Windmill Healthcare Limited

Windmill Lodge Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:
• Windmill Lodge Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
• Windmill Lodge Care Centre accommodates up to 93 people in one adapted building across four separate wings, each of which has separate adapted facilities.

People's experience of using this service:
• Staffing levels were not always safe to ensure that people's needs were met in a timely manner.
• Risks were not always sufficiently assessed and recorded so that staff were clear on how to support people safely.
• Improvements were needed to ensure that medicines were managed in line with best practice guidance.
• People were not always suitably supported with eating, however they told us they liked the food on offer to them.
• The provider had identified gaps in staff training, supervision and appraisal.
• Quality assurance systems were not always conducted effectively in order to identify and drive improvements.
• We received mixed views from people and relatives as to the care received, some people felt staff always displayed compassion whereas others found some staff to be abrupt.
• The provider had identified that the environment and activities needed improvement so that it was better suited to the needs of the people living at the home.

Rating at last inspection:
• At our last inspection we rated the service 'requires improvement' with breaches in relation to the need for consent, and good governance. (Report published 24 April 2018)

Why we inspected:
• All services rated "requires improvement" are re-inspected within one year of our prior inspection.
• This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement:
• At this inspection we identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance and staffing. Details of action we have asked the provider to take can be found at the end of this report.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring Details are in our Caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Windmill Lodge Care Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
• This inspection was conducted by two inspectors, a specialist advisor and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in dementia care.

Service and service type:
• Windmill Lodge Care Centre is a residential and nursing care home that provides personal and nursing care to up to 93 people. At the time of the inspection 85 people were residing at the home.
• The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
• This inspection was unannounced.

What we did:
• We used information the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.
• On the day of inspection we spoke with eleven people living at the home, and seven relatives. We spoke with four health care assistants, three nurses, the registered manager, the area manager and the business development manager.
• We reviewed six people's care files, three people's medicines records and a range of other documents in

relation to the care people received. We reviewed seven staff files and other relevant documents relating to the service.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment
• Staffing levels were not appropriate to ensure people's needs were always met. People and relatives told us that staff were not as quick to respond to call bells as they could be.
• During the inspection we identified times when the call bell sounded and it took approximately five minutes for staff members to respond. Staff appeared hurried and at times there were insufficient numbers of staff available to meet people's needs in a timely manner.
• We observed lunch at the home and found that people had to wait for their meals, meaning a further delay for those that required support to eat. The hair dresser and activities co-ordinator supporting people at lunch time, as there were insufficient numbers of staff members available to support. People were observed awaiting support with their meals and at one point a member of the inspection team, had to intervene to support someone.
• We also observed one person in the lounge area adjacent to the dining room, waiting a significant amount of time to receive support and encouragement to eat their meal. This meant their meal had quite possibly become cold.

The above issues demonstrate a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• People received care and support from staff that had been appropriately recruited. Staff records contained a completed application form, proof of identification, two satisfactory references and a criminal records check.
• Staff files also contained proof of professional registration where appropriate.

Assessing risk, safety monitoring and management
• At our last inspection people did not have risk assessments in place to assess the suitability of bedrails, and risk assessments were not always completed in a timely manner.
• At this inspection, we still found that people's risk assessments were not always personalised to reflect potential risks and the appropriate action staff should take to mitigate these risks. One person's risk assessment held conflicting information as to how many staff were required to support them to mobilise, meaning there was a risk that they wouldn't be supported to move safely.
• Although the registered manager carried out risk management plans for people to keep them safe, we identified on some falls risk management plans, that the guidance for staff was not robust nor comprehensive. For example, two people who are immobile had risk management plans that had identical guidance for staff that was unclear. It stated staff should 'support them to get out of bed with the use of a frame and other mobilising equipment'.

• Incident records communicated to us that one person had suffered an injury. Staff we spoke with were not aware of this, and records did not reflect that their risk assessment had been updated following the incident, meaning there was a risk that staff did have not have suitable guidance to safely support the person.
• We did see that some risk assessments had been appropriately completed, however this was inconsistent. Risk management plans identified the risk and gave staff guidance on how to manage the risk. Risk management plans covered for example, moving and positioning, eating and drinking, bedrails and medication.
• We recommend that the provider take action to review all risk assessments to ensure they are an accurate reflection of people's support needs.
• The registered manager had systems and processes in place to maintain the safety of the environment. Records confirmed maintenance issues identified were addressed in a timely manner. During the inspection we observed maintenance personnel carrying out their role.
• Records also confirmed Personal Emergency Evacuation Plans (PEEPs) were in place. A PEEP is a personalised escape plan, that gives staff guidance on how to support someone to safely evacuate the building in the event of an emergency. PEEPs reviewed during the inspection were regularly reviewed and gave staff clear guidance on how to safely evacuate people, for example, how many staff were required to support the person and as to whether they required specific mobility aids.

Learning lessons when things go wrong
• Although the registered manager ensured incidents and accidents were well investigated, action was not always taken to ensure staff or records were fully updated.
• Where one person had sustained an injury staff we spoke with were not aware, and the person's care plan and risk assessment had not been updated to minimise the risk of repeat incidents.

Using medicines safely
• People's medicines administration was not recorded as accurately and safely as they should be.
• Each person had a medicines administration record (MAR) with evidence of proper administration and signatures. Medicines were stored correctly and people had convert medicines protocols as needed.
• However, during the inspection we observed one nurse signed the Controlled Drugs (CD) book in front of us, which should have been recorded and witnessed at the time of administration. They were also unable to locate the CD destruction kit. This meant that medicines were not always managed safely and in line with good practice.
• We recommend that the provider review the recording, using, storing and disposal of Controlled Drugs in line with government guidance.

Preventing and controlling infection
• The environment was not as hygienic as it could be. Some people appeared dishevelled and there was a smell of urine detected at times throughout the day.
• People did consider their rooms were clean telling us, "My room is as clean as a whistle" and "My room is comfortable, nice and clean."

Systems and processes to safeguard people from the risk of abuse
• People were safeguarded from the risk of abuse. We highlighted an issue one person raised on the day of inspection, and the registered manager was prompt to take appropriate action to investigate the matter, reassure the person and ensure they were safe.
• We reviewed the provider's safeguarding records and saw that they identified any incidents and led to an internal investigation to identify how to resolve matters.
• Staff told us how they would raise any safeguarding concerns, including how to escalate them

Requires Improvement

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience
• The provider had already highlighted multiple gaps in the completion of staff training, supervision and appraisal. We will review the provider's progress in ensuring this is up to date at our next inspection.
• People felt staff were trained, telling us, "The staff seem trained enough", "I need to be put on a hoist. I feel very safe and secure with the staff when I'm put on a hoist" and "They do quite well in helping you."
• Staff provided mixed views as to how often they received their supervisions, with one person telling us there was supervision for some staff but not everyone. Another staff member told us they had not received an induction, saying "I had to work it out for myself."

Supporting people to eat and drink enough to maintain a balanced diet
• Although people appeared to enjoy the food available; and were observed being offered choices, during the lunch time in the ground floor dining room, we observed there were insufficient numbers of staff to support people to eat their meals in a timely manner.
• The service operated a protected meal time policy, which meant that all non-essential work would cease, enabling people to be effectively supported with their meals. However, this was not apparent during the lunch time during our inspection.
• Although there appeared to be insufficient numbers of staff available during the lunchtime, we did identify the two staff members were patient and kind when supporting people.
• People's care records identified any dietary requirements. We spoke with the chef who was aware of people's needs including any fortified diets or any medical conditions, such as diabetes that affected how people's meals should be prepared.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.
• At our last inspection people that were subject to bedrails had not had the appropriate DoLS applications if required. At this inspection the provider had introduced a tracker to reflect those that required a DoLS application, however this was not kept up to date. We raised this issue with the registered manager who told us they would ensure this tracker was updated.
• Records showed that where necessary people had been assessed in relation to their capacity to consent to the use of bedrails, with appropriate DoLS applications made where necessary.
• Staff were able to tell us about how they supported people to make day to day decisions about their care.

Adapting service, design, decoration to meet people's needs
• At our last inspection we observed the environment was not dementia friendly. At this inspection improvements were still needed to ensure that the environment was appropriate for people.
• Sitting rooms were designed with chairs placed around the walls, which did not reflect thought about how individuals might socialise with each other. Some of the bedrooms we viewed were sparse and held little in the way of personal effects.
• The provider had an action plan in place since the last inspection to highlight ways in which to improve the environment, however this was still ongoing. Following the inspection the regional manager sent us a full plan detailing the improvements they planned to make. We were satisfied that the provider had suitable plans in place to improve the environment. However, required improvements had not been made since our last inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Specific plans in relation to skin integrity were kept in a paper file, whilst the electronic system did not always reflect progress of deterioration of a person's condition. This could have led to conflicting information being relayed to staff, meaning they may not support people correctly.
• Dementia care within care planning was sparse. There were numerous contradictions in place with respect to the management of dementia.
• Records did show that people's needs in relation to areas such as nutrition and skin integrity had been assessed and reviewed in line with national guidance.

Staff working with other agencies to provide consistent, effective, timely care
Supporting people to live healthier lives, access healthcare services and support
• Improvements were needed to ensure that any discussions or guidance from other healthcare professionals was recorded, such as that from the tissue viability nurse. Whilst people had separate paper files for areas such as tissue viability, guidance from appropriate agencies was not always clear.
• The provider and people told us that they had access to other healthcare professionals, with this being reflected in people's care files.
• A regular GP visited the home to assess the needs of people with any presenting ailments.

Requires Improvement

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

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Supporting people to express their views and be involved in making decisions about their care
• People's care records still did not always reflect that they, or their relatives were always consulted to express how they liked to receive their care. Whilst some records reflected people's views, others were not personalised.
• Although there had been some improvements in the management and personalised detail contained in people's care plans, there was still room for improvement. For example, two support plans we reviewed were generic and did not contained personalised information on how to support people in line with their wishes.
• We also identified care plans were not easily navigated, with either information duplicated or unclear as to what level of support people required. Care plans were electronically maintained and nursing staff were responsible for updating the care plans. The care plans we reviewed were regularly updated.
• People and relatives were regularly invited to meetings to express their views about developments and improvements across the home. Records showed that areas such as the labelling of people's clothing was discussed to reduce the likelihood of people's items being misplaced.

Ensuring people are well treated and supported; equality and diversity
• Most of the comments we received about people's care were positive, comments included, "The staff are very kind and helpful", "I quite like it here. I have my own room and the care workers are excellent – they are encouraging and efficient" and "Felt the home and caring - absolutely fantastic. The whole team is excellent, they are very polite and respectful."
• However some people expressed concerns such as, "Today as the head nurse is on duty, it is very good but, other times carers are inclined to do their own thing – especially when there's nobody in command and that's my main criticism", "The nurses/carers fly around and they often appear to be short staffed" and "Sometimes she [relative] rings her bell and staff come and say 'What do you want' which is rather rude and abrupt really"
• People were appreciative of the support they received to follow any religious or cultural beliefs. One person told us, "An African minister comes to take a service." Another person had cultural meals of their choosing twice a week. People's care records showed that people were asked of their religious preferences upon entry to the home.

Respecting and promoting people's privacy, dignity and independence
• People felt their dignity was respected, telling us, "They [staff members] would always ask me if doing something" and "They do knock before coming into my room."
• Staff gave us examples as to how they supported people to be independent, such as one person who liked

to assist with the cleaning of the dining area after the evening meal and turn off communal lights before bed time. The person was supported to undertake independent tasks that were important to them.

Requires Improvement

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Care plans identified regular stimulation and engagement in activities, however, during the inspection we observed many people were bed bound and left without stimulation or engagement with the rest of the home.
• The home did offer people daily activities, however people and relatives told us this could be better. Comments included, "More variety could be on offer in the daytime", "They don't have any outings. I would love it if they did." On the day of inspection we observed people participating in a current affairs discussion and a cooking activity.
• There was an activities rooms within the home, however this required improvement so that it was more desirable to people. The cluttered with papers, dolls, old books, doll's house on the floor and a fish tank in the corner. It was lacking in attractive display, signposting or organisation.
Relatives and people also reported to us that the garden area was not used as often as it could be.
• We did see that important occasions throughout the year had been celebrated with ample involvement with people which they seemed to enjoy. The provider also informed us they were introducing music and drama therapy to support those being nursed in bed.

Improving care quality in response to complaints or concerns
•At our last inspection informal concerns raised by people were not always recorded to show action taken to make improvements for people. Any informal concerns were now recorded and appropriately responded to.
•The registered manager ensured that complaints were appropriately responded to. Efforts were taken to ensure that issues were resolved to the complainant's satisfaction.
• Records showed that complaints had been responded to in line with the provider's policy.

End of life care and support
• The service followed the Gold Standard Framework for end of life care and had put in place end of life assessment, care plans and advance care plans.
•Those that received end of life care at the home were supported in line with the Gold Standard Framework to ensure their wishes were met.
• People's electronic files recognised end of life care as a need. Care plans were developed in paper form and kept in a separate file. The care plans showed evidence of discussion with family members/carers.

Requires Improvement

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
Continuous learning and improving care
• We identified that quality assurance systems had still not sufficiently improved to ensure that areas for improvement were promptly identified and any issues resolved.
• The regular home audits that we reviewed did not always accurately reflect the needs of the service, with areas being marked as 'not applicable' when this was in fact inaccurate.
• The registered manager had not ensured that staff always received induction, supervision, appraisal and training. DoLS records still required improvement to ensure they were up to date, and people's care plans were still not as personalised as they could be.
• The provider had not made sufficient progress on action plan they submitted to us following their last inspection, to ensure that the required improvements were made to improve the service to 'Good'.

The concerns identified in the above paragraphs are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• At our last inspection records and monitoring in relation to bed rails and pressure equipment checks were not kept up to date. Records showed that these checks were now made regularly.
• We received mixed views from people and relatives as to the availability of management, "We don't see the managers they just work in the office", "There seem to be too many managers and they're vague" and "I didn't know she was the manager, she doesn't talk to me. However the home seems well-managed as far as I can see."
• The registered manager ensured that they notified the CQC of important incidents as they arose, and that any incidents were fully investigated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and their relatives were invited to share their feedback on the home through regular surveys and home meetings. Records showed that people were invited to express their views on a variety of topics.
• Staff attended regular team meetings to share best practice across the teams and receive organisational updates.

Working in partnership with others

• The provider worked alongside other healthcare professionals to meet people's needs such as mental health practitioners.

• During the inspection we were informed that the home was working with a dementia care specialist to improve the home's environment.

• Plans were in place to work alongside the providers innovation team to make improvements, and to make links with the community and use local volunteers across the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not accurately completed to drive improvement across the home. The provider had not fulfilled their improvement action plan following our last inspection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing levels were not always safe to ensure that people's needs were promptly met.