Windsor Lodge Care Home

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Inspection report

Windsor Road
Gerrards Cross
Buckinghamshire
SL9 8SS

Tel: 01753662342
Website: www.wlch.co.uk

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This unannounced inspection took place on the 23, 24 and 25 October 2017. The service had previously been inspected in October 2014 and was found to be compliant with the Health and Social Care Act 2008.

Windsor Lodge Care Home is a family run care home registered to provide care and accommodation for up to 9 older people. At the time of our inspection eight older people were living there.

The home had previously been the proprietor's family home which had been converted into a care home. The home has an extremely attractive and well maintained garden with fountains and ponds. Visitors had to pass through an electronic security gate before they are able to access the property. This added to people's sense of security.

The home has a registered manager in place. 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.

We found the service was safe because systems were in place and staff had received training in how to identify and report concerns of abuse. Employment practices meant the risk of employing inappropriate staff had been reduced. Records demonstrated medicines were administered by trained staff, and in line with the prescribed dosage and time. The medicines were stored securely and stocks tallied with recorded amounts. Risks related to the care being provided in the home, the environment and equipment had been assessed. Risks were minimised where possible to ensure people, staff and visitors were kept safe.

Sufficient numbers of trained and experienced staff were available at all times. This offered a consistency in the care provided. Staff had received additional training and were able to lead on specific areas of care such as diabetes, infection control and end of life care. This meant all staff were kept up to date on best practice in these areas.

Staff were supported through regular contact with the registered manager, induction, training, supervision and appraisals. Training was completed in the areas deemed as mandatory by the registered manager, these included moving and handling, nutrition and health and safety amongst others.

People's mental capacity had been taken into consideration. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional and hydration needs were being met. Staff were aware of people's preferences and individual needs. This information was shared with the cooks who prepared meals people enjoyed. Variations were made to the menu to ensure everyone's preference was met.

From our observations and feedback from people living in the home we could see staff were extremely caring, considerate and gentle in their approach to people. Interactions between staff and people were very positive and reassuring. Communication flowed easily and familiarity was evident. People's privacy and dignity was maintained and staff went the extra mile to support people in areas of people's lives that were important to them. The quality of care we observed in the home was outstanding, this was because everyone was treated equally, their care was focussed on them as individuals and staff provided care in a meaningful way.

People's dignity and privacy were protected and their independence was promoted. Staff knew people well and knew about their life histories. People were encouraged to maintain hobbies and interests as well as develop new skills. Initiatives had been introduced to empower people to be able to share their views, participate in learning in how to self-care, and improve their communication with the provider. Community participation was actively promoted and links with the local community had proved beneficial through intergenerational activities such as poetry and art, music and discussions. People benefited through socialisation, reminiscence and in the making of new relationships and friendships with young people. People's end of life wishes were respected and staff worked hard to ensure people's afterlife care was dignified and in line with their wishes. We were told of a situation that demonstrated how staff had gone over and above their designated responsibilities to ensure a person's end of life wishes were met with love and care.

The registered manager's positivity about the care being provided in the home was evident throughout the inspection. They were a strong role model for staff with a naturally caring and generous character. Staff and people in the home spoke positively about the registered manager and their ability to care and manage the service. They told us they felt their daily presence and accessibility was both supportive and reassuring. It was evident there was a culture of mutual respect between the registered manager, staff and people living in the home. People enjoyed interacting with staff and vice versa. The atmosphere in the home was very relaxed, comfortable and homely. The registered manager, staff and people living in the home worked together to produce a service that was safe, caring and effective.

Documentation within the home was up to date and reflected the individual needs of people. Care plans reflected people's cultural, social and health needs and guidance for staff was clearly documented. Where people experienced anxiety or confusion staff were trained to support them in a kind and supportive way.

People knew how to make a complaint but had not had to do so, as they felt issues were addressed immediately when raised with staff or the registered manager.

Quality assurance was taken seriously and audits and checks had been completed to improve the service to people. Results from the audits were shared with people and staff to inform them of the findings and to gain support for any improvements. People were actively encouraged to participate in their care and to share their knowledge and experiences to improve the quality of care in the home. Information regarding people's health was shared with them and their GP every six months to ensure they received the help necessary to

stay well.

The vision of the home was to provide "High quality, personalised care." Staff understood the vision and where their responsibilities lay in trying to achieve this. People told us they were very happy with their care and that it was personalised to their needs. We found the care to be outstanding in some areas due to the high level of compassion, care and respect staff had for the people living in the home.

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.

Information and training in the administration of medicines was available for staff, this meant the registered manager could be assured people were receiving their medicines safely.

Care plans were detailed and risks associated with the provision of care and the environment had been assessed. This reduced the risk of people receiving inappropriate and unsafe care.

Is the service effective?

Good

The service was effective

Staff were supported to provide effective care to people through induction, training, supervision and appraisal.

Documentation showed people's physical and mental health needs were met. People were supported by staff to attend appointments to ensure their needs were identified and the support they received was appropriate.

Is the service caring?

Outstanding ☆

The service was exceedingly caring.

People were supported by staff who demonstrated a caring nature and who were knowledgeable about people's needs and the care required.

Staff knew how to protect people's dignity and privacy and demonstrated this throughout our visit.

People were able to communicate with staff in a way that was meaningful to them. Systems were in place to encourage effective communication with people.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

People knew how to make a complaint, but had not had to do so. Staff knew how to respond to complaints.

People participated in activities both in the home and in the wider community. This encouraged inclusion and protected people from social isolation.

Systems were in place for the registered manager to obtain feedback on the quality of the service. They discussed individual issues and group issues with people to ensure care was improved and their satisfaction was met.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

There were clear visions and values for the service. There was a shared philosophy of person-centred care, which enhanced the service to people.

The registered manager encouraged an honest and open approach. This meant staff felt comfortable in feeding back any ideas or comments they had about how the service could be improved.

The registered manager provided effective leadership and management. This was valued by the staff and people using the service.

Windsor Lodge 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.

This unannounced inspection took place on the 23, 24 and 25 October 2017. This meant the provider did not know we were coming on the first day of the inspection.

The inspection was carried out by one inspector. Prior to and after the inspection, we reviewed previous inspection reports and other information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

Before the inspection, we asked the provider 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. We reviewed the completed PIR and used this to inform our inspection.

During the inspection we spoke with four people, and four staff including the registered manager. Following the inspection we received a copy of a compliment sent to the home by a relative. We spoke with one staff member from the local authority contract monitoring team. We examined care records for three people including documents related to the management of people's medicines.

We read recruitment documents relating to the employment of two staff, audits, records of safety checks and other documentation related to the running of the service. We observed how care was provided to people, how they reacted and interacted with staff and their environment.

Good

Our findings

People told us they felt safe living at Windsor Lodge Care Home. Comments included "Yes I feel very safe, it's because when I press the buzzer they come rushing in." "The best thing about this home is the feeling of safety." "Yes we are a long way from the road, there is security on the gate and there is always someone here to help you."

Where people required assistance with medicines these were administered by trained staff. The home has a medicine policy which was being adhered to. Medicines were stored securely, and only appropriately trained staff had access to them. People told us they received their medicines regularly, one person commented "They have a good system here." The Medication Administration Record (MAR) charts were properly maintained and appeared complete with no gaps in the recordings.

We found guidance information for "As required" medicines to be relevant to the person. This was particularly important if people were not able to communicate their need for pain relief. A pain assessment tool was also used for people who were too unwell to be able to say they were in pain. We checked some of the medicine stock against the records; this showed medicine administration had been recorded appropriately. The registered manager audited the amount of medicines in stock on a three monthly basis. Two prescribed creams had no opening date recorded on them, the registered manager told us this would be addressed immediately with staff.

The registered manager told us they carried out competency observations on staff in relation to the safe administration of medicines, this was confirmed by staff. The registered manager had introduced a form for staff to complete if they found any problem or discrepancy with medicines. This was then investigated to ensure systems were being followed and medicines were being handled safely.

Where people were required to take medicines out of the home for example when visiting relatives, a system was in place to record this had happened. When people did leave the premises they took a list of their medicines with them. This was to ensure that if a person required medical intervention whilst away from the home, the healthcare professional would be aware of which medicines they were currently receiving.

Prior to people moving into the home their needs were assessed. A dependency tool was used to establish how many staff were required to meet people's needs. People and staff told us there were sufficient numbers of staff employed in the home. People told us "If the staff are off because they are poorly, they always find someone else to cover; they are never short of staff." "If I press the bell they come quickly."

During our inspection we observed there were sufficient numbers of staff in place to support people. The proprietors also lived above the home. We saw they were also present each day of the inspection. They engaged in communication with people, joined in activities and generally helped out. They were in addition to the registered manager and two staff. At night time we were told there was one awake night staff and a staff member who slept in. People told us they were happy with the quality of care at night.

Because there were sufficient numbers of staff employed we were told and we observed they had time to chat to people. One staff member said "This is the best bit about working here. We have time to spend with residents. We can sit down and have a cuppa and a chat." Another told us "Because we are a smaller home I feel we do have more time with the residents. Sometimes they want a five or 10 minute chat. We can always find time to do what they want."

The home had an infection control policy in place. Staff had received training in infection control and how to prevent cross contamination. The home had an infection control lead. Safe infection control techniques and systems were in place to reduce the risk of contamination. Infected materials were disposed of safely. Records were kept of infection control audits to ensure staff were adhering to the infection control policy. Where improvements were required this was reflected in the audit and shared with staff.

People's safety and well-being had been considered by the service and steps had been taken to ensure that any risk of harm had been assessed. Environmental risk assessments were in place alongside risk assessments related to the care provided for people. Health and safety checks were taking place regularly for example servicing of the electricity supply was taking place annually. Fire safety checks including fire alarms and equipment were serviced regularly and fire drills were taking place every six months. The home had a fire risk assessment in place. The local fire authority had inspected the premises in January 2017 and had assessed the service as safe.

Where accidents or incidents occurred, these were recorded by staff and reviewed by the registered manager. Records showed there was a falls review and action plan in place to minimise the risk of repetition. Work had been carried out with staff to ensure they were aware of the risks that could increase the likelihood of a person falling. Staff were expected to carry out regular checks to ensure this risk was reduced. For example, making sure that people's spectacles were clean. People who wished to had attended a talk at the local library on falls prevention.

Staff had received training in how to identify and report concerns of abuse. They demonstrated to us a good understanding of safeguarding concerns, the types of abuse possible and how to deal with them appropriately. Guidance was available to staff on how to report concerns. There had been no safeguarding concerns at the home since the last inspection.

Recruitment systems were in place to ensure people were protected as far as possible from unsuitable staff. Checks included Disclosure and Barring Service (DBS) checks, written references, health declarations, and proof of identity and of address. This process reduced the risk of unsuitable staff being employed by the home.

Good

Our findings

People felt the staff were adequately trained to carry out their roles effectively. Comments included "We have a lot of people [staff] with a lot of knowledge. When I fell they took my blood pressure straight away, they seem very skilful…They do spot things when they are not normal." "Yes they are trained they go on courses, last week several went on a course. There is no problem with their care."

New staff attended an in house induction and completed The Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work. This involved observations of staff performance and tests of their knowledge and skills. Documents verified this. The provider supported staff with training in the areas they deemed as mandatory learning, for example, moving and handling. One staff member told us "I feel we get a good level of training, if we ask for it she [registered manager] gets on to it straight away."

The registered manager had recently introduced lead roles for staff in areas such as infection control and medicines. We spoke with staff who had undertaken these roles. This had included further training in their specialist areas. One staff member told us "I feel like I am actually responsible for something. I am achieving something as well as providing care. It is a positive thing. Everyone gets the opportunity to do it, you don't have to, but it has given me more knowledge." Another staff member told us how they were able to implement and develop learning from a previous employment. Both staff members spoke positively and enthusiastically about their lead roles. A notice board in the home which was referred to as the best practice board contained information from each of the lead workers. The information was rotated to ensure each staff member was able to share up to date information with other staff in the home.

Staff were given the opportunity to discuss and decide with the registered manager how frequently they wished to receive supervision. This was brought about as some staff had worked at the home for many years and did not feel they required supervision as frequently as new staff. Staff told us they were happy with the level of support the received from the registered manager. They told us they could speak to the registered manager every day, and if there were any concerns they were always contactable.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff were unsure about one person's cognitive ability. This was related to how the person processed information and their memory. The staff completed a Cognitive Impairment Test with the person. This was designed to test if the person may be experiencing problems. The test results showed it was possible they were. The person was referred to the memory clinic and was later diagnosed with the early signs of dementia.

Staff were aware of the person's limitations in regards to decision making. Mental capacity assessments had been carried out to ensure the person was able to actively participate in making choices about their lifestyle and care. One staff member told us how they supported the person to make choices related to meals by showing them two plates of food so they could choose between them. Staff were aware of the how the MCA applied to the lives of the people they cared for. Best interest processes were followed and where people required support, records showed they had attorneys in place. The registered manager told us no one living in the service was deprived of their liberty. We found there were no restrictions to people in the home.

People were supported with their hydration and nutritional needs. People took part in menu planning and were able to voice their preferences. During the inspection we noted there was one choice on the menu, but because staff were aware of people's preferences and dietary needs, the meal was adapted to each person. Where people did not wish to eat what was on offer an alternative was provided.

Food appeared to be appetising and nutritious. People appeared to enjoy their meals. On the whole comments about the food were positive, but the meals were not always to everyone's liking or taste. Comments included "I like the food it is very wholesome." "No complaints it is delicious." "The food is plain; there is nothing wrong with it, just not what I would cook." "The food is ok, but it is old people's food, everything is soft and mashed up." We fed this back to the registered manager, who seemed surprised at the feedback we had received as this was not in keeping with the feedback they had received. The registered manager told us they would follow this up with people. This was to ensure people were satisfied with the food on offer.

Care plans reflected people's nutritional and hydration needs. Their risk of dehydration and malnutrition was assessed. Where people required additional equipment or resources to enable them to eat and drink this was provided. People who experienced unwanted weight loss were provided with fortified foods. Staff were aware of how to fortify food and how this benefitted people. Where people's weight which was monitored regularly caused concern staff referred people to the GP for expert advice from suitable health care professionals such as dietitians.

Each year the home held a nutrition and hydration week. This included training for staff. Throughout the week different foods and drinks were tried by people including fruity Friday, exotic fruit, a quiz and afternoon tea with relatives and friends. This ensured both staff and people living in the home had the opportunity to develop their knowledge and understand the importance of good hydration and nutrition.

People's healthcare needs were supported by the staff. We read documentation related to health appointments with external professionals to assist people with their mental and physical health needs. Staff supported those people who required it to attend appointments. One person told us how they were reassured by the registered manager being a nurse. They told us "[registered manager] always takes me to hospital for my appointments." Medical needs were included in people's care plans to enable staff to support people with their health. For example, diabetes. Staff were aware of people's health needs and were

able to discuss with us how they supported people to maintain good health.

Outstanding

Our findings

Comments from people living in the home about the care they received from staff included, "The staff are all very good…I don't want to go anywhere else, the staff are very good indeed. All you have to do is ask they will help you with anything." "They are super, lovely girls [staff]. They are so helpful and kind." "The staff are all friendly." "The staff are very caring."

We observed positive interactions between people and staff. Staff were patient, kind and gentle with people when supporting them with care. Staff engaged well and there was lots of conversations and laughter between people and staff. Staff were discreet when speaking to people and were alert to any concerns people had. One person told us "I often see them [staff] put an arm around a resident who is a little sad. They know when people are worried or upset."

We observed a very homely, relaxed and comfortable atmosphere in the home. Staff were attentive and supportive. People enjoyed interacting with staff and it was apparent they knew each other well. When staff were physically supporting people with repositioning, we saw they were gentle and kind and informed people of what they were doing and sought consent before providing care. They did not hurry people and allowed people to tell them what they needed in terms of support at that time. Staff responded appropriately.

Through the discussions we held with the registered manager and the staff we were aware of how caring both parties were towards each other and the people living in the home. Staff told us how the registered manager cared about the welfare of both the residents and the staff. We were told how on occasions staff and the registered manager had gone over and above the call of duty. For example, one person living in the home had never visited their parent's grave. The staff spent time researching its whereabouts and found the grave. They planned to support the person to fulfil their wish and visit the grave, however the grave was inaccessible. After a discussion with the person it was agreed the registered manager would visit the grave, they placed a rose on it and took a photograph for the person to keep. The person had this framed in their room. The person told us having the photograph helped them to concentrate when they were praying. It also helped them remember their parents and how well they were treated as a child. A video was also taken of the area so they could see the location. This demonstrated how staff showed concern for the person's emotional wellbeing in a caring and meaningful way.

The home had appointed a staff member to lead on end of life care. They told us about their passion for ensuring people's end of life care was in line with their wishes and was respectful. They told us how they had

spoken to people about their end of life wishes. They said "On the day I came in to speak with people I dressed normally as I wanted them to feel comfortable." (They were not wearing their uniform). Along with completing the advanced care plans the staff member was compiling a booklet to assist relatives with their bereavement and loss. This was to include details of agencies that would be able to assist with funeral arrangements and counselling.

The home had a "Dignity Tree." This was a paper tree hung on the wall. People were encouraged to write on a leaf what dignity meant to them and then attach this to the tree. One person had written "Look after me when I'm dead." The person had an end of life care plan, and an advanced care plan. This included information about their wishes. The registered manager told us how the person was afraid of dying alone. When they reached the final stage of their life, four staff were present with them. There were no relatives or friend to attend to the funeral arrangements. The registered manager arranged the funeral with the person's solicitor.

Following the cremation there was to be the interment of the ashes. However it was brought to the attention of the registered manager that no one would be attending the interment. The registered manager recognised the person's religious preference and along with staff organised a small service to be held at the interment. They attended the service. A psalm from the Bible was read along with a poem the person had written whilst living in the home. The ashes of their pet dog were laid to rest with them as per their wishes. The registered manager told us "I feel that I did what she wanted given what she had written on that little note on that leaf." This demonstrated the caring attitude of the staff and how they supported people in a way that was respectful and dignified both in life and death.

Other activities staff, their relatives and friends had undertaken voluntarily included making a dignity blanket. This was used by a person who used to undo the fastenings on their clothes, they found the fastenings stimulating. Unfortunately this led to them being undressed. The blanket included buttons, ribbons and fastenings. By using the blanket for sensory stimulation this preserved the person's dignity. Other activities included the making of a sensory hand muff that included tactile objects the person could feel as well as keeping their hands warm. This had been successful and more were to be made for other people. The home also raised money for a local charity.

We discussed with staff the needs of the people they cared for. We found them to be well informed and knew about people's personal histories, their preferences, interests and family members. This information was also documented in people's care plans. This enabled staff to provide person centred and appropriate care for people by treating them as individuals. For example one staff member told us there was no one in the home that had pressure sores; however they were aware of those people who were at risk of developing sores they told us "We check their feet daily. Another person is in bed and we do two hourly turns, we are hot at checking for things." Comments from staff included "It is like a family here it is so nice…Here we have enough time to engage with residents it is so refreshing." They told us one person used to live abroad, they speak with them about their time living abroad and this encourages other people to join in the conversation and ask questions about the different cultures. This helped people to engage and learn from each other.

One staff member described to us how they cared for someone, who due to their diagnosis of dementia often experienced anxiety. This sometimes resulted in behaviour that could be challenging. They said "There is always a trigger. Nine times out of 10 we find out what it is and resolve it….It's about person-centred care, we have to do this to make her feel comfortable, it's not just about washing and dressing people." Another staff member told us "Personally I love the interaction with the residents and the staff. We can have a laugh and joke together. We are all equal at the end of the day."

We saw that people's privacy, dignity and independence was respected. People confirmed this was the case. They said "They [staff] always knock on the door they don't barge in and they don't push you to do things you don't want to do, they respect your choice." "When they help me with a shower they always cover me up with a towel." Staff comments included "I don't do anything they [person] can do for themselves unless they ask; I will offer by saying "Would you like me to do that for you? It is not dignified for them for us to take their skills away." "I ask the residents what they would like me to do to help them. If they have an accident I don't tell them they have wet themselves, I ask them quietly if they would like to go to the bathroom."

Staff understood the importance of encouraging people to be as independent as possible. One staff member told us "If we encourage them to be independent it may mean they have a longer life span, for example encouraging them to walk. It may be in their best interest mentally and physically, their body will get used to it, and it will help with their fitness. This means they will be less restricted and give them more freedom and independence."

People told us the staff and registered manager listened to them, they felt their opinion mattered. The registered manager held a coffee morning most Monday mornings and people were invited to chat and discuss any aspect of the care being provided. During our inspection we observed the registered manager having a drink with people and talking about possible future plans for the home. People were able to participate and give their opinions. This demonstrated that people's opinions mattered to the registered manager and they were involved in how the service would be developed.

People told us they were involved in the planning of their care. One person told us "If I want to know about my care my key worker comes and sits with me and tells me what is going on. We have a key worker, if we have a problem we can speak to her. She is the link between me and [registered manager]. I asked the other day about my care plan, [registered manager] said 'You can read it anytime you like.' So I am going to." Another person told us they had read their care plan, and confirmed the care being provided was in line with their wishes.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place by the NHS from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The home carried out a questionnaire, for one person the questionnaire was changed into very simple written language so that they could read and understand it. Most people in the home could understand written and verbal language. The registered manager told us they could provide information for people in Braille and other languages including audio recordings within 48 hours. This was to ensure when appropriate people had access to information they could understand.

Outstanding

☆

Our findings

People's care plans were person-centred and reflected their cultural, social and health needs. One person told us "I would recommend it [the home] for their technical abilities and the care. They [staff] are willing to listen so you feel happier about things." Care plans also reflected people's cultural backgrounds and preferences. One person's care plan recorded the area of the country they had lived in for much of their life. As a result they were used to a certain way of addressing people, for example they called people "My love or darling." It was noted that they responded well to being addressed in this way too.

Care plans also advised staff on how to deal with difficult situations that arose. The guidance was based on the individual needs of the person. For example, one person occasionally got upset with staff. The care plan stated "Sit quietly and allow her to express what she is thinking or worried about. Confirm you are listening and ask "Why do you feel like that? Say 'I understand how you feel…What can I do to help you?' Be calm and speak in a low voice." Staff confirmed this approach often worked to help the person to relax. When they were upset and did not wish to be in a face to face dialogue with staff another resource was used. This was a message which had been recorded onto a voice pad for the person. This was a small cube which had a press pad on the top. When pressed a recorded message was omitted which helped the person to feel reassured and invited them to have a drink. This avoided escalating any conflict yet offered reassurance and support to the person. Staff told us it was effective and helped to preserve the person's dignity.

People told us they knew how to make a complaint, but had not had to do so. One person said "If we have a problem we can speak to our key worker. I find I don't have to make a complaint I just speak to the staff and they put it right straight away or the next day." Another told us "I feel I could complain if I needed to, but I don't." Because of the accessibility of the registered manager and the staff, people felt comfortable raising concerns and issues. Recently the registered manager had arranged a discussion session with people on the subject of empowerment. The aim was to improve people's self-image and protect people's rights. They discussed ways in which people could speak up for themselves and ask for what they would like. The registered manager reinforced the fact people could speak directly to their key worker or them about any issues of concerns they had. The registered manager explained to people how their opinions were valuable in shaping the service that was on offer. We heard people making reference to this session in discussions between themselves during our inspection. People told us they had enjoyed the session. At the time of our inspection there had been no complaints made.

People were protected from social isolation and loneliness because of social contact and company. Throughout the inspection we saw people had gathered in the lounge area. They interacted verbally and

watched television. Some played cards and chatted. People were supported to go to their rooms if they wished to. One person told us "There is something going on every day, She [registered manager] holds a meeting every week. You don't have to go if you don't want to. We have had activities such as chocolate tasting and wine tasting and it was a scream! There is very rarely a day without activities. We have exercises you are always free to attend any of them or not." We observed one person doing a jigsaw. We were told by another person that two of them participated in this activity.

The registered manager told us they had arranged for people living in the home to meet with people who lived in other local care homes. They had joined an organisation which encouraged people to meet each other and to socialise. The registered manager told us "The aim is to raise the profile of older people in care homes so they do not become a forgotten group." The other participants included six other care homes, the British Legion, a local museum and a local leisure centre. People were able to discuss what was available to them in the local area. People from Windsor Lodge Care Home had discussed the opportunity to go swimming, play table tennis and meet up with other people for coffee. The registered manager was exploring how this could be made possible.

People were offered person-centred activities and encouraged to maintain interests and hobbies. One person had expressed a wish to visit a horse or dogs trust. Unfortunately the person was not able to physically achieve this, so the registered manager arranged for therapy dogs to visit the home. We were told "She loved it." Another person told us how their interest before moving into the home was sewing and quilting. They attended a quilting and patchwork group in the local community each week. Sessions were also being held within the home to encourage people to learn how to use an iPad. The aim was to promote the use of technology to possibly improve contact with the outside world, families and friends. Talks were also given which people were invited to attend on subjects such as wellbeing, keeping safe in hot weather and empowerment. Reminiscence therapy also took place in the home to encourage communication and reflect on people's life histories. Other activities included a sensory trail around the garden, and a "Food around the world" week, which included tasting different foods from different countries.

The home had a "Corridor of culture." This displayed art work and poetry which had been created by the people living in the home and children from a local school. An intergenerational project had helped to bring together and benefit both generations. On introduction both parties asked each other questions, for example, children asked people about what toys they used to play with when they were young. People from the home asked the children questions about life as a youth today. The registered manager told us the reaction from the people living in the home was "Phenomenal." As the activities developed a relationship was built between both parties. The aim was to break down generational barriers and any misunderstandings or myths about age. For some people the impact was reminiscence and talking about their past. For others it was forging new relationships and learning from each other. Some of the children played in a music band; people living in the home have been invited to the college to see them perform. Additionally this year at Christmas, rather than being entertained at home, people are going to the school to sing to the children. The registered manager told us the intergenerational project has brought a "Sense of joy and happiness to people".

People living in the home alongside children from a local school had picked apples together off the trees in the garden surrounding the home. The apples were then sent away for the juice to be extracted and bottled. The people living in the home added the labels to the bottles and sold the apple juice to raise money for a local charity. Local children attended the home at Easter for an Easter egg hunt in the garden. Other annual activities included a charity day held in the autumn. The Royal Society for the Protection of Birds held a bird watching day in January and a family quiz was held in December.

During the inspection we saw a number of relatives visiting the home. There was very much an open door policy at the home, which encouraged people to feel comfortable inviting guests to visit.
The home carried out thee monthly observational audits. These were carried out by staff, the registered manager, relatives and visitors. This allowed the observer time to simply observe and record how staff interacted with people, how the care was delivered and any positive or negative aspects they witnessed. The staff and people in the home were not aware these observations were being carried out at the time. Written feedback was given to the registered manager and shared with the staff team to ensure any changes needed were acknowledged and praise was given when appropriate.

Questionnaires were sent out to people, staff and relatives in a three monthly rotation. This enabled all the groups to feedback annually on their perspective of the care provided. At the end of the year the registered manager collated the questionnaires and drew up an action plan. If areas were identified as requiring immediate action this would be taken at the time. The registered manager discussed individual issues and group issues with people to ensure care was improved and their satisfaction was met. One person told us how they had requested an extra cover on their bed and this was supplied immediately. Another person said they were being woken during the night by the light from the night staff checking them. Once this was brought to the attention of the registered manager, it stopped and they reported they now could enjoy a good night's sleep. People felt they were listened to by staff and their care had improved as a result of voicing their opinions.

One relative had written to the home to express their gratitude of the care being provided to their family member. It read: "On behalf of all [named person] family we continue to be impressed with the level of care that [named person] receives, something which has benefitted her enormously over the last 16 years, and we remain convinced that [named person] would not have reached her 97th birthday without this level of care. It is not just the attention to detail, it is the sensitivity exhibited by all the care team and the effort they put into ensuring that [named person] maintains her dignity and comfort at the highest possible level. As [named person] has inevitably become frailer the team just continue to step up the care even more and if [named person] could speak just one sentence I am sure it would be 'Thank you Windsor Lodge'." This demonstrated how the quality of care impacted upon those living in the home but also to their families.

Outstanding

Our findings

Windsor Lodge Care Home is a family run service. During our visit we saw the proprietors were present in the home assisting with care when appropriate and socialising with people. Their daughter had taken up the role of registered manager in 2010. The care home is on the ground level and is surrounded by beautiful well-kept gardens, which were easily visible from the home. The home had a warm and welcoming atmosphere which reminded us of a family home. There was a relaxed feel to the home, not regimented but of a responsive and nurturing nature. The registered manager was passionate about the quality of the care the home provided. This was evident during our conversations with them and the staff. Their focus was very much about people and their needs, and how best the service could meet those needs.

The registered manager was instrumental in the running of the home. People's comments included "[Registered manager] doesn't stop at all; she is very concerned about the welfare of the people here. She tends to keep staff, as some have been here for donkey's years." "It is a homely service, the staff do as you ask, I have no concerns about the staff." "Everybody turns up when they are supposed to. [Registered manager] is very nice, I trust her and I can talk to her."

We spoke with the registered manager about the possible conflict of interest due to their relatives being employed at the home. We were told by the registered manager they had zero tolerance to any concerns of abuse or unsafe practice. If any concerns were to be raised about one of their relatives and their conduct they would employ an external agency to deal with it. This would provide impartiality and if necessary a robust investigation. Staff corroborated to us the registered manager treated all staff equally. One staff member told us "All of us girls have a lot of respect for [registered manager]. If she asks, we do it. If we make a mistake she is understanding and helps us to improve. There is no soft treatment for her relatives, we are all treated the same."

External monitoring of the home took place annually by the local authority. We were told by a staff member from the local authority contracts monitoring team the service was "Very good" The service was found to be meeting the required standards during their latest monitoring visit in April 2017, and had maintained this standard from the previous visit. The home's whistleblowing policy also gave staff the opportunity to access an external agency if they had any concerns related to the running of the home. This provided them with an independent helpline and advice.

Staff commended the registered manager on how they carried out their role. They told us "[Registered manager] asks for feedback on everything. She will ask our opinions a lot. For example, she will ask us what

we would benefit from in terms of support or equipment; she asks the residents what they prefer. She listens to everything we have to say." Another told us "[Registered manager] asks if there is anything we can improve on and she listens to us."

The registered manager explained to us how they supported staff and acted as a role model to improve the standard of care for people. "In every staff meeting we discuss all residents, in supervisions we may discuss the needs of a particular resident and question what else we can do to help them, for example people with challenging behaviour, or a resident who may have a lost weight. As I am the only person who conducts the supervisions and appraisals, I try to impart my knowledge onto all staff. When they attend a study day, they meet with me to discuss how they can use that new knowledge in the home. I believe I am a good role model for my staff, I empty commodes, fill the washing machine and answer call bells. There is no part of the job that I would not do, but I am fortunate I have many years of being a nurse. If there is a question I do not know the answer to, I will always try and find it out for them (staff)."

The staff praised the registered manager's attitude towards the people living in the home. They stated "[Registered manager] sees this as a home, but each person's room is their home. They need to feel they belong…They [people] choose the bedding, carpets, curtains they want." "I could go to [Registered manager] with anything. I think the residents are well looked after. We have a good team. The staff get on well, we work as a team. At the end of the day it is for the residents, it is their home. If staff are working together they [people] feel comfortable and safe." The registered manager commented "I have always said, put the resident's needs first, do not do something that I tell you unless you believe it is in the residents best interest and it is reflective of best practice, to always question other professionals because we know our residents best, so we are to help them speak up for themselves."

The registered manager told us they felt they had a "Great staff team." They felt it was important to look after their staff and they rewarded staff with vouchers when they provided outstanding care to people. They also recognised when they experienced difficulties in their personal life and supported them with contact and gifts if appropriate. The registered manager provided a Pranic Healing session for staff. This is a non touch complimentary therapy used to combat stress and to educate people in how to look after themselves. One staff member told us "As well as the residents receiving personalised care [registered manager] makes sure we are looked after. This is another thing I like about being here; we are not just a number we are treated like an actual person." The registered manager felt it was important to support the welfare of the staff.

The vision of the home was to provide "High quality, personalised care." Staff understood the vision and where their responsibilities lay in trying to achieve this. Staff were very positive about taking on their lead roles and felt this helped the service to promote safe and personalised care. One staff member told us this had helped their personal development and felt they were offering a better service to people because of their additional training.

Communication between staff and the registered manager was supported through the use of handover meetings, a communication book and through the recording of daily notes. Meetings were held to discuss each person living in the home and any forthcoming changes to the environment or the care provided were discussed.

Audits were carried out to ensure the quality of the service met with expectations. These included audits of medicines, infection control, nutrition, dignity, and falls amongst others. This enabled the registered manager and staff to evaluate the quality and safety of the service and to ensure where improvements were needed this took place. The results of audits were discussed during the three monthly team meetings and

residents meetings. The best practice notice board was used to display information in any key area such as diabetes, medicines and end of life care to ensure all staff had access to up to date information and to improve practice.

Every six months a report was sent to each person's GP from the home. This included information such as the person's Malnutrition Universal Screening Tool (MUST) which records people's risk of dehydration and malnutrition. Their Waterlow score which assesses the risk of pressure sores developing. Their history of falls, and blood pressure. This was discussed with each person and their keyworker. This enabled the GP to have an overview of each person's health and to identify if there were any concerns that required medical intervention. It also allowed people to understand and have an opinion on their own health. The information allowed the registered manager to work with people and where necessary medical professionals to improve people's health and wellbeing.

The registered manager had participated in the My Home Life Programme, this was organised and run by the local authority. This enabled registered managers to share information, ideas and improvements to their services. The registered manager told us about one activity they had implemented with people living in the home. They told us "With residents I have used the word cards. This is where approx. 20 cards with words are placed on the table and residents pick one word to describe how they feel (such as happy, anxious, confused, unsure, etcetera) and then you talk it through and support them in their feelings. Residents do not have to partake or answer but sometimes it helps you understand why they may have been quiet recently or confirm they have settled into the home and are happy."

They were also a member of the Registered Manager Network. Members met regularly and the meetings included learning activities to develop and enhance their abilities. The registered manager told us "Registered managers meetings are from domiciliary care, nursing homes and supported living, but you are all sharing good practice. They are also a great opportunity to link with other professionals who represent the Quality in care team (QiCT), (Local authority) Contract Monitoring, Safeguarding Board, CQC, and Skills for Care. Getting to know other colleagues, you have people that you can telephone or email for advice.

Other areas where practice had been improved was the through the participation of the Care Home Integration Project. This included audits and reviews of the home's practice and the introduction of best practice was implemented where needed. As a result the home had introduced new initiatives such as a fire emergency box, which contained relevant resources and information in the event of a fire. A box containing sugary substances for use with people who may experience diabetic hypoglycaemia. This ensured the service was operating within the best practice guidelines.

The registered manager summed up the benefits of their involvement with external groups as "Creating an environment where the vision is to provide a caring and homely environment for older people but also a great working environment for people who enjoy caring for older people." This was evident during our inspection.

The provider has a legal duty to inform us about changes or events that occur at the home. They do this by sending us notifications. We had received notifications from the provider regarding changes and events at the home.