Oxbridge Care Limited

Windsor Lodge

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

Overall summary

We carried out this inspection on the 14 July 2015. The inspection was unannounced which meant the staff and registered provider did not know we would be visiting

Windsor Lodge provides care and accommodation for up to 15 people who have functional mental health needs. On the ground floor of the home there is a kitchen, dining room and small lounge. On the first floor there is a large communal lounge. Bedrooms are situated on the ground, first and second floor of the home. At the time of our inspection there were nine people living at Windsor Lodge.

The home had a registered manager in place and they have been in post since and registered with the Care Quality Commission since December 2012. 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 also owned the service and worked alongside another owner.

We found that medicines were stored and administered appropriately. Risk assessments for people who self medicate needed updating.

Summary of findings

The registered manager had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made, and how to submit one. At the time of our visit there was no one that was subject to a DoLS authorisation. Staff did not have a full understanding of MCA and DoLS and could do with refresher training.

Staff we spoke with understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority. Staff said they would be confident to whistle blow [raise concerns about the home, staff practices or provider] if the need ever arose.

Staff did receive relevant training although some training could do with refreshing. Such as behaviour that challenges was in in need of updating to ensure that staff remain up to date with current legislation and care practices. In house training was not recorded, for example the registered manager devised their own question and answers to test the staffs understanding of subjects such as medication and infection control, but there was nothing to evidence this had been done.

Staff had regular supervisions and appraisals to monitor their performance. However records did not detail any personal development goals for the coming year. Staff told us they felt supported by the registered manager.

Staff were observed to be caring and respected people's privacy and dignity. People who used the service said that staff were caring and kind.

People were supported to access healthcare professionals and services.

People who used the service had freedom to come and go as they pleased and all enjoyed their hobbies such as music collections, Doctor Who and shopping.

People living at the service said they felt safe within the home and with the staff who cared for them. One relative of a person who used the service also indicated that their family member was safe.

People's care records were person centred. Person centred planning (PCP) provides a way of helping a person plan all aspects of their life and support, focusing on what's important to the person. The care plans were found to be detailed outlining the person's needs and risks. Risk assessments were in place. Care plans provided evidence of access to healthcare professionals and services.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection the accidents and incidents were too few to identify any trends.

Although the registered manager and owner were at the service the majority of the day, the rest of the time there was only one member of staff on duty once the domestic member of staff went home at around 2pm. The registered manager and owner said they were only a phone call away in an emergency and could be onsite in a short time if needed.

Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available.

We observed a lunchtime and teatime meal. People were provided with choice and enjoyed the food on offer.

Staff were supported by the registered manager and were able to raise any concerns with them. Lessons were learnt from incidents that occurred at the service and improvements were made if and when required. The service had a system in place for the management of complaints although had not received any.

Staff treated people with dignity and respect.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and water temperature checks. There was evidence of personal emergency evacuation plans [PEEPS].

The registered provider had developed a robust quality assurance system and gathered information about the quality of their service from a variety of sources.

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?

Good

The service was safe

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

Assessments were undertaken to identify risks to people using the service and others. Risk assessments were in place and people who used the service were involved in these.

Medicines were stored securely and administered appropriately, although risk assessments for people who self medicate needed updating.

Staffing levels were appropriate but needed to be continually assessed. Recruitment procedures were in place but the required information relating to staffs proof of ID was not documented at this service.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people who used the service.

People were supported to have their nutritional needs met.

The registered manager did have an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards [DoLS] and they understood their responsibilities. Further training in this area would help to increase staff knowledge about their roles and responsibilities.

People were supported to access healthcare professionals and services.

Is the service caring?

Good

The service was caring.

Staff were caring and respected people's privacy and dignity. People who used the service said that staff were caring and kind.

Staff knew people who used the service well and involved people in all aspects of their care.

Wherever possible, people were involved in making decisions about their care and independence was promoted.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and their care planned, care plans were person centred.

People had access to opportunities for social stimulation or activities that met their individual needs and wishes.

A complaints and compliments process was in place although no complaints had been received.

Summary of findings

Is the service well-led?

Good

The service was well-led.

Staff said they were supported by their registered manager and felt they were open and honest.

People were encouraged and supported to provide feedback on the service.

The service had processes in place to review incidents that occurred.

We saw evidence of audits taking place.

Windsor 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 the 14 July 2015 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the home. We looked at notifications that had been submitted by the home. This information was reviewed and used to assist with our inspection.

The provider was not asked to complete a provider information return [PIR]. 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.

During the visit we spoke with five people who used the service, two owners one of whom is the registered manager, one care staff member, a relative and a visiting healthcare professional [a district nurse]. We undertook general observations and reviewed relevant records. These included three people's care records, three staff files, audits and other relevant information such as policies and procedures. We looked around the home and saw some people's bedrooms, bathrooms, the kitchen and communal areas.

Good

Is the service safe?

Our findings

All the people who used the service with whom we spoke with said they felt safe within the home and with the staff who supported and cared for them. One person said, "I feel safe and I have no worries." Another person said, "I feel safe, this makes me feel good."

Staff we spoke with said, "We keep them [the people who used the service] safe, we ask them to let us know when they leave the home, just so we know in case of emergencies."

We looked at the arrangements that were in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. The service provided a safe and secure environment to people who used the service and staff. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Safeguarding alerts had been completed and detailed records meant that the registered manager could keep track of alerts and could carry out analysis to identify any patterns or trends to minimise the risk of further potential safeguardings.

Staff did tell us that they felt confident in whistleblowing [telling someone] if they had any worries. Staff told us that they felt able to raise concerns with the registered manager and also knew that they could contact the Care Quality Commission (CQC) or the Local Authority if they felt that appropriate action had not been taken.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and water temperature checks. Audits took place monthly and covered areas such as medicine, housekeeping and personal allowances.

We found that risk assessments were in place, as identified through the assessment and care planning process; and they were regularly reviewed and evaluated, which meant that risks were identified and minimised to keep people safe.

We also saw general risk assessments which included moving and handling and lone working. Environmental risk assessments were in place which covered electrical equipment, the kitchen area and cleaning supplies.

The service had a business continuity plan which incorporated a winter contingency plan. This meant if an emergency was to happen the service was prepared.

We saw evidence of Personal Emergency Evacuation Plans [PEEP] for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection the accidents and incidents were too few to identify any trends.

We looked at the staffing levels. We were told that only one member of staff was on duty at all times. On the morning a domestic member of staff worked until about 2pm and the registered manager and owner was on duty until about 6pm. We discussed only one member of staff being on duty from about 6pm until about 10 am the next morning. One person who used the service said, "I don't think there is enough staff on duty, they cant take us out." We were told that everyone who lived there was fully independent and showed no behaviours that challenged. The registered manager said they do continually review this and if they get more people living there [they had nine at the time of inspection], they would increase staffing levels. The registered manager said staffing was flexible and if people needed to attend hospital appointments, they made sure staff or the owner were able to take them.

We looked at the recruitment records for three members of staff. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. However there wasn't any evidence of proof of ID on one of the files. Employers must see original documents of ID, check they are valid and keep copies of the documents and record the date you made the check. We discussed this with the registered manager who said this person was also employed to work at the sister home and the information was kept there. The registered manager said they would arrange for copies to be kept at Windsor Lodge also. We saw they had obtained references from previous employers and we saw evidence that a Disclosure and Barring Service [DBS] check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with

Good

Is the service safe?

children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. Information on one persons DBS had been verbally discussed but no written evidence was available.

We checked the management of medicines and saw people received their medicines at the time they needed them. We saw photographs were attached to people's medicines administration records [MAR], so staff were able to identify the person before they administered their medicines.

We saw one person receiving their medicines at lunch time. Staff also supported people to take their medicines and provided them with drinks. We saw staff remain with the person to ensure they had swallowed their medicines and signed the MAR after administration. Medicines were not left unattended and the trolley was locked after administration. MAR charts showed that on the day of the inspection staff had recorded when people received their medicines and that entries had been initialled by staff to show that they had been administered. We saw that there was written guidance for the use of "when required" medicines (PRN), and when these should be administered to people who needed them, such as for pain relief. We saw all medicines were appropriately stored and secured within the medicines trolley. We saw that temperatures of the storage area for medicines was documented daily. Medicines training was up to date. We looked at records for people who self medicate. We found that the risk assessments were the same as for people who did not self medicate. We discussed this with the registered manager who said they would look at risk assessments in the NICE guidelines 1.13.

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available.

Good

Is the service effective?

Our findings

We asked people who used the service if they thought the staff had the skills and the knowledge required. People who used the service said, “The staff are all okay, they are fine.” And “Staff are the best.”

The relative we spoke with said, “Staff are really good. X is a marvellous man.” We fed the compliment back to the registered manager.

Staff we spoke with said, “I am due to have refresher training in August, training is always updated.”

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw

the registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. The registered manager acted within the code of practice for the Mental Capacity Act 2005 (MCA) and DoLS in making sure that the human rights of people who lacked mental capacity to take particular decisions were protected. The registered manager understood when an application should be made, and how to submit one. At the time of our visit no one was subject to a DoLS authorisation. Staff we spoke with were unsure of DoLS although they did try to explain what it meant to them. Further training in this area would help to increase staff knowledge about their roles and responsibilities.

We saw evidence of signed consent in peoples care files. For example consent to administer medication, hold personal money and keep personal information.

We asked to see the training chart and matching certificates. Training was not planned in advance, but where training was due to expire, the registered manager would arrange for staff to complete training. Staff were also able to arrange ad-hoc training relevant to their role for example epilepsy when they had a person who lived there who suffered with epilepsy. The registered manager had developed in house refresher training with questions and answers on subjects such as infection control and medicines, although their was no record of these. The registered manager was also planning on incorporating the new care certificate. The Care Certificate represents the biggest change to workforce development in the social care sector and is the first time that the same standards are being applied across health and social care. The new standards encapsulated in the care certificate should ensure that health and social care workers have the required values, behaviours, competences and skills to provide high quality, compassionate care.

Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the registered manager. One staff member said, “She [the registered manager] listens, she tries her best.” Staff supervisions and appraisals we looked at appeared more of an informal task rather than a formal process of staff development. We discussed this with the registered manager who said that they had tried to ask staff to complete questionnaires prior to supervisions but no staff had shown interest. The registered manager agreed to look at ways supervisions could be improved in the future, to incorporate a personal development plan which discussed learning's from staff successes and what their target achievements were.

We observed a lunchtime and tea time meal. People had choice of what they wanted to eat and what times they ate. Previously the sister home provided all the meals for the people living at Windsor Lodge but a recent survey showed that they were not keen on these meals and would prefer meals to be made at Windsor Lodge. This was incorporated and people were a lot happier with the food now. The only meal that the sister home now provides is Sunday lunch and people who used the service were happy with this arrangement.

Food and diet preferences were documented in each persons care file and a list of likes and dislikes was on display in the office. One persons care file showed they were trying to lose weight so they were weighed monthly to check on progress. Another person was diabetic and staff kept daily a food diary for this person. This is good practice and supported the person to monitor weight and manage blood glucose.

We asked people who used the service what they thought of the food, one person said, “The food is lovely, I like that you get all your meals and I don’t have to worry about them.” Another person said “The food here is lovely now, I

Good

Is the service effective?

like that it is made here rather than the other place [the sister home]." And another person said, "Food is lovely, really fantastic, we have a menu and get choice, my favourite is sausage and mash."

People had access to tea, coffee, drinks and snacks throughout the day.

People were supported to appointments with external healthcare professionals such as the GP and optician, evidence of visits were documented in their care files.

Good

Is the service caring?

Our findings

We spoke with people who used the service they said, “Right through my childhood and my adult life this is the best place I have ever been.” Another said “It has been really good here, they [the staff] have helped promote my independence so I can move out.”

The relative we spoke with said, “The best thing here is the staff, they make it a home, my X [relative] has friends.” And “They understand the people here, they are like a family.”

The healthcare professional we spoke with said, “The staff all seem to care.”

We observed the care between staff and people who used the service. Staff knew people well and the environment was very family orientated.

Staff clearly cared for people and prompted people to carry out tasks for themselves to maintain and increase their independence. For example people were encouraged to clean up after themselves and do their own laundry. Staff we spoke with said, “I always make sure they do more for themselves such as make own drinks, I encourage them to wash up and get involved in tasks. They do their own laundry but I will support where needed.”

The registered manager, owner and staff have worked with people who used the service to gain confidence to move on and a lot of people have moved to independent living once they have felt well enough to do so. One person who used the service has been supported to get their own flat and was living there two nights a week. The registered manager and owner supported this person where needed but fully encouraged them to be independent.

Everyone using the service were fully independent and could come and go as they pleased. They understood that they needed to inform staff when they were leaving the home for emergency reasons.

People we spoke with said, “I am going to get the bus to Whitby, I like to take the bus that goes around the villages so I can see the villages and the countryside.”

A few people who used the service liked to help out. One person we spoke with said, “I help with the shopping and washing up, it helps to occupy your mind.” Another person said, “I often do the hoovering.”

The relative we spoke with said, “X likes to help out around the home, they like to be active.”

People were treated with dignity and respect and we saw staff knock on people’s doors before entering.

We asked staff how they promote privacy and dignity. One staff member said, “Most people are independent so I am there for encouragement only, I make sure the doors are locked and it is just me and them in the room.”

One person who used the service had recently had a problem with a member of the public. The registered manager, owner and staff supported this person with this problem and also included an Independent Mental Capacity Advocates (IMCA). The IMCA tries to establish the person's feelings, wishes and beliefs. They seek ways of involving and communicating with them and they talk to others involved in the person's life. Due to all the support this person has put measures in place to minimise this problem happening in the future.

Good

Is the service responsive?

Our findings

We looked at care plans for three people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Individual choices and decisions were documented in the care plans and they were reviewed monthly.

One staff member we spoke with said, “They [the people who used the service] are all individuals and all have different needs and care, the quality is the same.”

The care files included a goal evaluation sheet, this was completed by a member of staff with the person who used the service. The person who used the service discussed their current goals, how things were going with that goal and what support they would need. For example one person had wrote they would like to manage their finances better and to lose weight. It stated why they had chosen these goals, how they could achieve them and what help they may need.

The care files we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what’s important to the person. The files had information stating their life history which included past relationships and family, likes, dislikes and preferences. One persons file we looked at provided detailed information on how they like to behave when they return from an outing, shopping etc. such as X likes to rest in their room with a cup of tea.

Daily records were kept separately in a book for each person to discuss at handover, these included information on what the person had done that day, their behaviours and any appointments they needed to attend or had attended.

Care files provided information on self assessment, there was evidence to show what had worked in the past, what is going on today and what was wanted from the future. There was a lot of detailed information but some had not been completed since August 2011. We discussed these with the registered manager who said, this was something they had worked on in the past but they were not using them anymore. We also saw evidence of the outcome recovery star, the Mental Health Recovery Star is designed for adults managing their mental health and recovering from mental illness. This again had not been completed for a number of years. The registered manager said they were no longer using this and would archive it.

People who used the service were in and out of the home continuously throughout the day, going to the shops, a trip on the bus or just out for a walk. People had total control over what activities they did throughout the day, some people attended day centres, some went on day trips out such as to Whitby, some people preferred to stay in and watch the television or listen to music.

We discussed whether group activities take place and we told this usually happens after tea. For example they had a pool table in the upstairs lounge and the people who used the service liked to play on this together or watch movies.

The registered manager said, “People that used the service are encourage to take positive risks, for example, one person likes to out on their mobility scooter, we have explained that the battery will run out if they go too far, this has happened a couple of times but the person phones and is collected or a taxi is organised.” They also said, “Another person gets on the bus and visits their family in Newcastle, due to this persons mental health condition and lack of confidence it is always a risk to send them on their own but they really enjoy and look forward to it.”

One person who used the service really liked Doctor Who and the service had arranged for this person and a staff member to attend a Doctor Who event at the Arena in Newcastle.

The relative we spoke with said, “They [the people who used the service] go for days out to places like Redcar and for fish and chips, they even went to Scarborough for a holiday.”

We saw the complaints policy. The service had not received any complaints. The relative we spoke with said, “I have never complained, I have no issues.”

The visiting healthcare professionals said they had no concerns.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since December 2012.

People who used the service were complimentary about the registered manager, the owner and staff at the home.

One person we spoke with said, "X [the registered manager] is very intelligent and helpful."

The relative we spoke with said, "The manager/owner, I cannot fault them, they are amazing, brilliant." And "They are there for the people who live here, but they have also been there me and provided me with such great support and help."

Staff we spoke with said, "The registered manager and owner are very supportive, I can talk to them about everything." And "the owner and registered manager go beyond helping, they promote a very open and honest culture, they are very caring, if I have a problem I can openly discuss it with them."

The visiting healthcare professional said, "The registered manager and owner go beyond what is expected, they do seem to care."

We asked the registered manager about the arrangements for obtaining feedback from people who used the service and their relatives. They said, "I have devised a questionnaire and at every opportunity I give them to visitors, professionals, residents and relatives to ask their opinion about our service and any comments."

We saw that surveys that had been returned from people who used the service. We found that the home had taken action about the comments raised in relation to the food provided for people. Food was nw prepared and cooked on-site which people were much happier with. This shows that the home had listened to people and taken action when needed.,

Staff had completed a survey and it was positive, stating they felt supported in their role. We found that a staff member had highlighted concerns around the availability of PPE. On investigation, the registered manager found that the staff member was not aware of the plentiful supply of PPE in the store cupboard.

The registered manager had received a good return form a professional survey done in June 2015. They had sent five out and received five back. Comments included: "Always a warm welcome given, residents always seem happy when chatting to them." And "Been visiting Windsor Lodge for several years, staff always pleasant and helpful, residents seem well cared for." And "Always a friendly atmosphere, I have never had any concerns."

The registered manager said they had tried meetings for people who used the service and they had not been too successful. They explained that the more confident, louder people took over and people who were naturally quiet did not get a say. They have since started doing monthly one to one meetings with each person. This meant that each person was given their opportunity to have a voice and to be listened to. We saw evidence of the conversations that had taken place and what action was to be taken as a result of the conversation. We could not see any evidence that the action had taken place, for example on person said they would like to go on an international holiday, the action said to discuss with the registered manager, but we could not see if this discussion had taken place and what the outcome was. We discussed this with the registered manager who said they would change the forms so that topics discussed at the previous months meeting were discussed first before a new conversation took place.

One person who used the service said "The one to one meetings keep me on track and they keep an eye on me."

We saw records to confirm that staff meetings had taken place on a monthly basis. Topics discussed were care plans, laundry, the Care Act and Duty of Candour and lessons learnt from any alerts they had received. One staff member we spoke with said, "The meetings are well attended we discussed the rota at the last one and we now get two weekends off a month." This shows that staff are listened to and action is taken when needed.

We asked the registered manager what links they have with the community. They said, "We have residents that attend the Lighthouse Day Centre, who provide activities, we also have links with the Ropner Park organisers who inform us of events and we are involved with the Malleable who have disco evenings and pool groups."

Good

Is the service well-led?

The registered manager also said the council send through emails of organised events and they regularly go to the library and pick up leaflets of events taking place in the community to inform people who used the service.

There was a system of audits that were completed which included infection control, medicines, accidents, health and safety, and maintenance.

The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission and they had complied with this regulation the majority of the time. There was one incident they did not inform us about and we discussed this on the day of inspection.