenance tasks were completed and the good food hygiene was maintained.

**Requires improvement**



# Winslow House

## 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 was unannounced and was undertaken by a one adult social care inspector. At the last inspection in November 2013 we found no breaches in regulations.

Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider

Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we spoke with eight people living in Winslow House and one relative. We received feedback from three health and social professionals who were familiar with the service and have incorporated their feedback in to the body of the report. We spoke with the registered manager, the deputy and the administrator. We also spoke with eight members of staff including care staff, catering staff and the activity coordinator.

We looked at three people's care documentation and other records relating to their care. We looked at training records, policies and procedures, audits, quality assurance reports and minutes of meetings.

# Is the service safe?

## Our findings

People told us, “The staff are very competent using the hoist. They know I don’t like it but they reassure me throughout”, “I have nothing to worry about. I feel perfectly safe here”, “Everyone treats me very nicely” and “I had a lot of falls in my own home before I came to live here. I know if I fall now there is always someone I can call to help me”. The relative said, “I visit every day. Mum would tell me if there was anything wrong, if she had been spoken to badly or been harmed. I know that she is safe living here”.

Staff were aware of their responsibility to keep people safe. One staff member told us they did the moving and handling training with all the staff. Care staff were not permitted to use hoisting equipment until they had received the moving and handling training. One person had recently been provided with their own hoist which was different from the others in the service. The care staff had received person-specific training from the moving and handling trainer and a visiting occupational therapist.

People were safe because staff knew about the different types of abuse and how to report any concerns they may have about the safety and welfare of people. Staff told us they would report any concerns to the registered manager, the deputy or the registered provider. There was a safeguarding procedure in place for staff to follow. Staff completed a safeguarding training programme delivered using a digital video disc (DVD) plus they were provided with hand-outs from Gloucestershire County Council. Staff had to complete a questionnaire in order to test their knowledge and understanding of safeguarding matters. The registered manager had completed the level three investigation and management of safeguarding training and the deputy, administrator and senior carers had done level two alert training.

Safeguarding concerns were raised in March 2015 by the ambulance service and were investigated by the local authority. The service worked well with the investigation and put measures in place to ensure that the issues raised could not happen again.

We were unable to look at staff recruitment files during this inspection because the registered provider was not available. At the previous inspection we found there were effective recruitment and selection processes in place. Following our inspection we spoke with the registered

provider about recruitment procedures and we were assured the same robust procedures were followed. Since the last inspection the registered provider had introduced the use of an interview assessment forms as we had noted in our last report these were not being completed. New members of staff were now interviewed by two ‘senior’ staff.

Appropriate checks were undertaken before new staff began their employment. These included two written references and evidence of the person’s identity. Disclosure and Barring Service (DBS) checks were carried out before new staff commenced employment to ensure they were suitable to work with vulnerable people. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

Assessments were undertaken of any risks people may be affected by. Assessments had been completed in respect of the possibility of skin damage and pressure ulcers, the likelihood of falls, risks of malnutrition and dehydration, and moving and handling tasks. Where a person needed the care staff to support or assist them with moving or transferring from one place to another a safer handling plan was devised. These set out the equipment required and the number of care staff to undertake any task.

Two people liked to go out independently into the local community. The staff wanted them to continue to do this and had put procedure in place so they knew whether the person was in or out. There were signing in and out sheets by the front door and the two people had been provided with a card stating “I live in Winslow House.....” so that if they got into difficulty in the local area, someone would be able to contact the service.

The maintenance person had a programme of checks to complete on a daily, weekly and monthly basis in order to keep the premises safe. The registered manager ensured these checks had been completed. Whilst there was remedial works on-going in the home, there were measures in place to ensure that people were not placed at any risk. The catering staff recorded fridge and freezer temperatures and hot food temperatures. There were measures in place to ensure all food was stored correctly and there were daily, weekly and monthly kitchen cleaning schedules. An environmental health officer last visited the kitchens in July 2015 and awarded the full five stars.

## Is the service safe?

The registered manager said the staffing numbers were based upon the level of dependency of the people in residence. Staffing rota's showed that at the time of our inspection there were six care staff in the mornings and four after 5pm. There were two waking night staff overnight. In addition there were catering, housekeeping and maintenance staff. Feedback from some of the staff we spoke with was that the staffing numbers were inadequate. Comments included, "We have so much paperwork to do and need more management support" and "The office (reference to the registered manager and the deputy), may do the medicines or the tea but never the hands-on care". This was not a view shared by all the care staff we spoke with. For each shift, a shift leader is identified and the staff member who will be responsible for administering medicines.

For those people who wished to be responsible for their own medicines, the staff supported them to re-order their prescriptions and they were provided with lockable storage in their bedroom. Other people were administered their medicines by senior care staff at the prescribed times.

In March 2015 an issue was raised by the ambulance service in respect to the night staff's access to medicines administration records (MAR charts) and information about any allergies. The care home support team (Gloucestershire

Care Services NHS Trust) had been working with the home since July 2015. An audit that was undertaken by the team had identified a number of issues where improvements were required. An 11 point action plan was devised. We looked at each of the issues and there was still one minor point that needed to be addressed and was pointed out to the deputy.

There were clear policies and procedures in place for the safe handling and administration of medicines. Protocols for medicine prescribed as 'as required or PRN' were clear and were kept with the MAR charts. Daily, weekly and monthly audits of medicines were completed to check the management of medicines. There had been no errors involving medicines in the last 12 months. Only those care staff who had completed safe administration of medicines training were permitted to administer medicines. The care home support team had delivered training to staff in September 2015 and reported the staff were engaged and receptive to making improvements.

There were safe systems in place for the ordering, receipt, storage and disposal of all medicines. There were suitable arrangements in place for storing those medicines that need additional security. Records showed that stocks of these medicines were checked regularly and could all be accounted for.



# Is the service effective?

## Our findings

We asked people about the care and support they received and whether it met their needs. They told us, “I am very satisfied here and have been here a long time”, “I can have a bath whenever I want to. I just have to ask”, “My daughter arranged everything and she said this home would be able to look after me. I am still settling in but they do a good job” and “I am very happy that I now live at Winslow House, they look after me well”. A relative told us, “The staff are excellent and Mum is well looked after”.

Staff received a range of training in order to ensure they were able to meet individual people’s care and support needs. There was an induction training programme that all new staff had to complete in the first 12 weeks of their employment. An induction training checklist was used to ensure all parts of the programme were signed off, by the trainer responsible. Induction and on-going mandatory training included fire awareness, moving and handling, food safety, safeguarding, infection control, supporting people with dementia and dignity and respect.

All care staff were encouraged to undertake health and social care qualifications. At the time of our inspection one third of care staff had a level two or above NVQ or diploma in health and social care and others were working towards the awards.

Two health care professionals told us they had visited the service to deliver specific training and both found the staff to be willing to learn. One said, “the staff appeared eager to learn from my knowledge” and “advice on individual people was quickly actioned”. Arrangements were already in place for more staff to attend first aid training and some staff had recently completed nutrition training.

Staff received regular supervision. The role of supervisor was divided between the registered manager, the deputy and the registered provider. Staff we spoke with confirmed they received a formal supervision session with senior staff two or three times a year plus an appraisal. In addition, care observations were undertaken by senior staff to monitor work performance. These measures ensured the quality of service provided and meant any work performance issues were addressed.

People were provided with sufficient food and drink. The cook told us there was a six week seasonal menu plan with a choice of two meal options at the midday meal. The

menus were kept under review and unpopular meals were removed. They told us they had introduced new foods at the request of people, examples included crumpets and hot cross buns. The menus were amended at Christmas and Easter and to celebrate other events.

The kitchen staff were aware of people’s likes, dislikes and preferences. They catered for blended meals, fortified diets and diabetic diets where needed. The care staff reported any changes of people’s dietary requirements to the kitchen staff.

People were able to have their meals served in the dining room or in their own bedrooms. Feedback we received from people about the food they were provided included, “We get good meals but the supper time is not so good”, “I like to have my supper served in the sun lounge”, “If I could change one thing it would be to have dinner later than midday” and “On the whole the meals are good, but sometimes not so”. The registered manager told us that in response to comments made about hot drinks being served tepid, small teapots had been purchased and hot drinks were served using a tray service. The registered manager may need to consider reviewing people’s views about the meals they were provided with in order to see if improvements were needed.

People were encouraged to make their own decisions about their day to day life. When we spoke with staff they understood their responsibility to support people to make choices and decisions. The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment.

The registered manager was aware of the DoLS legislation but said at the time of this inspection no one was unable to consent to living in the home in order to receive the care and support they needed. They spoke about the process they had followed in a previous care establishment when they had referred to the local authority to approve a deprivation of one person’s liberty. The registered manager and the deputy had both received MCA and DoLS training. The registered manager was waiting to do a ‘train the trainer’ course in order that they could then deliver MCA and DoLS training to the rest of the staff team.



## Is the service effective?

People were seen by their GP as and when needed. The registered manager told us the GP visited regularly and reviewed people's healthcare needs and reviewed their medicines. The district nurse also visited the service regularly. They told us they were "Pleased" with the

standard of care provided by Winslow House, and there was good communication between the staff and the district nurse team. People were also supported to see foot care professionals, opticians, allied healthcare professionals and attend healthcare appointments..

# Is the service caring?

## Our findings

People said, “The staff are very nice to me”, “Everyone is so friendly here. I am very well looked after”, “I can get a little confused at times and the staff are very patient with me” and “The staff respect that I would prefer to stay in my room. I will go down to the lounge for activities if I want to”. One relative said, “All the staff are very kind to not only my mother, but to the rest of the family too”. Healthcare professionals who provided feedback prior to our inspection said, “There is always a nice welcome when we visit” and “The staff are really committed to providing person centred care and supporting people to be as independent as possible”.

During the inspection we noted staff having positive interactions with people. One person who had just had their hair done by the hairdresser, was complimented by a staff member on how nice it looked. This person later told us, “I have always been particular about my hair. I used to love it when my husband said it looked nice”. Staff spoke to people in a calm and sensitive manner. During the group activity in the lounge, the activity organiser was able to generate conversations amongst people and drew the quieter people in to the conversations.

Outside of each bedroom there was a plaque stating that staff needed to knock before entering. We saw the staff

knock on people’s doors and either waited to be invited in, or if the person was not able to answer, pause for a few moments before entering. People’s bedroom doors and the doors into bathrooms and toilets were closed when people were receiving care.

Care plans showed people had been consulted on the care and support they received. People told us they had been involved in developing their care plan and their views had been considered “paramount” in the process. As part of the care planning process people were asked by what name they preferred to be called and what things were important to them. This information was incorporated into their care plans. Things you need to know about me were recorded and this included preference for male or female carers.

The service aimed to continue looking after people when they had reached the end of their life. One staff member said, “This has been their home and it is not right they have to move to a nursing home for the last stages of their life. We would bend over backwards to make it happen”. Two members of staff had been identified to attend monthly forums with other palliative care staff, organised by the care home support team. The service worked with the person’s GP and district nursing services in order to provide the care and support the person needed.

# Is the service responsive?

## Our findings

Before people were admitted to the home their care and support needs were fully assessed. This ensured the service would be able to meet the person's individual needs and any specific equipment (hoists or specialist beds) was available. Where people were part funded by the local authority information was gathered from them as to the person's needs. These documents identified the type of care the person needed and the level of any risks. The assessment covered all aspects of the person's daily life and the information was used to write the person's care plan.

The care plans were written in conjunction with the person, their relatives and other information gathered from health and social care professionals. Care plans covered the person's personal care needs, mobility, nutrition, continence, skin integrity and where appropriate, end of life care needs. The plans were well written and provided sufficient details to instruct the care staff on how the person's care and support needs were to be met.

People told us they were supported with their care and support needs. They said, "If I need help there is always someone around to assist me", "We only have to ask if we want to have a bath and the girls help us" and "I am looked after very well". The relative we met said, "My mother is well looked after and I could not ask for anything better".

Care records provided an accurate and detailed account of the care and support provided to each person. People who were prescribed creams or ointments had a separate creams chart kept in their room folder. The care staff completed these forms to record when they had applied the treatment. Food and fluid intake was recorded on a chart where a person's intake needed to be monitored. Care staff completed daily notes for each person. A 'page-a-day' form was used and three entries were made in a 24 hour period but some of the entries were minimal.

Care plans were reviewed on at least a monthly basis. People were encouraged to have a say about their care and support and to speak up if they were unhappy about

anything or wanted things done differently. The care plans were amended as and when needed. However, we noted that one person's plan referred to them having an infection and being on antibiotics but we were told this was out of date information. Where necessary health and social care professionals were involved in people's care.

A handover report was given to staff coming on shift. This ensured that important information was shared between the staff and any changes to people's care needs were passed on to the next shift.

There was a programme of activities for people to participate in. A copy of the programme was displayed in the hallway near one of the lounges. The October entertainment plan included a cinema club, skittles, bingo, a 'remember this.....' crosswords and quizzes. External entertainers visited the service – a pianist had been in to play and the day after our inspection a West End to Broadway show was arranged. One person said, "I am really looking forward to that. I love all the old songs". The activities organiser said they used to have a group of ladies who liked to knit but they don't now so this activity was dropped.

It was evident from looking at the resident meeting notes that people were asked to make suggestions about what they would like to do. During the inspection the activities organiser was delivering a quiz. Initially there were about 12 people participating but the quiz went on for so long that by the end there were only three taking part, whilst the others had either walked away or fallen asleep. The hairdresser visited each week and there was a church service on a monthly basis.

People we spoke with said, "If I had any concerns I would have no hesitation in speaking to the manager", "No complaints, if I did I would tell someone" and "Nothing is wrong thank you. I am quite content". People were provided with a copy of the complaints procedure. One relative told us, "I have raised a couple of issues with the staff who sorted things out. It never became a complaint because it was resolved". They added they had not raised a formal complaint but the issue had been sorted out.

# Is the service well-led?

## Our findings

People told us, “The home is well run”, “I have to say I think everything appears to run smoothly. We are kept, warm and well fed and there is always nice things going on to amuse us” and “I am not sure I know who the actual manager is but even if I did, I don’t think things could be any better”.

Since the last inspection there have been several changes to the management structure. The new registered manager has been in post since the beginning of 2015 and was supported by the long term deputy manager. They lead a team of senior care staff and care staff. There were also housekeeping, catering, maintenance and administrative staff employed.

Whilst there was a programme of audits in place to check on the quality and safety of the service, not all of the information gathered in these processes was used to influence any improvements. There was a weekly and monthly audit planner. These included care observations, catering and meal times, medicines, equipment and devices, room checks and complaints. Logs were also kept regarding infections, falls and the number of incidents. These forms had space for outcomes and action plans to be recorded and all had not been completed. The log of incidents had recorded 12 events since the beginning of 2015, but there was no review.

Any falls, accidents and incidents, or any complaints received were logged but there was no analysis of what had happened. The registered manager and provider did not use the opportunity to identify any changes they could make to prevent or reduce a reoccurrence.

The provider had a complaints policy. This stated all complaints would be investigated and responded to within 28 days, in writing. The policy still referred to the previous registered manager and general manager and needs to be updated. A copy of the complaints procedure was displayed in the main entrance. It was also included in the information about the home, given to people on admission or their relatives. This meant people would know what to do if they wanted to raise a concern or complaint. The provider had received two formal complaints since the

beginning of January. Whilst the complaints had been handled correctly and responded to, an action plan had only been devised for one of the complaints. CQC had not received any complaints about this service.

Along with the complaints log there was a log of “little grumbles” that had been received. There were 10 issues listed of which six were in relation to food and drink. This feedback had not been recorded on any improvement plan but had resulted in action being taken in regards of three issues.

A ‘Resident & Relatives’ questionnaire was completed at the beginning of the year and the results were collated in February 2015. The overall results showed that both parties were either satisfied or very satisfied with the service provided. However there were a number of ‘not satisfied at all’ responses regarding the choice and variety of food provided and cleanliness and tidiness of their relative’s bedroom. There was no action plan to address these comments.

### **This was a breach of regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.**

Regular staff meetings were held to keep them up to date with changes and developments. The registered manager and deputy always worked together on a Friday to ensure whichever of them was working the weekend would have the necessary information and updates. The provider was present in the home five days per week and met with people, their relatives and the staff when required.

There were residents meetings held on a six monthly basis and the last meeting was held in June 2015. People were asked to make suggestions about the things they would like to do. The meeting notes recorded that people would like to go out and buy ice-cream, visit a garden centre and also have a cheese and wine party. Staff confirmed that these things had not happened although they did say there had been a garden party in September. People were also asked to comment about food and drink and were reminded to raise any concerns or comments they had with the staff or the registered manager.

Care plans were reviewed on a monthly basis by the care staff in order to ensure people continued to receive the care and support they needed. The person was involved in the review and family were also included where this was appropriate.

## Is the service well-led?

The registered manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the home and which the service is required by law to tell us about.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered persons did not have effective systems in place to assess, monitor and improve the quality and safety of the service provided

Regulation 17) (2) (a).