Mr Ghulam Haider

Windsor House Care Home

Inspection report

209 Wigan Road
Standish
Wigan
Greater Manchester
WN6 0AE

Tel: 01257421325

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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 took place on 30 May 2017 and was unannounced.

Windsor House is a care home that has been converted from a large detached house in Standish, Wigan. The service provides care for up to 16 people. There are five double and six single bedrooms. Toilets and bathrooms are in close proximity to the bedrooms and communal areas. There is a large garden at the rear of the home. There were 12 people living at the home on the day of the inspection.

At the time of the inspection there was an acting manager who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staffing levels were sufficient staff to meet the needs of the people who used the service. There was a robust recruitment system which helped ensure that people were suitable to work with vulnerable people.

Safeguarding issues were dealt with appropriately and staff at the service, staff had undertaken training and demonstrated a knowledge and understanding of safeguarding issues.

Health and safety records at the service were complete and up to date. Accidents and incidents were recorded appropriately and there were safe medicines systems in place.

There was a thorough induction programme and a good programme of training was on-going for all staff. Staff supervisions and appraisals took place regularly.

There was a choice of nutritious food and nutrition and hydration was monitored when required.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS).

We observed in communal areas throughout the day and saw that interactions between staff and people who used the service were friendly and respectful.

We saw records of residents meetings which took place on a regular basis and people were involved in their care planning and reviews.

The service tried to ensure that people could remain at the home if they wished to when nearing the end of their lives.

The care files included a range of health and personal information. People's preferences, likes and dislikes were clearly documented and people told us these were respected.

There were few activities happening at the service, but a new activities coordinator was being sought to address this. Funding had been obtained for new items to help people with social activities and interests.

There was a complaints procedure which people and their relatives were aware of. However there were few formal complaints made. We saw a number of compliments which had been received by the service.

There was an 'open door' policy at the home and people told us the management were very approachable.

We saw minutes of staff meetings, which were held on a regular basis. The provider regularly visited the service to check on care provision.

A number of quality audits and checks were carried out by head office to help drive improvement. Regular satisfaction surveys were sent out to relatives, staff and people who used the service.

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.

Staffing levels were sufficient staff to meet the needs of the people who used the service. There was a robust recruitment system which helped ensure that people were suitable to work with vulnerable people.

Safeguarding issues were dealt with appropriately and staff at the service, staff had undertaken training and demonstrated a knowledge and understanding of safeguarding issues.

Health and safety records at the service were complete and up to date. Accidents and incidents were recorded appropriately and there were safe medicines systems in place.

Is the service effective?

Good

The service was effective.

There was a thorough induction programme and a good programme of training was on-going for all staff. Staff supervisions and appraisals took place regularly.

There was a choice of nutritious food and nutrition and hydration was monitored when required.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

We observed in communal areas throughout the day and saw that interactions between staff and people who used the service were friendly and respectful.

We saw records of residents meetings which took place on a regular basis and people were involved in their care planning

and reviews.

The service tried to ensure that people could remain at the home if they wished to when nearing the end of their lives.

Is the service responsive?

Good

The service was responsive.

The care files included a range of health and personal information. People's preferences, likes and dislikes were clearly documented and people told us these were respected.

There were few activities happening at the service, but a new activities coordinator was being sought to address this. Funding had been obtained for new items to help people with social activities and interests.

There was a complaints procedure which people and their relatives were aware of. However there were few formal complaints made. We saw a number of compliments which had been received by the service.

Is the service well-led?

Good

The service was well-led.

There was an 'open door' policy at the home and people told us the management were very approachable.

We saw minutes of staff meetings, which were held on a regular basis. The provider regularly visited the service to check on care provision.

A number of quality audits and checks were carried out by head office to help drive improvement. Regular satisfaction surveys were sent out to relatives, staff and people who used the service.

Windsor House Care 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.

The inspection took place on 30 May 2017 and was unannounced. The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information.

During the inspection we spoke with three people who used the service and a visitor. We also spoke with the provider and three members of staff, including the acting manager. We reviewed records at the home including three care files, three staff personnel files, meeting minutes, training records, health and safety records and audits held by the service.

Good

Is the service safe?

Our findings

We looked at staff rotas and staffing levels on the day of the inspection and there were sufficient staff to meet the needs of the people who used the service. We discussed the level of dependency of the people who lived at the home and the senior carer told us they ensured they carried out a thorough assessment prior to admitting anyone. This was because they were a residential service only and were not equipped to manage complex dementia conditions or nursing needs. The assessment helped ensure people's needs were met effectively.

We looked at how the service dealt with safeguarding issues. There was a copy of the local authority policy and procedures, a referral form and alert guidance for staff to follow. Staff at the service had undertaken training in safeguarding and those we spoke with demonstrated a knowledge and understanding of safeguarding issues and felt any concerns would be followed up by management. They were also aware of whistle blowing procedures, whereby they could report any poor practice they may witness.

Staff files we looked at evidenced a robust recruitment system. Each file included a job application form, two references, a contract of employment and proof of identity. Disclosure and Barring Service (DBS) checks had been undertaken on all employees. These checks helped ensure that people were suitable to work with vulnerable people.

Each person's care file included individual risk assessments which were complete and up to date. A personal emergency evacuation plan (PEEP) was also in each file. This set out the level of assistance the person would require in the event of an emergency. We spoke with the acting manager about having a 'grab file' near the entrance of the home for easy access and this was actioned the following day.

Health and safety records at the service were complete and up to date. There was a gas safety certificate and small portable appliance testing had been carried out. We saw that all fire equipment and lifting equipment was regularly serviced and maintained. There were regular checks on nurse call systems, emergency lighting and fire alarms.

There was an infection prevention and control policy and procedure in place which was reviewed and up to date. We looked around the home and found all areas to be clean and tidy. Staff were observed to wear personal protective equipment (PPE), such as plastic aprons, when appropriate.

There was an accident book where any accidents or incidents were recorded. Falls and accidents were analysed on a regular basis by the service's head office, to look at any trends or patterns and address these.

Medicines systems for ordering, storing, administering and disposal were safe. We observed medicines being given by a qualified member of staff and all appropriate protocols were followed. The senior staff member who was responsible for medicines on the day of the inspections demonstrated how medicines were managed. The medicines were stored correctly, controlled drugs (CD)s, which are subject to the misuse of drugs legislation, were kept in a locked cabinet and signed for by two people as required. The medicines

fridge temperatures were noted daily and were within the correct limits. One person was given covert medicines, that is medicines given in food and drink. This had been correctly assessed as being in the person's best interests and appropriate paperwork was in place.

Good

Is the service effective?

Our findings

We looked at staff personnel files which evidenced a thorough induction programme. This involved mandatory training, information about the organisation and an introduction to the role and responsibilities. A good programme of training was undertaken by all staff and we saw the training file which evidenced that all mandatory training was up to date and other courses, such as stroke awareness, epilepsy, aggression, death and dying, and advanced care planning were also undertaken by staff.

We saw records of regular staff supervision sessions. These meetings provided an opportunity for staff to discuss work issues and look at training and development needs. Appraisals, where a staff member's performance was reviewed, took place annually.

We asked people if they enjoyed the food. One person said, "Yes, the food is very good. If you don't like the meal they will find you something else. I like to eat in my room". Another told us, "The food is quite good. You can choose what you want".

We observed the lunchtime meal. The tables were set nicely, with cloths and condiments. People were asked what they wanted and if they wanted more when they had finished. People were encouraged to do what they could for themselves, but assistance was given when required, kindly and discreetly. Gentle encouragement was given to those with poor appetites. There was a menu board to help people remember what the meal on offer was and we saw that snacks and drinks were offered throughout the day.

We saw that food and fluid charts were used when required and these were completed appropriately. There were turning charts in place for one person and these were complete and up to date. Records evidenced that appropriate referrals were made to other agencies when required. Handovers were done at the end of each shift and these included any charts, daily notes and professional visits. This helped staff when starting a shift to know if there were any issues or concerns.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that staff had undertaken training in MCA and DoLS and staff we spoke with demonstrated an understanding of the principles of the MCA and best interests decision making. Staff were aware of who was subject to a DoLS authorisation and

what this meant for each individual. There was DoLS guidance available for staff to consult if required. Documentation within the care plans needed to be improved and we discussed this with the acting manager. She implemented new paperwork the following day to address this.

Good

Is the service caring?

Our findings

One person who used the service told us, "I'm quite happy. They [staff] are good. I can't fault them at all, I find them very nice. If I ask for something they give it to me. I get along with all the other residents". Another person said, "It's champion. They look after me well, they help me with everything I want and I have quite a nice room".

A visitor told us, "My [relative] has a lovely room and it is clean and tidy. The staff are all lovely and friendly. My [relative] is generally happy here".

We saw that people who used the service were well presented throughout the day. We observed care in communal areas throughout the day and listened to interactions between staff and people who used the service. Staff spoke in a friendly and polite manner and asked for verbal consent for any care interventions, giving explanations of what they were doing and helping people remain as independent as possible. We saw that attention was paid to people's wishes and privacy and dignity was respected at all times, for example, covering people to preserve dignity. One individual felt the cold quite acutely and was tucked in a blanket to ensure they were kept comfortable and warm.

Two people at the service preferred to remain upstairs in their rooms, where they also took their meals. We saw that staff ensured they went up to them frequently to help ensure they were happy and comfortable. One person who was quite poorly was being looked after in their ground floor bedroom. Staff also ensured they checked on this person frequently throughout the day to attend to all their needs and wishes.

We saw records of residents meetings which took place on a regular basis. Discussions included menus, activities, laundry and care. This helped people who used the service be involved in the care provision. We saw that people who used the service, and their relatives when appropriate, were involved in their care planning and reviews.

There was a brochure produced for people who were thinking of using the service, or their families. This outlined the facilities offered at the home.

Some people had specified their wishes for when they were nearing the end of their lives and these were recorded in the care records. Staff told us they tried to ensure that people could remain at the home if they wished to when nearing the end of their lives to be cared for in familiar surroundings by people they knew and trusted. The staff were supported in caring for people at the end of their lives by the local district nursing team.

Good

Is the service responsive?

Our findings

One person who used the service told us, "You can get up and go to bed when you want to. There are no activities but I am quite happy pleasing myself. It's nice when we go into the garden". Another commented, "There is nothing much going on. It would help if there were more things to do". A visitor also told us there were few activities on offer.

We spoke with the senior and the acting manager about activities. The acting manager had previously been responsible for some of the activities and another person who also ran activities was leaving. An advert had gone out for a new activities coordinator so they hoped to improve this area soon. We saw photographs of activities which had been undertaken previously, such as baking, crafts and games. In the meantime the staff were helping out with activities as and when they had the time. One staff member told us, "I sometimes sit and chat with people or do ladies' nails for them".

The acting manager and senior carer told us they had recently secured funding for a number of tablets and headphones. This would enable people to access talking books, puzzles and other activities. The premises had an extensive garden area and they had also managed to obtain funding for some garden games.

One person at the service had a befriender from another agency who visited them on a weekly basis another attended day care twice a week. However, these extras had to be paid for by the person who used the service.

The care files included a range of health and personal information, which included 'My Life Story' booklets. These were being completed by staff with people who used the service and their relatives. People's preferences, likes and dislikes were clearly documented and people told us these were respected. We saw there were transfer forms to be used if people were admitted to hospital. This would help hospital staff know how to care for the person effectively.

There was a complaints procedure which people and their relatives were aware of. However there were few formal complaints made as the management had an 'open door' policy and concerns were dealt with immediately they were brought to their attention.

We saw a number of compliments which had been received by the service. Comments included; 'We would like to express our heartfelt thanks for the excellent care and support given to [person] during her stay with you'; 'With grateful thanks for all the loving care shown to [person]'; 'We couldn't have wished for [person] to have spent her final days in such a caring place'.

Good

Is the service well-led?

Our findings

At the time of the inspection there was an acting manager who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was an 'open door' policy at the home and people told us the management were very approachable. One person who used the service said, "They [management] are quite approachable. They would sort out any problem". Another said, "I could always talk to the manager if I needed to". A visitor said, "I have brought a number of small things to the manager's attention. Communication is not as prompt as it was, but "[manager's name] is so approachable".

Staff supervisions and appraisals took place regularly and gave staff members a forum to discuss any concerns or work issues and development needs. We saw minutes of regular staff meetings, where matters discussed included medicines issues, staff issues, laundry, uniform, residents' appearance.

We spoke with the provider on the day of the inspection, who had popped in to see if all was well. This was a regular occurrence and the provider dropped in at different times of the day or night to check on the service.

We were shown evidence of a number of quality audits and checks carried out by head office. These included medicines audits, care plan audits, falls and accidents analysis, hospital admissions, pressure areas, nutrition audits, checks of risk assessments, environmental audits, compliments and complaints. Checks were undertaken in relation to training and supervision compliance and staff turnover rates and staff absences. Any issues were recorded and actions put in place.

Regular surveys were sent out to relatives, staff and people who used the service. This was to ascertain their views of the service provided and to drive improvement.