

Mr & Mrs H Alcock and Miss J Hubbard







Windmill Lodge

Inspection report

2 Windmill Hill
London Road
Buntingford
Hertfordshire
SG9 9JP
Tel: 01763274303

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

The inspection took place on 01 October 2015 and was unannounced. At our last inspection on 05 September 2014, the service was found to be meeting the required standards in the areas we looked at. Windmill Lodge provides accommodation and care for six people with learning disabilities.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the

Summary of findings

inspection we found that where people lacked capacity to make their own decisions, consent had been obtained in line with the MCA 2005. The manager had submitted DoLS applications to the local authority for people who needed these safeguards.

Staff received regular training and knew how to meet people's individual needs. Any important changes in people's needs were passed on to all staff when they started their shifts, so that they all knew the up to date information. There were regular meetings held for staff to share information about people's well-being and changing needs.

The staff were knowledgeable about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff also understood the importance of giving people as much choice and freedom as possible. The manager had made appropriate applications for DoLS in order to keep people safe. Staff gained consent from people whenever they could and where people lacked capacity we saw that arrangements were in place for staff to act in their best interests.

People enjoyed appropriate food and drink and staff had access to accurate and up to date information to help them meet people's needs.

Staff were kind and people appreciated the positive relationships they had with staff. This was also true for relatives. People who used the service were complimentary about the staff providing the service. Choices were given to people at all times. People's privacy and dignity were respected and all confidential information about them was held securely.

Care plans were personalised and included information about people's history and interests. People's individual needs were assessed and were specific to people. Staff were knowledgeable about how to manage people's individual needs and assisted people to take part in appropriate daily activities.

The service was well led by a manager who promoted a fair and open culture. They encouraged staff to take responsibility and supported their professional development. The manager also had a support structure in place. There were regular supervisions to support staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good



The service was safe.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Is the service effective?

Good



The service was effective.

People's wishes and consent were obtained before care and support was provided.

Capacity assessments and best interest decisions had been completed in line with the requirements of the MCA 2005.

Staff were well trained and supported to help them meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good



The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People and relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

Is the service responsive?

Good



The service was responsive.

People were involved with planning their care. Individual concerns were addressed and changes were made to suit people's preferences.

People were supported to pursue interests and hobbies that mattered to them.

The service had a complaints policy. People were aware of the policy and were confident to use it.

Summary of findings

Is the service well-led?

Good



The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People, staff were all very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the management team.

Windmill Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 01 October 2015 by one Inspector and was unannounced. We reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with four people who lived at the home, two relatives, three staff members and the manager. We also reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to three people and two staff files. We used short observational framework for inspections (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People we spoke with told us they felt safe. The manager confirmed that they continually discussed people's safety with people who lived at the home. One person said, "Staff are nice to me, they look after me, I feel safe here."

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was prominently displayed at the home. This was also displayed in an 'easy read' format that used appropriate words and pictures. People who lived at the home told us that they regularly discussed what made them feel safe. The manager told us that the deputy manager was completing the safeguarding champion training. This was to help ensure that staff received support and up to date information about safeguarding. Staff were able to verbally demonstrate their understanding and were clear about reporting any concerns. They were aware of outside organisations they could report to, such as the local authority and CQC.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. One staff member said, "The recruitment process was thorough." People were involved with the recruitment of new staff. The manager told us that they asked people who lived at the home about the qualities they wanted in a new member of staff. One person told us, "I enjoy interviewing people and asking them questions." They also commented about one interview that lasted a long time because the person being interviewed liked football.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively in a calm and patient way. One person told us, "Staff are helpful; they help you if you need help." Staff we spoke with all confirmed that they felt there were enough staff to meet people's needs. The manager told us that there was a system in place to monitor people's needs and that they were confident in the staffing levels provided. We observed through the day that staff were able to meet people's needs in a calm and caring manner.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. We found care plans that had

incorporated good risk assessments with clear guidance for staff. This included: nutrition, medicines, going out and activities. Staff were able to provide care and support safely but also in a way that promoted people's independence and lifestyle choices wherever possible.

For example, one person who wanted to attend a night club on their own had the risks assessed. The manager put in place measures to reduce risks but also to promote the person's independence. This was achieved by staff accompanying the person to help with learning the bus routes and a member of staff explained about the role of the door man and the effects and risks of alcohol were discussed. The person was equipped with a mobile phone that had pre-installed numbers for the manager, the home and police, to ensure their safety. The person told us, "I travel to the night club on my own and I really enjoy myself."

Information from accident, injury and incident reports was used to monitor and review risks. For example, one person who had experienced a number of recent falls. The information gathered was used to reassess their mobility needs and develop measures to reduce the risks of injury, particularly when the person concerned wanted to mobilise independently. The manager told us, that recommendations from the reviews had been made and the person was waiting for funding to install hand rails in bathrooms, to have a raised toilet seat and to acquire a wheel chair for outings.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. People and staff we spoke with all knew where the meeting point was in the event of a fire. Staff confirmed that fire drills had regularly taken place. The manager had developed individual folders for people who lived at the home that contained all the relevant information about the person including their medical history, these were used in the event of an emergency. For example, when a person had to be taken to hospital.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were supported to take their medicines by staff that were properly trained and had their competencies checked and assessed. Staff had access to detailed guidance about how

Is the service safe?

to support people with their medicines in a safe and person centred way. A staff member told us, “The manager double checks the medicines to ensure we follow the correct procedures.” All people were supported to self-medicate and this was done privately to maintain people’s dignity.

Is the service effective?

Our findings

People who lived at the home and their relatives were very positive about the skills, experience and abilities of the staff. One relative said, “It’s a lovely place, they [Staff] look after people like they are one big family. “Another relative said, “[Name] has become calmer and is happy there.”

Throughout our inspection we saw that staff sought people’s consent before providing care and support. One staff member told us, “We give person centred care, it’s important to treat people as individuals and always offer choice. I always seek people’s consent to make sure that it’s what they want.” People told us that they were always asked what they wanted. The manager told us, “We promote choice and autonomy. People have the right to a full life; we may need to adapt the way we do things to achieve this.”

Staff received training about the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. People were supported to make their own decisions and choices. This was recorded in people’s care plans and these were signed by people. However, when needed, people’s capacity to make decisions was assessed and best interest decisions were made. For example, we found capacity assessments and best interests had been completed for one person who required a blood test. We saw that the appropriate DoLS applications, in relation to restrictions to people living at the home, had been completed. People confirmed they were involved with their care. Staff understood their role in relation to MCA and DoLS and knew when they would need to refer a person for assessment. The manager and staff worked with independent mental capacity advocates when it was required

New staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as equality and diversity, autistic spectrum, Mental Capacity Act 2005 and deprivation of liberties. One staff member said, “The induction was thorough and that they had been supported with

shadowing while gaining confidence”. The manager told us that all new trainees complete the care certificate training. There are fifteen standards within the Care Certificate which cover a wide range of subjects and topics.

Staff were supported to obtain nationally recognised vocational qualifications and take part in additional training to aid both their personal and professional development. For example, one staff member had been supported to attend an outside training course to help them develop skills in an area that will eventually lead to them leaving the home. The manager said, “It’s important for staff to develop themselves” and they commented that although they understood that by developing staff they might move on, for them it was about the quality of the staff that provided the care that was important.

Staff felt well supported by the management team and were actively encouraged to have their say about any concerns they had and how the service operated. We found that staff had regular meetings to discuss any concerns or issues they had. Meetings covered topic such as: health and safety, training, and other relevant topics. Staff had regular supervisions with the manager where their performance and development was reviewed. Staff confirmed that they had received supervisions. The manager also encouraged reflective learning. They told us, “Where things go wrong we sit down as a group to discuss and reflect on how we could approach the situation differently. This is a great way for the team to learn from and be involved with improving the care”.

People who lived at the home were involved with choice around food. There were regular weekly meetings to discuss people’s preferences. We saw minutes from a recent meeting that showed people had discussed ideas for the winter menu. Suggestions included: casseroles, fish and chips, spaghetti bolognese and roast dinners. We spoke with people who confirmed that they were asked for their preferences about the food they would like to eat.

We observed lunch being served in the dining room, staff provided appropriate levels of support to help people eat and drink in a calm patient and unhurried way. Staff also sat with people and enjoyed their meals together. We observed people were offered different options for lunch. There was food and drink available throughout the day and

Is the service effective?

fresh fruit. We saw one person who was helping to prepare the evening meal with a member of staff. One person told us, "I peel potatoes and last week I baked a cake, I make biscuits."

People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed. We saw that guidance provided

to staff contained detailed information about how to meet people's care and support needs in a safe and effective way. People's appointments were closely monitored to ensure people attended their appointments. We saw records that showed people had attended appointments with: GPs, dentist, optician, and nurses.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "I am happy here because staff are nice." A relative said, "Staff are very kind, it's a lovely place."

We saw that staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member told us, "I knock on people's doors and wait to be invited in. When giving personal care I always seek their consent and make sure it's ok for me to help. I always respect people's choice." People told us the staff were nice and helpful. We observed kind and patient interaction throughout the day. One relative said, "The staff are always willing to help and they also help us. We don't have a car and the manager arranges for staff to take us to the home, we have dinner with people at the home and the staff know [Relative] very well."

People were supported to maintain positive relationships with friends and family members who were welcome to

visit them at any time. One person said, "I go to my [relatives] once a month." People were supported to maintain personal and physical relationships outside of the home. There was support by other professionals around relationships to ensure people had sufficient knowledge and understanding in all areas of their relationships.

People and their relatives confirmed they had been fully involved in the planning and reviews of the care and support provided, there was detailed guidance made available to staff about how people wanted to be cared for. One relative said, "We were involved with the care and we get invited to the reviews." Staff also confirmed that people were involved with their care. One person said, "I love talking with staff, they always listen to me."

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure. We found that end of life had been discussed with people and documented in their care plans, for example. One person's plan had included what type of service they would like and types of flowers that they preferred. There was access to an independent mental capacity advocate service when required.

Is the service responsive?

Our findings

People's care plans included up to date and accurate records to ensure staff were able to meet their needs. We saw that each person's needs had been assessed prior to moving in to the home and had been reviewed regularly to make sure that they were up to date and continued to reflect the support that people required. Our observations throughout the day confirmed that care was delivered in a way to support people's individual needs.

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way. Staff we talked with were knowledgeable about the people they provided care for and were able to demonstrate their knowledge to us verbally. For example, they described to us what medicines would need to be taken out with individuals when leaving the home. They also confirmed a technique used for one individual that helped with reducing anxiety when ending an activity. This demonstrated that staff were knowledgeable about the people they cared for.

People and their relatives told us they had been involved in developing their care plans. Care plans included information about people's lives outside of the home alongside their likes and dislikes so that staff had a good understanding of the person and not just their care needs. One staff member said, "I have looked at the care plans, this has given me more information about the person and has helped with me getting to know people." People we spoke with confirmed that they had been asked about their preferences. All people who lived at the home had a key worker responsible for updating their care plans.

People were supported to be as independent as possible. For example, people managed their own bank accounts and were supported by staff to work through statements every month to ensure they were correct. People chose the colour of their rooms when decorating; they picked out their own curtains and bed linen. Each individual had keys to their bedroom for privacy and security.

The home had an effective communication system for sharing information between the manager and the two deputy managers. Having two deputy managers ensured that there was always a manager available. There were hand overs to staff at the commencement of their shift and staff knew their duties for the day and their responsibilities. For example, during the afternoon some people had arranged to go to a nature reserve and the member of staff allocated to taking them was aware that this was part of his duties for that day.

People had access to a range of activities that they enjoyed. There was an activity schedule that detailed a range of activities for mornings and afternoons. These included: swimming, bowling, a social club and cookery. People were involved in daily living routines for example, laundry and general house hold chores. One person said, "We all go out for lunch on Mondays, I see a friend who I go to a club with." People were supported to follow their interests and through regular weekly meeting were asked what they would like to do. People's cultural needs were also considered. For example, where one person had talked about attending church there were risk assessments and guidance for staff on how to achieve this. The individual had not attended as they always decline to go. The manager said, "We have put the plan in place for when the person decides they may want to go."

People and their relatives told us they felt listened to. We saw that information and guidance about how to make a complaint was displayed in an 'easy read' format appropriate to people who lived at the home. The manager told us, "All people were given a copy of the complaints procedure to keep in their room, we also discuss this regularly with people in our weekly house meetings." One person said, "I know how to complain." A relative said, "We know how to complain and if I have any problems we can just ring." We saw the complaints log; all complaints had been responded to in line with the provider's complaints policy.

Is the service well-led?

Our findings

People were positive about the manager and the leadership in the home. One person said, “I get on very well with the manager, they are very helpful when you need something.” The manager was supported by two deputy managers who were involved with the day to day running of the home and would address any problems or improvements that were required. For example, in the shower room water had started to penetrate between the flooring cover and the floor. The problem had been identified and a plan for the repair was in place. On the day of our inspection there was a contractor assessing the work required. The action plan in place showed the scheduled work would be completed by the 13 November 2015.

There was an open culture approach in the home. The manager told us that they had an open door policy and made themselves available to people, their relatives and staff. Staff told us the manager supported their development. One staff member said, “The manager is approachable, They are someone I deeply respect and trust.” All staff we spoke with felt the manager was approachable and supportive. There were regular supervisions and meetings that gave the manager and staff opportunities to discuss any issues or concerns. Daily hand overs given to staff starting their duties included their responsibilities for that shift.

People who lived at the home had regular house meetings with the manager and staff to discuss issues that were important to them. The manager promoted safeguarding and people we spoke with confirmed that they were listened to and had a voice they discussed topics such as menus and activities they would like. People were supported to be independent through daily living tasks, for example. We saw one person Hoover the carpet in the lounge. People told us about cleaning their rooms.

There had been regular audits completed across a range of areas. These included medicines, care plans, personnel files and health and safety. The manager used surveys sent to professionals and people who used the service and their families to improve the service. There were independent health and safety surveys completed and an impartial feedback service responded to a survey. The results had very positive feedback for the home.

The home was registered with an external support association. This provided access to training and helped maintain best practice. The manager told us that they held training monthly. The manager had arrangements in place to support champions in safeguarding and nutrition. These champions were a resource for best practice and would provide updates to changes when needed. This meant the provider kept up to date with changes to best practice for people who used the service. The manager told us that they attend network meetings to meet and share information with other managers and providers. They also subscribe to external social care publications. This is done to keep abreast of important changes and ideas.

Accident and incidents were regularly audited and reviewed by the manager. For example, one person who was beginning to have falls due to weakness in their legs had been reviewed and assessed by occupational therapists to support the person’s needs. The manager informed us of the results of the assessments and the recommendations made.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.