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Windsor Care Home

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Windsor Care Home provides residential and nursing care for up to 60 people. At the time of inspection, 32 people were using the service.

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

The provider had implemented a range of daily and weekly checks to help ensure people remained safe and had dignified care which met their needs. This included a daily check of mattress settings where people were at risk of skin damage.

The provider had started to review people's care plans to ensure staff had the correct guidance about how people should be cared for. Initial care plans required further development to include people's preferences and details of individual strategies required to provide personalised care.

Most people's bedroom doors were open and there were positive interactions between people and staff. People had access to a nurse call which enabled them to access help when needed.

The environment had been made safe. Window restrictors had been fitted to all first floor windows and keypad locking systems prevented access to restricted areas within the home. Personal evacuation plans (PEEPs) had been reviewed and updated.

We were assured by the infection prevention and control measures introduced since we last visited. The provider had designated some staff as IPC champions, to share good practice throughout the service.

Medicines were now managed safely.

The provider planned to develop a structured activity programme which was appropriate for people's needs.

The provider had strengthened the management team in order to improve oversight at the home. This included an operations manager, a deputy manager/clinical lead and a unit manager.

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

Rating at last inspection

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

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We undertook this targeted inspection to check the provider had acted following our inspection on 27 and 28 October 2020 and 2 and 18 November 2020 to make the agreed improvements to people's safety and welfare. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

CQC have introduced targeted inspections to follow up on specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service caring?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Windsor Care Home

Detailed findings

Background to this inspection

The inspection

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

This was a targeted inspection to check the provider had acted following our last inspection to make the agreed improvements to people's safety and welfare.

Inspection team

Two inspectors carried out this inspection.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. The provider had recently employed a manager, who was intending to apply to become the registered manager. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection to ensure we could visit the service safely.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service. We reviewed a range of records to enable us to check on the provider's progress with completing the action plan developed following the last inspection. This included a sample of care plans and multiple medicines records, as well as a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, updated policies and procedures and quality assurance related records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had made the expected progress with the action plan implemented following our last inspection. We will assess all of the key questions at the next comprehensive inspection of the service.

Preventing and controlling infection

- The provider had made improvements since our last visit to the service. We were now assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People were now being protected from the risk of abuse. People had access to call bells to summon staff if they needed assistance. People told us staff responded to their requests for assistance.
- The manager investigated safeguarding incidents and took appropriate action. Safeguarding referrals were made to the local authority safeguarding team where required.
- The provider's safeguarding policy had been reviewed and updated.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were now managed appropriately. The environment had been made safe. Additional security measures, including key pad locks, had been installed to prevent people accessing

potentially unsafe restricted areas. The provider had installed window restrictors to all first-floor windows.

- Some people had been assessed as requiring specialist mattresses to protect their skin. These mattresses were now set correctly, for all but one person. The manager took immediate action to address this.
- The manager had introduced a daily check of mattress settings to make sure these remained at the correct level. The manager also intended to purchase self-adjusting mattresses to remove future risks of incorrect mattress settings.
- The fire risk assessment had been reviewed and updated. A fire consultant had assessed the environment and provided guidance. The manager was awaiting their report.
- A full review had taken place of each person's personal evacuation plan (PEEPS) to ensure it was up-to-date.

Staffing and recruitment

- Staffing levels had been reviewed and were now suitable to meet people's needs. People had moved so that they all resided within one building.
- During our visit to the service, staff responded in a timely way when people called for assistance.
- The provider was developing a dependency tool to help with deciding the number of staff needed to meet people's needs.

Using medicines safely

- Medicines were managed safely. Protocols for 'when required' medicines had been developed which guided staff about when and how to give people these medicines. Staff now recorded when they gave people when required medicines.
- Improvements had been made with staff now consistently recording when they applied creams to people's skin.
- The provider was now following NICE guidelines when completing hand-written medicines administration records (MARs).
- The provider's medication policy had been reviewed and updated.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had made the expected progress with the action plan implemented following our last inspection. We will assess all of the key questions at the next comprehensive inspection of the service.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs had been reassessed to ensure they had the appropriate support with eating and drinking. Following this assessment referrals had been made to a dietitian for a significant number of people. The dietitian's advice had been incorporated into people's care plans to guide staff about what people needed.
- Systems had been improved to ensure people's weights were regularly monitored and swift action taken when people had lost significant amounts of weight.
- Further improvements were needed so that food and fluid charts accurately recorded the action taken when people hadn't reached their personalised daily fluid target.

Staff support: induction, training, skills and experience

- The provider had reviewed the training each staff member needed to bring their skills and knowledge up-to-date. As a result of this analysis, a training plan was being developed.

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

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, 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether these principles were being met.

- The provider was now following the requirements of the MCA. Decisions about whether people's bedroom

doors remained open or closed had been reviewed. The outcome of the review was recorded and this included information to show people's consent to the decision. Where people lacked capacity, the decision was subject to an MCA assessment and best interest decision.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had made the expected progress with the action plan implemented following our last inspection. We will assess all of the key questions at the next comprehensive inspection of the service.

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

- People's dignity was maintained. People were dressed appropriately and their personal presentation was clean and tidy.
- Where people were cared for in their bedroom, people had chosen whether they wanted their bedroom doors to be open or closed. Where people had chosen to have their bedroom doors closed, care plans confirmed this was their choice. One person told us, "I normally choose to have my bedroom door closed, but I've just asked one of the girls to leave it open for a change."
- Staff treated people with respect and dignity. We observed lots of kind, positive and caring interactions. Staff knocked on people's bedroom doors before entering, or asked people where they wanted to go. One person asked to go along to the lounge area. A staff member replied, "Of course, howay, come along with me and get a drink of juice and you and me will put the world to right."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had made the expected progress with the action plan implemented following our last inspection. We will assess all of the key questions at the next comprehensive inspection of the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider was making improvements to ensure care was planned to meet people's personalised care needs. They had started a full review of each person's care plan. This review would ensure people's care plans were up-to-date and reflected their current needs. The provider confirmed this process would be completed by the end of December 2020.
- We viewed a sample of updated care plans. These required further development to ensure they captured people's preferences and individual strategies to support their health and wellbeing needs.
- The provider was developing an activity programme to ensure people could access meaningful activities. This included allocating additional resources, such as recruiting additional staff to support people with activities in the home.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had made the expected progress with the action plan implemented following our last inspection. We will assess all of the key questions at the next comprehensive inspection of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider was engaging with people and staff to ensure their views were integral to improvements made at the service. The manager met with staff to ensure their views were gathered to inform decisions about the required improvements for the home.
- The manager was involving people and relatives in reviewing how care was provided. They had also been involved in reviewing important decisions, such as whether to have their door open or closed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had acted to ensure there was robust oversight of the service to promote sustained improvements. A new management team was in place to support the existing staff team. This included employing an operational manager to oversee on-going improvements.
- A new deputy manager/clinical lead and a manager for the residential unit had also been employed to support the manager with running the home safely.
- The manager had introduced various daily, weekly and monthly checks to keep people safe. Any issues identified were escalated and actions put in place to correct.
- The provider was making progress with the action plan developed following the last inspection.

Working in partnership with others

- The provider was working closely with local commissioners to ensure the required improvements were made and people received good outcomes.
- The provider had acquired the services of an external consultancy to drive forward the required improvements and ensure people received good quality care. The consultancy was working closely with the manager to ensure the necessary improvements were delivered.