Cantonfield Limited

Windsor Rest Home

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?	Good

Summary of findings

Overall summary

The inspection was carried out on 10, 11 January 2018. The first day of the inspection was unannounced and the second day was announced.

Windsor Rest Care Home provides accommodation with personal care for up to 13 older people. Staff provided personal care for older people who were frail or were diagnosed with dementia or mental health. The property was originally two separate houses and spanned two floors. A lift was available for people to travel between floors. There were 12 people living in the service when we inspected.

Windsor Rest Home was rated as good at the last inspection at this inspection we found the service remained Good
The registered manager was also an owner of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

At the last Care Quality Commission (CQC) inspection on 27 July 15 the service was rated as Good. At this inspection we found the service had remained good

People were assessed as individuals and staff had a very good understanding of how people's care should be provided to maintain their safety, health and wellbeing. Risks were assessed within the home, both for individual people and for the wider risk from the environment. Staff understood the steps to be taken to minimise risk and report any new risks that they identified.

The registered manager had plans in place for PEEP (personal emergency evacuation plans) for each person living at the home. These were individual plans which gave information about how many staff would be needed to evacuate the person and what equipment should be used.

Incidents and accidents were recorded and checked by the registered manager to prevent these happening again and improve the home offered.

People were kept safe by staff who understood their responsibilities to protect people living with dementia and mental health illness. Staff had received safeguarding training and knew how protecting people from abuse. The staff team had access to and understood the safeguarding policies of the local authority which they must follow. Staff understood what whistleblowing meant and all said they would report another member of staff if they believed they were abusing people in any way.

There were policies and procedures in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People had access to a range of health care professionals such as dentists, chiropodists and when required arrangements were made for people to attend outpatients appointments at the hospital. People also had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. Staff had been trained to assist people to manage daily health challenges they faced from conditions such as diabetes and dementia.

Staff understood the challenges people faced and supported people to maintain their health by ensuring people had enough nutritious food to eat and sufficient drinks to maintain their hydration.

The home was welcoming and friendly, with people engaging easily with the people they lived with and staff. Staff provided friendly compassionate care and support. People were encouraged to do what they can for themselves to maintain their independence. Staff enabled people to participate in community life, both within the home and in the wider community.

The deputy manager was the appointed person for infection control. The home looked clean and there were no unpleasant odours. Staff wore appropriate PPE (personal proactive equipment) for example gloves and aprons when providing personal care. These were removed and disposed of correctly between each person they cared for.

Staff upheld people's right to choose who was involved in their care and people's right to refuse care and support. People were consulted and asked what they wanted to do each day. When entertainers came into the home people were made aware and could choose whether to take part.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager understood when an application should be made. They had submitted applications however due to a back log these have not yet been approved.

The recruitment procedure was followed to ensure people were not put at risk from staff that had not undergone all the necessary checks. These checks made sure perspective staff were suitable to work with vulnerable people. New staff were given an induction that included time to read the home policies and procedures. New staff who had previous experience were also observed providing care and the registered manager or deputy then signed a work book staff had completed to show they were competent giving various aspects of care. Staff new to care would undertake the Skills of Care, Care certificate.

Staff received supervisions, appraisals and training to assist them to provide good quality care and to develop their skills further.

The registered manager produced information about how to complain and this was seen displayed in the home. People were frequently asked if they were unhappy about anything in the home. People, families, health professionals and other regular visitors were sent a survey every six months to seek their opinions so, where possible, staff could improve the service they provide.

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 remains Safe	**Good**
Is the service effective? The service remains effective	**Good**
Is the service caring? The service remains caring	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well led	**Good**

Windsor Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This was a comprehensive inspection, which took place on the 10 and 11 January 2018 and was unannounced on the first day, with the second day being announced.

The inspection team day one consisted of one inspector and an expert by experience who had knowledge and understanding of older people residential services and dementia care. Day two was attended just by the inspector.

We did not ask the provider to complete a Provider Information Return (PIR) before this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

Not everyone was able to verbally share with us their experiences of life at the service. This was because of their dementia. We therefore spent time observing people and how care was delivered.

However, we were able to speak with seven people who lived in the home and five of their relatives. We also spoke with a visiting healthcare professional involved with the service and a person who provided exercise for the people living in the home.

We looked at the provider's records. These included three peoples care files, daily care reports risk assessments and maintenance records. We looked at two staff files, a sample of quality audits undertaken by the registered manager, satisfaction surveys, staff rotas, and policies and procedures. We also looked at checks completed by staff such as fire alarm tests, cleaning schedules and fridge temperatures.

Good

Is the service safe?

Our findings

Staff were aware of the identified risks for each person and how these should be managed to reduce any harm. Staff were able to tell us what they do to minimise personal risks. For example one person often got up and walked without their frame and had been prone to falls at home. Staff would remind them or get their frame for them to walk with. A visitor said "I know she is safe-the surroundings speak for themselves, no more falls or being alone". Another visitor said "We know she is safe here we come every day but choose different times so we have a broad picture. She is always happy. She is part of a little family its brilliant, a little community". Staff recorded the support given in people's daily records; if an incident of accident occurred they recorded these appropriately.

Risk assessments were undertaken for when people left the home. For example, the risk to people going to a local café or garden centre was considered and documented. Actions were then agreed to make sure this was a safe enough activity for them to do. One person said "I feel safe because at 75yrs they let me go out every day. I get the bus, you have to write down where you are going and what time you will be back, I go to Waitrose".

There were also risk assessments for the building generally and people's rooms. These risks were rated as high, medium or low. Depending on the level of risk, a necessary action may entail maintenance work, or an item to be replaced to minimise the risk identified. High risk actions had been considered first and any works necessary had been given a time scale for completion. As works were completed, each task was signed off, and the risk assessments were reviewed every month. Health and safety checks were undertaken by the registered manager or the deputy manager each week, with staff reporting any issues they see on a daily basis.

The deputy manager was responsible for the infection control measures with in the home. The home had suitable supplies of PPE (personal proactive equipment) and cleaning products. There were cleaning schedules for individual peoples' rooms and the communal areas. The deputy manager also observed staff to make sure they used PPE appropriately and that they washed the hands effectively to reduce the risk of cross infection.

Incidents and accidents occurring were recorded and checked monthly by the registered manager for any patterns. The registered manager told us that by reviewing these they could put in measures to prevent the same thing happening again. The registered manager knew which incidents and accidents needed to be reported to which regulatory bodies such as and Health and Safety Executive, the Care Quality Commission and Social Services safeguarding team. .

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed applications and been interviewed for roles within the service. The home did not offer new staff positions unless they had

provided proof of identity, written references and confirmation of previous training and relevant qualifications. The home checked all new staff against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who were considered vulnerable. A new member of staff we spoke with confirmed they had been through a vigorous application and selection process. The interview included being asked to explain gaps and why they had left previous employment. We viewed the files of the last two staff to be employed. These contained the required records and an up to date photo. This home had a low staff turnover. New staff were given an induction and shadowed experienced staff for a week at the beginning. They completed a work book which the registered manager or the deputy manager signed off when they were competent in certain tasks and providing care for the people living in the home.

The staff were experienced and able to meet people's needs. Unfortunately they had had two full time staff who were unable to work for the last two months. This did have an impact on staff numbers but both the deputy and the registered manager worked as care staff during this time. This way peoples care and support was not disrupted. The registered manager had ensured that the staff had the correct skills, training and experience. The registered manager and the deputy explained that the staffing level is reviewed regularly to make sure they had sufficient staff to meet people's needs. For example they are now considering if they now need three staff per shift in the mornings at weekends as they do during the week. The care staff cooked all the meals all week and at weekends they also cover any cleaning that is required. People said that there were enough staff; one person said "Usually there are enough staff on duty to cater for everyone's needs".

Emergency drills and tests were recorded. The registered manager had plans in place for PEEP (personal emergency evacuation plans) should this become necessary. These were individual plans for each person and were kept in a grab bag should the need arise. They had a system in place to make sure that people's information stayed up to date. It ensured that all staff in the home would understand how to continue people's care, should the home be evacuated in an emergency. Agreements were in place with nearby care homes to be used as a place of safety should an evacuation be necessary.

The registered manager and the deputy manager covered an out of hours on call system, which enabled serious incidents affecting peoples' safety or care to be dealt with at any time. We saw that staff understood people's individual communication styles, like body language or behavioural changes which may indicate people were unhappy or distressed.

There was a current safeguarding policy and the up to date safeguarding protocol issued by the local authority. Staff told us that they had received training on safeguarding procedures and were able to explain these to us. Staff described the types of concerns they would report as safeguarding and understood what whistle blowing was. Staff were aware of the need to report to social services safeguarding teams if they believed their concerns were not taken seriously by the registered manager.

There were safe processes in place for the management and administration of people's medicines. We observed medicines being given and the staff administered the medicines as per their policy and procedure. They checked who the person was and once they were confident that the person had taken the medicines they signed that it had been administered. The current medicines policy and procedure was available for staff to refer to should the need arise.

The administration of medicines was restricted to those staff that had completed medication training and had been checked by the registered manager as competent. . People had been assessed individually to see if they would be safe to administer their own medication. Currently everyone living at the home had made

the decision for staff to give their medicines. We reviewed the medication record sheets, the received medication records and the returned medication records relating to how people's medicines were managed and they had been completed properly. Medicines were stored securely and audits were in place to ensure medicines were in date and stored according to the manufacturers guidelines. The registered manager ensured that regular audits of medicines happened and that all medicines were accounted for at each delivery. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely as prescribed and at the right time. There were protocols for medicines given as necessary (PRN) so that staff were aware of when they could give these medicines and how often.

The registered manager explained that they do not have a full time maintenance man but they did have someone they called on when necessary. The registered manager and the deputy manager do a health and safety check of the building, with night staff also checking the buildings security every night. The registered manager also makes sure that the building and the equipment used is fully tested and maintained to keep people safe. For example there were copies of the required land lords gas safety certificate and electric hard wiring certificate, the water had been checked for legionella and small electrical appliances had been checked for safety yearly. This meant people were protected from environmental risks and faulty equipment. We saw that the home had made provision for all the homes required safety checks to be completed by outside contractors. We viewed all of the certificates and they were in date. For example we viewed the Land lord gas safety certificate, the electrical hard wiring certificate, emergency lighting test certificate and clinical waste collection certificate. The home also does its own regular testing for example of the water temperatures in sinks and baths, closure of fire doors, use by date on food and the call alarm system.

The building was kept clean and there were no unpleasant odours. There was a member of staff who was responsible for cleaning the home on a daily basis. They cleaned the home daily through the week giving a deep clean to people rooms once a week. At weekend the care staff cleaned bathrooms, toilets and emptied bins. They completed a cleaning schedule, showing what areas they had completed each day. There was a COSSH file which contained a safety sheet for all the cleaning products used with in the home. This gave the staff emergency information on what to do if for example the cleaning liquid or powder got into people's eyes or it was swallowed. All staff spoken with knew where this file was located and how to use it.

There were policies and procedures available for staff to refer to if they were unclear what they should do in different circumstances when a person becomes unsafe or injured. These included topics such as if a person went missing, a person is abused and reporting accidents and incidents.

Good

Is the service effective?

Our findings

Staff told us that they felt supported by their colleagues, the registered manager and her deputy. They spoke positively about working at the home. Training records showed staff were supported to gain and develop the knowledge and skills to enable them to support people effectively. We saw from completed work books that staff had undertaken an induction when they started working at the home. There was on-going training to ensure that staff developed and maintained their skills and knowledge. Training records and certificates on file showed that some staff had also obtained national vocational qualifications (NVQ) in health and social care. The registered manager said that there were currently three staff undertaking a level three NVQ in health and social care.

Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included medicines, health and safety, safeguarding and equality and diversity. Staff spoke positively about the training they had received and were able to explain what they had covered during the training sessions. Training records also showed staff had received specialised training to enable them to support people with their particular needs and conditions. For example, some staff had undertaken training in Dementia awareness, diabetes and stroke. Those who had not done all of these were booked on the courses. All the people living at the home that we spoke with were of the opinion that the staff were, 'Well trained and skilful'.

Staff received supervision sessions every three months. Supervision sessions enabled staff to discuss any concerns they had, their personal development and the training that they had completed. Supervision was a two way process and staff recorded their comments on the supervision form. We also saw evidence that staff had received an annual appraisal to review their progress and look at what training would be beneficial to further their personal development.

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.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. For example one person needed their medication to be administered covertly. This had been discussed with family, community Psychiatric Nurse and their GP. A DoLS application had been completed and sent to the local authority who currently have a backlog so this has not yet been authorised. In the meantime the GP had documented permission for the medicines to be given in this way. The registered manager was aware that once a DoLS application has been agreed by the local authority that they must notify the CQC.

We checked whether the service was working within the principles of the MCA. We noted that care plans contained some information about people's mental state and cognition. There was a decision record sheet which listed areas where people were able or not able to make decisions about any support they needed. Records showed the person's next of kin and healthcare professionals were involved to ensure decisions were made in the person's best interest.

Staff had a basic knowledge of the MCA and training records confirmed that staff had received training in this area. Staff we spoke with knew that everyone should be assumed to have capacity and have the right to choose. Staff were also aware that when a person lacked the capacity to make a specific decision that would be detrimental to their safety then, people's families, staff and others including health and social care professionals could all be involved in making a decision in the person's best interest.

We saw that people or their families had signed care plans agreeing to the various aspects of care provision and support. Staff also checked with people before providing personal care and support whilst respecting people's rights to refuse. We observed and overheard staff offering people choices during the day whether that was what they wanted to eat for lunch or whether they wished to join in the activities.

People were supported to maintain good health and have access to healthcare services. We viewed records that recorded when people had been visited by the GP or had attended hospital appointments. Health records included information such as allergies, conditions and medicines currently being taken by the person. When people needed to go to hospital the staff made sure that they sent all the current information about the person and what had led up to them being sent to A&E. This would ensure people received the appropriate support and treatment in accordance to their specific needs. One relative said, "They attend to all my mother's needs, they send for a GP if she is unwell and they respond quickly" A person said, "I had a chesty cold and they got me antibiotics and lemsip although the GP didn't come". Another person said, "You can ask to see an optician or a dentist and they will make you an appointment". Families, staff and a visiting health professional said they found the communication was good. The health professional said "the staff keep me informed about my clients progress, and follow the instructions I leave them". Families all agreed that they were always kept informed about their relative, for example they told us they were notified if the person had had an accident or was not well.

People said the food was good and there was a choice and portions were adequate. They never felt hungry but knew they could always ask for a snack if they wanted one. One person maintained her independence by preparing vegetables and setting the tables. They said "I like helping at meal times, there are two of us that do this". A relative said, "[Name] has blossomed at 92yrs-we brought her from hospital and they wouldn't eat, you wouldn't believe the change." The staff ensured that people's nutritional and hydration needs were being met. Care plans had nutritional risk assessments. During meal times, the atmosphere was relaxed and people sat with other people using the service. People who ate independently were given the time to eat at their own pace and were not hurried by staff. Choices were available at all meal times, people often ate breakfast in their bedrooms but most people were happy to eat together at lunch and tea time. Another visitor said, "They have a genuine choice in the timing of meals and they never rush anyone, I noticed that drinks and biscuits are offered at frequent intervals". Another person said, "The time for Sherry and coffee is 10am". A relative told us "When my grandfather came in they made a list of all his likes and dislikes" Staff knew what people's food likes and dislike were and they were listed in the kitchen in case they needed to check. The menu always offered two choices at lunch time however if someone didn't want what was offered they were able to offer quite a few alternatives. These included omelettes, salads and individual meat pie. People living at the home were consulted about the meals they wished to see on the menu. The registered manager said, "The choices change with the seasons and who is resident at the time". The meals were mostly made from scratch using fresh seasonal vegetables, meat and fish.

There were arrangements in place to ensure the home was maintained. There was a book where staff recorded any issues such as where new light bulbs were required, or a tap was leaking. The registered manager told us they had access to a maintenance person when one was needed. Furnishings were suitable for the people living in the home, the lounge had enough space for people with walking aids and there were quiet areas or peoples bedrooms if the wished to be alone or see family in privacy. People's bedrooms had been personalised with people bring favourite pieces of furniture with them. However checks were made to make sure the items met current fire regulations. The home had a lift to access the first floor, but there were also two stair cases. The home had a good sized garden and was supplied with a range of garden furniture so people could sit in the garden when they wished. Overall the home was a little tired looking in places, for example chipped paint around doorways. The registered manager acknowledged there were some places where the décor could be improved. They did have a plan in place to redecorate these areas. They also took advantage to redecorate bedrooms when they became vacant.

Good

Is the service caring?

Our findings

We were aware by our observation of staff interaction with residents that they respected residents and visitors and took time to engage with them both. Staff gave the impression that nothing was too much trouble. We noticed that staff were vigilant, anticipating care and demonstrating compassion by responding to small things that were important to the resident. A visitor said, "They take time to listen to my grandpa and chat, their work is not just task driven." People were positive about staff and living at Windsor Rest Home. Four people spoke to us about their experiences living in the home. They talked about the relationships they had with staff and one person described the staff as being kind. They also said, "They make me laugh, they are my friend, and they know what I like'.

The staff we spoke with had a good understanding of what was important to people and were knowledgeable about their preferences, hobbies and interests. We saw this information recorded in people's 'Person centred care assessment files', which had been developed over time with peoples' agreement. This information enabled staff to provide care and support in a way that was appropriate and met peoples wishes and preferences. One person, who although was an older person was much younger in age and attitude than other people in the home. Staff were mindful of this in the way they communicated with them, and in the activities they offered.

Staff were able to describe ways in which people's dignity and privacy was preserved, such as making sure staff knocked on people's doors and waited until people were happy for them to come in. Staff made sure doors were closed when they provided personal care. Staff explained that all information held about the people who lived at the service was kept confidential and would not be discussed openly in the communal areas of the home to protect people's privacy. A person said, "They help me to have a bath and they are very discreet and respectful, I have no problems with a female carer looking after me, they are wonderful". Another visitor told us, "They really want the people to be happy and feel at home". We observed that staff talked to people while they were providing support but also when they were passing by. Then staff stopped to continue the conversation if the person obviously wanted to chat. If staff were busy at that point staff explained that to the person but made a point of going back to the person later.

People's rooms within the service were personalised by them and reflected their choice and taste. We saw that people could choose where they wanted to spend their time, whether this was in the communal lounge or in their bedrooms. Staff did encourage people to come down for activities or when entertainers came in but people's choices were respected. Staff understood the importance of promoting people's independence, and examples of this were seen during our visit. Staff gave people time to do things and encouraged them to do things for themselves whenever possible. Staff were understanding of peoples' need to maintain their self-esteem and remain in control of their lives. By offering choices and respecting peoples' decisions they were able to do this.

Staff were aware of peoples' human rights, for example the right to be the person they wanted to be. Staff had received training on human rights and equality and diversity. Staff understood that the people they supported needed to maintain relationships which are important to them. The registered manager said that

personal relationships with friends and family had been encouraged and supported. They did this by welcoming visitors into the home, offering them somewhere private to sit and talk. Offering refreshments to visitors in some cases had encouraged them to stay longer. We heard when family rang the home they were asked if they would like to talk to their relative or friend. There was a computer set up in the area next to the main lounge. Here staff could assist people maintain links with family living long distances or even abroad. Staff were able to use computerised systems so that the person could see their relative while they spoke to them. Staff spoken with understood the need for people and their families and friends to stay in touch, that part of their role was to enable this.

Good

Is the service responsive?

Our findings

When people had settled into the home, people and families were encouraged to make provision and choices about their end of life care. This gives the staff information about the care and support they would like provided at the end of their life that meets their expectations. For example how they would like to be cared for and who they would like to be with them at the end of their life. We saw that staff received training in how to care for people at the end of their lives. The training included recognising when people are in pain, how to involve health agencies for advice or support. By working with other agencies staff would be able to ensure continuity in the way people's health and wellbeing were managed, making sure that their final wishes are respected.

One visitor said "My mother did a lot of research before choosing Windsor. Once she had made her choice the registered manager came to speak to us all in our home. She stayed a few hours and we discussed absolutely everything. They listed all grandpa's likes and dislikes. He is very happy here, there is mutual respect." Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person's needs. After people moved into the service they and their families – if this was appropriate - were involved in discussing and planning the care and support they received.

People's needs had been fully assessed; care and support had been developed on an individual basis. There was information about all the health professionals involved in people's health care, with contact details so they could be reached when needed. The assessments were reviewed each month by staff. If the person's care and support needs changed, then a new assessment of their needs would be undertaken to make sure they received appropriate care. At least yearly new assessments were undertaken and people, their care manager and/or their relatives with staff would review the care and support needs again making changes when necessary.

Assessments we viewed reflected people's needs and preferences. People's plans had some good examples of personalisation. For example, two people had said they like to help by doing jobs around the home. They liked to help with preparing the vegetables for dinner and laying the tables; these activities had been instrumental in building their personal self-esteem. Such activities had been risk assessed so staff knew how to minimise any risk to the people themselves and to other people living in the home by possible cross infection. Other examples of risk assessments seen on file included people going out alone into the community, falls, nutrition, skin integrity and taking medication. These were reviewed by staff monthly and any incidents that had occurred were considered as part of this review process.

Behavioural support assessments detailed the signs staff should look for when a person was starting to get agitated or anxious. Staff knew what they should do to reassure that person on an individual basis. The registered manager said that they received advice from health and social care professionals when people's needs changed or if they were concerned about people's behaviour.

There was an activity plan displayed in the home which was used as a guide for each day's activities. It

included things that were of interest to the people living in the home. On the first day of the inspection a person came to the home to provide arm chair exercises. Nine out of 12 people attended the exercise class, of the people who attended everyone joined in except one person who slept through most of it. A resident said, "I am looking forward to walking when the weather improves". The staff also talked to people about things in the daily newspaper and used photos to get people talking about things they remember from their childhood. On the second day of our inspection, people told us they were looking forward to the entertainer coming at 3pm. We saw they have various entertainers visit the home and they love it when children from the local school visit. A visitor said, "They love it when the black Labrador comes in, they all want to stroke it".

Care staff were responsible for making sure that all the people living at the home can either join in as a group on for those who prefer it they have stimulation on a one to one basis. A record was kept of when people joined in or had one to one activities. Staff also recorded when activities had been offered but refused. People were kept informed of things happen in the local community, such as fairs or processions. Some people like to walk along by the beach and sit and have an ice cream in the summer. People from a local church do visit monthly and holds a service for those who like to take part. The registered manager said that they had offered to arrange for people to attend church if they wanted but they refused. There are two people who are able to go out from the home on their own, one goes out every day to local shops the other person likes to travel into town. Risk assessments are in place and these are reviewed every month.

There was a policy and procedure about dealing with complaints that the staff and registered manager followed. The complaints procedure was displayed within the home; it gave time scales for action and who people and relatives could contact if they were not happy with the outcome. Staff explained that if a person or a family wished to make a complaint that staff would support them in doing this. Staff told us that all complaints are taken seriously. There had not been any complaints for some time but past complaints seen had been responded to in writing and investigations had been shared with the person who made the complaint and staff. The registered manager said we use complaints as a learning tool to improve the quality of the service we offer.

Good

Is the service well-led?

Our findings

The home had a registered manager '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 registered manager had carried out quality audits monthly. Audits enabled them to identify areas of the service that needed improvement, and the action which needed to be taken and when to keep people safe. The registered manager also reviewed the quality of the records staff had completed. There were monthly checks of the care records which included peoples care assessments and daily reports. When they found short falls with these records then staff would be approached talked to at supervision to make sure they understood how records should be completed.

Incident and accident logs were reviewed by the registered manager and we saw examples of how they had used these reviews to make improvements. Incidents and accidents were discussed with the staff involved to help see what could be done to prevent the same thing happening again. In one example we saw that someone had fallen in the home unseen. Staff helped them up and, in doing so, a member of staff hurt their back. It turned out the staff had not followed policy or used appropriate equipment to get them off the floor. They had not informed the on call person and had not fully documented the incident. This prompted the registered manager and deputy to check with all staff during supervision that they knew the procedure to follow when they find someone on the floor. The staff involved were given a refresher in moving and handling and reporting incidents and accidents.

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Risk assessments and health and safety records were checked and reviewed monthly by the registered manager. Where action had been required the registered manager also checked that the action had been completed. During the weekly checks of the building by the registered manager or her deputy any issues would be documented, staff also had a book where they could record issues they have found, such as a light not working or a dripping tap. When necessary the maintenance person would be contacted and be asked to put things right. We saw that maintenance repairs were carried out quickly and safely and these were signed off as completed.

The registered manager had strived to continuously improve the quality of the service which included the development of person centred care, which remains on going. The registered manager explained how people have become more involved in planning their care, and how families have provided details of peoples' lives so staff have more understanding of what things interest individuals. These developments supported people to make individualised choices and participate in the life of the local community. People and their relatives had been asked about their views and experiences of using the home. We found that the registered manager used a range of methods to collect feedback from people and families. There were regular individual or group meetings for people and families where they were encouraged to contribute. Surveys were sent to people, their families and health professionals every six months; we saw the ones received most recently and they were very positive about the care. They also asked health and social care

professionals that visit the home to fill in a survey so they can address any issues they may raise, again those seen were all positive.

The manager and her deputy also kept themselves informed of issues that related to people's health and welfare, they sit in on the staff handovers so they are fully up to date with people's current circumstances. If any staff have been off for a few days then staff handing over will also go over people's significant changes for the previous few days.

Staff told us they enjoyed working at the home and most staff had been there years. With a low staff turnover people had continuity in their care. The registered manager asked staff their views about the service with surveys every six months and during staff meetings three monthly. Staff told us they felt listened to, and they worked as part of a team. Staff were positive about the registered manager and her deputy. Staff spoke about the importance of being supported. One member of staff said, "It reassuring to know that the registered manager or the deputy is always available to speak to, even when they are not on duty". Staff told us that the registered manager and her deputy were approachable. Everyone said that Windsor Rest Home was well led and the registered manager and deputy were held in high regard and respected for their management style. A visitor said, "They are very involved with staff residents and visitors and approachable at all times".

Staff were not familiar with the provider's actual vision and values as documented in the Statement of Purpose. They did describe in their own words what staff at the home strived to provide which was at the heart of what the vision and values were. For example staff said "We provide the best care we can to make sure that people are not only well cared for but are also happy living in the home", "We support people to enjoy their lives, enabling people to continue their interests, while receiving the care that meets their needs", and "People needed to be at the centre of everything we do, being treated as individuals and with respect". On the second day of our visit the registered manager made sure a copy of their vision and values were displayed in the home for all to see.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date and reviewed at least yearly. Staff told us where these were kept and knew they were able to view if they needed them.

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 judgements. We found the provider had conspicuously displayed their rating in the entrance hall and on their website.