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Windsor Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Windsor Care Home is a residential care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

People's experience of using this service and what we found

Although staffing levels were in line with expectations, staff did not always respond quickly enough when people called for help. Relatives and staff gave mixed feedback about staffing levels and high use of agency staff.

Some risk assessments required further development as they did not always clearly identify the measures required to manage potential risks. Others were generic and lacked personalised information. The provider was reviewing people's care records.

People gave positive feedback about their care. Most relatives agreed people received good care. Although improvements had been made to ensure staff responded appropriately to people's needs, there were still examples of care being task orientated. Activities were on-going on the ground floor and people were engaged.

The provider continued to have effective IPC practices to help prevent the risk of infections.

Staff supported people to have enough to eat and drink. People were happy with the food choices available to them.

Medicines were managed safely. Safeguarding concerns and incidents were investigated, and lessons learnt shared with staff. Staff knew how to raise concerns and were confident to do so.

The provider was updating training to ensure staff had the correct skills and knowledge. Most staff said they were well supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider and registered manager continued to work with partners to progress the improvement plan developed following previous inspections. Relatives gave generally positive feedback about the approachability of management. Regular audits were being completed and action taken to address issues.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 14 December 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Windsor Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We received feedback from six members of staff including the provider, registered manager, senior care workers, care workers and support staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

At our last inspection infection control systems were not robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- IPC procedures had been enhanced to help keep people safe. Staff consistently used PPE correctly.
- The home was clean and domestic staff were visible around the home carrying out cleaning duties. One person commented, "They keep it nice and clean here, don't they?" A relative told us, "I have no concerns with cleanliness, cleaners are always about."
- One relative had concerns about cleanliness in their family member's bedroom, they raised this directly with the manager.

Assessing risk, safety monitoring and management

At our last inspection risks to people had not been fully assessed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had acted to improve the risk management processes in the home. Risks to people's health and safety were assessed and measures identified to reduce the risk of potential harm.
- Some risk assessments were generic and had not been personalised to each person's individual needs. The registered manager agreed to revisit these assessments and provide more information.
- Specific action had been taken to update the fire risk assessment and associated action plan and to fit window restrictors.

Using medicines safely

At our last inspection systems for managing medicines were not safe or in line with national guidelines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were now managed safely. Guidance for staff about when to administer 'when required' medicines had been reviewed and updated.
- Accurate records were now kept confirming which medicines people had been given.
- The medicines policy had been reviewed and updated. Staff member's competency to administer medicines had been assessed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection people were not always safeguarded from potential abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems had been strengthened to help protect people from abuse.
- Safeguarding issues were logged, reported to the local authority and investigated. Staff knew how to report concerns and were confident to do so.
- Most relatives felt their family member was safe. One relative told us, "[Family member] is safe. If I was worried about anything I would definitely tell them."

Staffing and recruitment

At our last inspection there were insufficient staff deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staffing levels were sufficient to meet people's needs. People told us there were enough staff to provide care when they needed it. One person said, "There are always staff around, I just press my buzzer and they are there. I don't wait long, not long at all."
- Although staffing levels were at an appropriate level, we still found examples of task-based care. For example, staff sometimes prioritising paperwork over responding to people.
- Since our last inspection, the provider had developed a dependency tool. This was used to assist with monitoring staffing levels.

Learning lessons when things go wrong

At our last inspection we recommended the provider reviewed the process to share information with staff and embed lessons learnt. The provider had made improvements.

- The provider had reviewed the systems for monitoring incidents to help ensure lessons were learnt.
- Incidents and accidents were recorded and reviewed. The provider analysed the findings to determine

action needed and to learn lessons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection people had not been referred to other professionals regarding their weight loss. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were now supported to have enough to eat and drink. Staff supported people in line with their individual needs and supported people to choose what they wanted to eat.
- Where required people had been referred to health professionals for additional support and guidance. People told us they were happy with the meals. One person said, "The food is very good. There is always a choice at lunchtime. I had kippers for breakfast this morning."

At our last inspection people's target fluid intake had not been monitored. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had improved the systems to check food and fluid charts were completed correctly.

At our last inspection we recommended the provider reviewed menus to allow more choice. The provider had made improvements focused around what people wanted to eat.

- People confirmed the menus included a choice of meals and these were to their liking.

Staff support: induction, training, skills and experience

At our last inspection some training was either out of date or not delivered. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 18.

- Completion rates for training had improved since our last inspection. Some training was still outstanding; the registered manager was addressing this on an individual basis with the relevant staff members.

At our last inspection we recommended the provider reviewed the training programme to ensure this covered all aspects of people's health and emotional needs. The provider had made improvements.

- The training programme had been updated to cover all aspects of the skills and knowledge staff required.
- Most staff said they felt supported in their role. One staff member commented, "I do feel supported in my role, especially from my manager."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection care plans were not always up-to-date or reviewed regularly. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs had been assessed to identify their care needs. This included considering any religious, cultural and social needs people had.
- Care plans had been reviewed and updates to ensure they contained sufficient information about how people wanted their care provided.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider was not working within the principles of the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The provider was now following the principles of the MCA. Where people lacked capacity, MCA

assessments and best interest decisions had been completed for relevant decision made about their care.

- People asked to give their consent before receiving care. One person commented, "They ask what I want doing and I tell them."

Adapting service, design, decoration to meet people's needs

At our last inspection we recommended the provider refurbished the home to support a more dementia-friendly environment. The provider had made some improvements.

- Some people's bedrooms had been refurbished, this was part of a rolling programme of refurbishment.
- Further work was required to provide a dementia-friendly environment suitable for the needs of people living at the home.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records confirmed people continued to access healthcare services in line with their individual needs. One relative commented, "We had a concern a few months back. They followed the right procedure in contacting the doctor."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection people were not always supported to maintain their dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Staff aimed to treat people with dignity. One person commented, "It is very good, the girls are wonderful. They treat me nicely. Everything is perfect."
- Most relatives told us their family member was treated with dignity and respect. One relative told us, "I find everything alright. I go into the home, [my family member] is always nice and clean, showered, washed everything. [Family member] wears clean clothes. I go down every week."
- There were some occasions where care was still task-orientated. Nurse call bells were not consistently answered quickly. For example, one staff member prioritised completing paperwork over responding to a nurse call and interacting with a person they were supervising. We raised this with the registered manager who addressed the situation immediately.
- People and relatives were satisfied with the care provided. One person told us, "I am being looked after very well." A relative said, "I think she is well cared for. [Family member] obviously likes it there."

Supporting people to express their views and be involved in making decisions about their care

- Care records described the support people needed with communicating their needs and making choices.
- Information about advocacy services was displayed in the reception area. Where people had an advocate, care records contained contact details. Relatives advocated on behalf of some people.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

At our last inspection the provider had not promoted a person-centred culture or inclusive culture. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider was making improvements to help change the culture in the home to be more person-centred. Some staff told us there had been significant changes since our last inspection.
- Most staff told us they felt more supported with this registered manager. Staff supervisions were progressing and the provider continued to work with local partners to improve the service.
- Relatives said the registered manager was approachable. One relative commented, "They [registered manager] phoned up when they started to introduce themselves. Oh yes, they are approachable, they always says hello."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider failed to have quality assurance processes. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The home now had a registered manager and they were working to progress the improvement plan.
- Statutory notifications had been submitted to the CQC for significant events in the home.
- The provider had implemented a more robust system of quality assurance to ensure risks were managed and improvements made. This was starting to be effective in making the required improvements to people's

care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection the provider failed to engage with people or act upon their feedback. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to help ensure people's and staff member's views were heard and responded to. Relatives said they felt able to give feedback. One relative commented, "If I had anything to say I would say."
- Regular residents' and staff meetings were now being held.
- The provider was now starting to use feedback to learn lessons and improve people's care.