Parkcare Homes (No.2) Limited

Windsor House

Inspection report

18-20 St Mildreds Road
Westgate On Sea
Kent
CT8 8RE

Tel: 01843836055

Date of inspection visit:
14 June 2016

Date of publication:
21 July 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on the 14 June 2016 and was unannounced.

Windsor House is registered to provide accommodation and personal care for up to 14 people. People living at the service had a range of learning disabilities. Some people had physical disabilities and occasionally required support with behaviours which challenged.

Downstairs there was two lounges, a kitchen and dining room. There were fourteen bedrooms and several bathrooms spread across the remaining two floors. At the time of the inspection there were 14 people living at the service.

The service had a registered manager in post. A registered manager is a person who is 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.

People said they felt safe, however there was not enough staff to meet people's needs. Three new people had moved in recently and staffing levels had not been increased. People sometimes had to wait for support. The registered manager was recruiting for new staff but said, "Right now we are not able to give people the opportunities to do things that they want to do." Detailed, relevant references had not always been gained before staff started work.

People were not always able to access the activities they wanted outside of the service. The registered manager and staff told us there was not a formalised activity timetable in place due to a lack of staff.

Some people had Deprivation of Liberty Safeguards (DoLS) authorisations in place because they were being restricted. The conditions on these DoLS were not always met. One person had a DoLS granted on the condition they regularly accessed activities outside of the service. They had not done so for the past four weeks. The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and best interest meetings had been held regarding people's care and support.

Full assessments were not always carried out before people moved into the service. Risks relating to one person's health and wellbeing had not been assessed to protect them from harm. Staff were not clear about how to support a person who had recently moved in as a result.

The dishwasher and washing machine had been out of use for some time. Staff had to do the washing up by hand. The registered manager had to take dirty and soiled laundry to another service to wash them. This was disrupting the normal running of the service and the registered manager had not notified the Care Quality Commission (CQC), in line with current legislation.

People were involved in planning and preparing their meals. A visual menu was in place but not used as the pictures were missing. Some people had Speech and Language Therapy (SaLT) guidelines in place. Staff followed these so people could eat and drink safely.

The registered manager and area manager carried out regular audits. However, staffing levels had not increased as needed to meet people's needs and gaps in people's care plans had not been identified. People and health care professionals had been asked their opinions on the service recently, but relatives had not.

The registered manager carried out regular health and safety checks to the premises and equipment. Regular fire drills occurred to ensure people and staff knew what to do in an emergency.

There was a safeguarding policy in place and staff knew how to recognise and respond to different types of abuse. The registered manager was clear on their responsibilities with regards to safeguarding and was in regular contact with the local safeguarding co-ordinator. Medicines were stored appropriately. People received their medicines when they needed it and were encouraged to be as independent as possible when taking it.

Staff received the training and supervision needed to be carry out their roles. People had a range of healthcare needs and there was detailed information available for staff to support them with this. Prompt referrals were made to healthcare professionals when it was needed.

Staff were kind and caring and knew people well. They treated people with respect and dignity. Some people were unable to communicate verbally but their needs and preferences were understood by staff. It was important to one person that they wore their slippers when inside and staff made sure they did.

People had the opportunity to raise concerns or ideas for improvement at regular meetings with their keyworkers. There had not been any recent complaints about the service.

The registered manager was a visible presence within the service and worked with staff regularly to maintain an oversight of the service. Staff were clear about what was expected of them and their roles and responsibilities and felt supported by the registered manager.

You can see what action we told the provider to take at the back of the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There was not enough staff to meet people's needs. Satisfactory references had not been gained for all staff before they started work.

There was not a working washing machine or dishwasher at the service.

Risks relating to one person's health and wellbeing had not been assessed to protect them from harm. There was guidance in place to manage risks relating to behaviour that challenges, for other people.

Staff knew how to recognise and respond to different types of abuse. People's money was managed safely.

Medicines were managed safely. People were encouraged to be as independent as possible with their medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Some people had Deprivation of Liberty Safeguards (DoLS) authorisations in place. Conditions on these DoLS had not always been met. Staff and the registered manager had an understanding of the Mental Capacity Act and best interest meetings had been held when people lacked capacity to consent to care and support.

People were supported to eat a healthy and balanced diet.

Staff received induction, training, support and supervision to support people effectively.

There was guidance in place to support people with their healthcare needs. People regularly saw relevant healthcare professionals to ensure they stayed healthy and well.

Is the service caring?

Good

The service was caring

People were treated with dignity and respect and were encouraged to be as independent as possible.

Some people were unable to communicate verbally but their needs and preferences were understood by staff.

People decorated their rooms to their personal preferences and helped to keep their service clean and tidy.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's needs were not assessed fully before they moved into the service. Staff did not have clear guidance on how to support one person. Other people received the support they needed, in line with guidance.

People did not always have the opportunity to do the activities they wanted to do outside of the service, due to a lack of staff.

People met regularly with their keyworker and could raise concerns if needed. There had been no complaints in the last year.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The Care Quality Commission (CQC) were not always informed of events which impacted on the service in line with current legislation.

Regular audits were carried out by the registered manager and area manager. However, staffing levels had not increased and gaps in people's care plans had not been identified as a result.

The registered manager had a visible presence in the service and staff felt well supported by them.

Windsor House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 June 2016 and was unannounced. It was carried out by two inspectors.

The provider completed 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. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager and the area manager. We spoke with five additional members of staff. We looked at four people's care plans and the associated risk assessments and guidance. We spoke with five people who lived at the service and with one relative. We observed how people were supported and the activities they were engaged in.

Some people were unable to tell us about their experience of care at the service. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We last inspected Windsor House on 2 and 3 July 2013 where no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "I had a flat and someone broke in, I didn't like it after that, but here I'm safe and I know no one can get me." People were relaxed in the presence of staff. Staff knew people well and said they had built up good relationships with the people they supported.

There were not enough staff to meet people's needs, especially their social needs. Three new people had moved in recently, some people needed several hours of one to one support each week. The extra support required was equivalent to nearly two full time staff posts. The staffing levels had not been increased to make sure there were extra staff to meet people's needs.

On most days there were four staff on duty during the day. Staff said they struggled 'to get people out' with only four staff on duty. Staff told us "We had five staff on one day last week which meant we could do a trip out, it was great, everyone enjoyed it. With four staff we only meet people's basic care needs."

Staff told us it was difficult to cover shifts when staff were sick at short notice. Staff said "It is a problem when staff phone in sick, we phone around, the seniors sometimes covers. We try to cover shifts ourselves rather than use agency staff". That week's staff rota had shifts that needed covering when only two or three staff were on duty. Staff had to cook as well as support people on Fridays and at weekends as there was no cook on duty on these days.

There were occasions when people had to wait for support. One person needed help to go to the bathroom. Staff told them that they had to wait until another staff member arrived. The person was kept waiting for ten minutes and looked uncomfortable at having to wait. At lunch time one person had to wait half an hour for their lunch. They were sitting at the table watching other people eat.

A relative told us staff were very kind and caring but were 'busy'. They said "I would like (my relative) to do more. I would like them to access the community more. (My relative) has not had a holiday for a while; there has not been enough staff in the past." Staff told us "Some people have not had a holiday for a few years, we are trying to organise holidays."

The registered manager agreed that the current staffing levels were not enough to meet people's needs and said they were trying to recruit new staff. They said, "For us the biggest thing would be having the right levels of staff to give people the opportunities to do the things they want to do." The area manager said 'ideally we would like 6 or 7 staff on each shift.'

The provider had failed to ensure there were sufficient numbers of staff deployed to meet people's assessed needs. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager sent us a revised rota after the inspection and they had put an extra member of staff on each shift.

Some new staff had been employed recently. People were introduced to prospective staff and were asked for their feedback. The provider's policy stated that references should be satisfactory and the registered manager should judge if staff references are satisfactory. Two staff who had recently started working at the service had basic references from previous employers just giving the start and leaving date of employment. In one case, the staff had worked at a care home but they had not been asked for a reference. In another case the staff's partner had given them a reference. The registered manager said they had not agreed that the references were satisfactory; they said staff at head office had made that judgement. They agreed that the references did not give a satisfactory summary of the staff's previous performance, character and integrity. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

We recommend that the provider ensures all references are satisfactory before staff start work, in line with current legislation.

Some of the equipment used to help keep the service clean was not working. Three drawer fronts in the kitchen were missing with a sign saying 'broken be careful.' The dishwasher had been broken all year and there was a sign on it saying 'broken, do not use.' The registered manager said that when the dishwasher was used it caused a problem with the electrics. Several engineers had been called out but the dishwasher was still not fixed. Staff had to wash up everything by hand. The washing machine had not been working for over a month. There was soiled laundry which needed to be cleaned. The local laundrette did not have a sluice facility to deal with any soiled laundry. The registered manager regularly had to take the laundry to another of the provider's services. They told us they had to go as they could not spare any additional staff. An electrician was coming later that week and the registered manager said they hoped the washing machine would be fixed some time after that.

The service was clean and odour free. People were supported to tidy and clean their bedrooms and communal areas. Staff used personal protective equipment (PPE) when necessary to manage the risk of infection.

One person had recently moved into the service. There was a basic care plan in place but no risk assessments or detailed guidance on how to support them. Not all staff knew how to support them with moving and handling. While seated in the dining room they had leaned forward with their forehead almost touching the floor. The staff member present was writing in some records and had not noticed. The cook noticed and intervened. Staff joined them and there was a debate about how best to support the person to sit upright. A staff member said "I don't know much about (the person), they moved in last week and I have been off for four days." The person was sitting on a sling on top of a pressure cushion. This increased the risk of their skin breaking down. There had been no assessment to support them to maintain their skin integrity. The registered manager sent us a full risk assessment and support plan for this person after the inspection.

The provider had failed to access and mitigate the risks to the health and safety of people receiving care. This was a breach of Regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were detailed risk assessments in place for the other people at the service. Staff supported people positively with their specific behaviours, which were recorded in their individual support plans. There was clear information to show staff what may trigger behaviour and staff were aware of the strategies to minimise any future occurrence. Staff calmly responded to one person's behaviour, in line with the strategies outlined in their care and support plan.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. A poster was displayed downstairs with a number that all staff could call if they had any whistleblowing concerns. Staff told us they would report any concerns to the registered manager or use the whistleblowing line. Staff were confident that the registered manager would act on any concerns that were raised. The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of them happening again. The registered manager said they had invited the local safeguarding co-ordinator into the service to review their safeguarding procedures. Their feedback had been, "Carry on doing exactly what you are doing." People's money was managed safely and the registered manager regularly checked that receipts matched what had been spent for each person.

There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. Medicines were stored securely and at the correct temperature. Staff said that during a recent period of hot weather some of the rooms where medicines were stored became too hot to store medicines safely. They contacted the local pharmacy who advised them to move the medicines to a cooler room. Medicines had been moved to a different room and returned when the temperature had become cooler.

People were supported to be as independent as possible when taking their medicines. People's medicines were stored securely, in individual safes in their rooms. One person administered their own medicines and this was risk assessed to ensure they were safe to do so. Creams and liquids were dated when opened so staff knew how long they had been in use and if they were still safe for people to have. The registered manager carried out regular spot checks to ensure that medicines were being administered correctly. Medication Administration Records (MARs) were fully completed, showing people received their medication as and when they needed it. Some people had medicines on an as and when basis (PRN). There was guidance in the medicine file on when these should be administered.

Requires Improvement

Is the service effective?

Our findings

People had a wide range of health and support needs and staff were knowledgeable about these. Staff followed guidance from speech and language therapists (SaLT) and occupational therapists to ensure people received the care and support they needed. One staff member said, "It's so important that we support people properly, particularly the people who live here as some of them can't always speak up on their own." People appeared to trust staff and looked comfortable in their presence.

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.

The conditions on people's DoLS were not always met. One person had been granted a DoLS on the condition that 'trips out are recorded in their daily care plan' and that staff ensured there were 'more opportunities to be taken out of the home environment.' Records covering the last four weeks showed that the person had not taken part in any activities away from the service, entries included 'relaxing' and 'people watching' which the registered manager explained meant that the person was at the service. Some days the entry had a line through it and other days were recorded as 'none'. The registered manager said that the person had not been taken out regularly as there were not enough staff. They did not realise that they were not meeting the conditions on the person's DoLS.

The provider had failed to ensure that conditions on people's DoLS were met. This was a breach of Regulation 9 (1)(a)(b)(c)(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When people did not have capacity the registered manager had carried out capacity assessments. Best interest meetings had been held to decide if people needed support with personal care or medication. The registered manager said that one person's family member had Power of Attorney with regards to both welfare and finance but staff did not have copies of this documentation. This was an area for improvement. The registered manager told us they would ask for these for their records.

People told us they enjoyed the food. One person said, "The food is good, I like pies. I've got two favourites, shepherds pie and a pasty." People were involved in planning the menu for the week. Each person chose the food for lunch on a chosen day. Staff said, "We talk to people, I'll show them pictures if they can't speak but we make sure everyone has chosen the food for their day."

There was a board in the kitchen where pictures of what was for lunch or tea could be displayed. The board was empty. The chef said that the pictures had gone missing but they normally used the board so people knew what they were going to eat. On the day of the inspection people were asked if they would like omelette or chicken for lunch. This was different to the meal people had initially chosen because a staff member had forgotten to take the mince out of the freezer. The pictures were missing so it was not clear for everyone what they could have to eat.

The chef said that people who had chosen the food for that day usually went out shopping and got involved with preparing the meal. One person was helping to cook and tidy up in the kitchen. Two people had gone out shopping for the ingredients at the beginning of the day.

Some people had eating and drinking guidelines in place from a Speech and Language Therapist (SALT). Staff followed these guidelines and food and drinks were served at the correct consistency. People received the support and supervision they needed to eat safely. One person required supervision in case they choked and staff stayed in the room whilst they were eating. Another person required one to one support to eat their meal and they received this. Food and fluid charts and weight charts had been completed to monitor people who were at risk of malnutrition.

The registered manager arranged training for all staff through the provider's training department. Training was either face to face, including fire awareness and safe moving and handling or via an on line computer system. The registered manager tracked the training so she knew when refresher courses were due. Staff completed basic training and training in subjects related to people's needs including how to administer some specific medicines.

Staff put their training into practice and gave people the support they needed. For example, one person appeared to be distressed, staff spoke with them calmly and stroked their hand, encouraging them to take part in an activity. The person smiled at this and agreed to the activity. Staff moved people safely and let them know what was happening before they moved them. Staff spoke to us about people's needs with knowledge and understanding. A relative told us "The staff are very good, I have seen them deal with difficult situations well to stop it escalating. They have a good attitude."

New staff worked through induction training during a six month probation period, which included working alongside established staff. The provider had introduced the Care Certificate for new staff as part of their induction, which is an identified set of standards that social care workers work through based on their competency.

Staff told us they felt supported and that they had the opportunity to attend regular staff meetings and one to one supervision meetings. One staff member said "We have staff meetings each month, I go if I am on shift or read the notes afterwards." The registered manager and senior staff organised regular supervision meetings with staff in advance. This gave staff the opportunity to talk about any training and development needs. Staff had a yearly appraisal.

People received the support they needed to live a healthy life. Health needs were recorded in detail so staff knew how to support people with them. One person had two different types of cysts on their head. Their support plan described the location of these cysts and what they looked like. One of the cysts contained blood vessels, so if the person knocked it, this could be dangerous and medical attention should be sought immediately. Staff knew about the different types of cysts and what to do if the person knocked them.

There was information in place for people to take with them if they were admitted to hospital. This laid out

important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed .

When people had to attend health appointments, they were supported by staff that knew them well, and who would be able to support them to make their needs known to healthcare professionals. All appointments with professionals, such as doctors, opticians, dentists and chiropodists had been recorded to include any outcome.

Good

Is the service caring?

Our findings

People spoke positively about the care they received and the kind and caring nature of staff. One person said, "The staff are perfect." Staff were considerate and treated people with respect and dignity.

Staff knew people well and knew how to communicate with them effectively. Some people were able to communicate verbally and some people had additional communication needs. When people could not communicate using speech there was detailed information in their care plan about how to communicate with them. Throughout the inspection staff were able to interpret and understand people's wishes and needs, and supported them in the way they wanted. One person's support plan said, 'high pitched tone for a few words but make my needs known by facial expressions. Staff should maintain good eye contact and be on the same level.' This person made a loud, high pitched noise and staff went over to them. Staff spent time with this person and knelt down so they could see their face. They touched the person gently on the arm. The person smiled and laughed and staff said that the person had wanted some company.

There was detailed information in each support plan about people's daily routines to ensure they were supported in their preferred way. Staff who knew people well had written how they liked to have their hair washed and when they liked to have a shower or bath. People's preferences, likes and dislikes were also clearly documented. One person's support plan said, 'likes to have their slippers on when they are in the service.' This person was wearing their slippers throughout the inspection. Staff said, "Oh yes, we always make sure [the person] has those on, it's very important to them." Another person's support plan said they liked 'tactile objects such as small toys.' Staff were directed to ensure that this person had their 'twiddles' with them at all times. This person regularly rubbed small objects between their fingers, getting visible enjoyment from doing so.

Staff treated people with kindness and compassion to ease their anxieties. One person became distressed as they had lost the key to their bedroom. Staff spoke with them in a calm, reassuring voice and offered to find them another key. The person was worried that someone may be able to get into their room with the missing key. Staff talked through the person's concerns and they realised they had their key that morning so it could not be lost outside. They became calmer and were reassured that staff could give them another key.

Family and friends could visit people whenever they wanted. Staff supported people to stay in touch with their loved ones via telephone or in person. One person told us, "I go next Wednesday to see my family." Another person said, "I'm going to see Mummy." Staff had arranged for them to go on holiday and stay in a caravan near where their family lived so they could spend time together.

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. The registered manager told us that no-one currently had an advocate but they had been used in the past. There was information about advocacy services displayed in the service.

People received the right care and support when their needs changed. There was a communication book which was used to update staff about any changes to people's health and care needs. Staff also completed a handover book at the end of each shift so staff knew what happened to people on the shift before and if there was anything they needed to follow up on.

People were encouraged to be as independent as possible and helped to keep their service clean and tidy. One person was supported to clean the tables after breakfast and lunch. One person, who had limited mobility, was supported to dust and polish their room using hand over hand support. Staff told us, "[The person] loves being involved so if we can help them hold the duster and wipe any dirt away then they are really pleased."

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

People were encouraged to personalise their bedrooms. One person offered to show us their bedroom and they had a purple lampshade and bedspread. They told us they had helped choose the colour and picked out what they wanted.

Requires Improvement

Is the service responsive?

Our findings

Staff were not consistently responsive to people's needs. People told us that staff supported them in the way they wanted. One person said, "It was my birthday and we went out for a curry, I like a spicy curry." However, people's needs were not assessed fully before they moved into the service and people were not able to access the activities they wanted outside of the service.

Before people moved into the service a full assessment of their needs was not always carried out. One person had recently moved into the service following a stay in hospital. The registered manager had gone to visit them in hospital before they moved in. A basic care plan had been written but no formal assessment of the person's needs had been carried out. Detailed information regarding risks such as eating and drinking, moving and handling or skin integrity was not in place. We asked the registered manager and the area manager if the provider had assessment documents for staff to use prior to someone moving in, and they said 'yes'. These had not been used in this instance as the person was currently living in another of the provider's services. The registered manager said that the person's needs had changed a lot whilst they were in hospital. They were no longer able to weight bare and needed more medicines. The information from the previous service was out of date and a new assessment had not been completed to identify the persons changing needs.

The provider had failed to assess and mitigate the risks to the health and safety of people receiving care. This was a breach of Regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager emailed us a copy of the person's new risk assessments and care plan after the inspection. We will follow this up at the next inspection.

Two other people had recently moved into the service. An assessment of their needs had been carried out before they moved in. The registered manager and area manager said these had been emergency placements so there had been no time for a pre-admission assessment to take place. These people now had support plans and risk assessments in place.

People were not always able to access the activities they wanted outside of the service. One person's care plan noted 'I would benefit from activities including social and leisure pursuits.' It went on to say that the person loved going to cafes and shops. Staff told us the person really enjoyed going to cafes, going out for walks, shopping and to the cinema. Staff told us that they did not have enough staff to take the person out as often as they would like.

Staff were in the process of making an activity board for people. They told us it was going to have pictures so people could choose what they wanted to do each day. People did not have formal activity plans or days when they regularly went out. The registered manager said that they wanted to make sure that people who were less vocal were able to go out more. They thought that people who were able to ask went out more. One staff member told us "At the moment we don't have activity plans, we don't have the capacity for staff

to do those things."

The registered manager emailed us a formal activity plan for each person after the inspection.

People did take part in a range of activities inside the service. One person said they liked horror films. This person told us they liked watching scary films and showed us their film collection. They watched several films throughout the day. Another person showed us balls of wool and told us they used them to make pom poms. People were supported to play bingo on the afternoon of the inspection.

People met monthly with staff to go through their care plans and update them if anything had changed. One staff member told us, "I regularly sit down with [the person]. We meet, but I know they don't want to sit down for long so we'll have a few quick chats. With another person I'll use pictures to check they're happy with things and I make sure I update their plan with any changes I've noticed."

There were positive behaviour support plans in place to help staff manage any behaviours that challenged. These stated any potential triggers for behaviours, such as a change in routine and what staff should do to minimise their effect. Staff followed one person's plan, reacting quickly when they became distressed. They spoke to them calmly, offering them reassurance and the person's behaviour did not escalate.

There was a written complaints procedure that was displayed at the service. This was also produced in a format that was more meaningful to people. The registered manager said there had been no complaints for some time but they were aware that complaints had to be recorded, investigated and responded to. Any complaints were tracked and monitored by senior managers to check they had been resolved.

People had opportunities to raise any concerns and ideas for improvement at regular meetings with their keyworkers. A relative told us that if they had a complaint they would speak to staff or to the registered manager.

Requires Improvement

Is the service well-led?

Our findings

People knew who the registered manager was and went to them with any problems. The registered manager had a visible presence in the service and regularly spent time with people. Staff said, "[The registered manager] I can't fault them. They have worked so hard. Anything they can try and do to make things better they do it. They have so much knowledge."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC then check that appropriate action has been taken. The registered manager had not informed CQC that the washing machine and dishwasher had not been working for some time. These were 'events which stop the service from running safely and properly' and so should be reported. The registered manager said they did not realise they needed to submit a notification in this instance. They submitted a notification on the day of the inspection. Other notifications in relation to DoLS applications and a person's death had been submitted.

The registered manager had failed to notify CQC in a timely manner of events which stop the service from running safely and properly. This was a breach of Regulation 18 (1)(2)(g) of The Care Quality Commission (Registration) Regulations 2009.

The registered manager had recognised there was a shortage of staff and had arranged for people's care managers to reassess the hours of support people were given. They said that people's needs had changed over time and they needed more support. However, three people had recently moved into the service and they had not increased the staffing levels accordingly. After the inspection the registered manager emailed us an updated rota and an additional member of staff was on each shift.

The registered manager said that key workers were responsible for updating people's care plans and risk assessments. Some care plans and risk assessments had not been reviewed and updated. The registered manager said that this may be because 'staff cannot do the updates if they are short on shift.' The registered manager said that they were responsible for checking that the records had been updated but said they did not check on a regular basis but 'as and when I have the capacity to do so.'

A senior manager carried out an audit every three months. They looked at a variety of areas including the environment and records. There was an action plan following these audits with dates attached to the actions. Action plans were checked at the next audit to ensure that they had been completed. Staff carried out checks of the environment including the fire system and water temperatures.

Staff said they felt that their ideas and suggestions were listened to and acted on. Staff told us they had made a suggestion about decorating the dining room and the registered manager was arranging this.

The provider sent surveys to people and staff each year to obtain their views and opinions about the service. The registered manager said that relatives had not been surveyed this year but GP's and visiting professionals had. The results of the surveys had not been publicised so people were unaware of the results

and any action the registered manager was planning to take to improve. This was an area for improvement.

There was a culture of openness and honesty within the service. The provider's vision was to make, 'A real and lasting difference to everyone we support.' The provider valued a 'personalised approach' and 'a focus on outcomes for the people we support.' The staff team said they were committed to improving the lives of the people who lived at Windsor House. They treated people with respect and dignity and assisted them in line with their support plans and guidance. However, staff also told us a lack of staff made it difficult for them to go the extra mile. They were motivated and passionate about providing personalised care, upholding people's rights and choices and improving people's lives.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. They held a level 5 qualification in leadership and management. The registered manager met regularly with other managers that worked for the provider. The registered manager said this group regularly shared best practice or things they had learnt. They said that they would share their experiences of the inspection and tell them they needed to submit notifications when events disrupted the running of the service. The registered manager regularly contacted external specialists for advice. They had asked the local fire brigade to review their fire risk assessment and local safeguarding co-ordinator to review their safeguarding procedures. They said, "If I need some guidance or reassurance I always think it is better to ask."

Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in providing person centred care. The registered manager knew people well and had worked with people with learning disabilities for several years. Staff told us they felt well supported and felt comfortable asking the registered manager for help and advice when they needed it.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager had failed to notify CQC in a timely manner of events which stop the service from running safely and properly Regulation 18 (1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure that conditions on people's DoLS were met. Regulation 9(1)(a)(b)(c)(5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess and mitigate the risks to the health and safety of people receiving care. Regulation 12(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were sufficient numbers of staff deployed to meet people's assessed needs. Regulation 18 (1)