

Saivan Care Services Limited

Windsor House

Inspection report

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Date of inspection visit:
04 June 2018

Date of publication:
16 July 2018

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?	Requires Improvement ●

Summary of findings

Overall summary

Windsor House 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. This service does not provide nursing care. Windsor House accommodates up to 17 older people.

There were 17 older people, some living with dementia, living in the service when we inspected on 4 June 2018. This was an unannounced comprehensive inspection.

At our last inspection of 20 October 2015, this service was rated good overall. The service had maintained the rating of good overall. However, well-led was rated requires improvement at this inspection. This was because, despite the systems in place to monitor and improve the service provided to people, the provider had failed to provide appropriate equipment for a person. The provider's quality checks had failed to identify the issue. However, following our inspection this had been addressed by the provider, after we had identified the issue.

The service continued to provide people with a safe service. Staff were trained and understood how to safeguard people from abuse. Risks to people were assessed and staff were provided with guidance about how to minimise risks. Staff were available when people needed assistance. There were safe recruitment systems. Medicines were managed safely. There were infection control systems in place to reduce the risk of cross contamination. Where incidents had occurred, the service learned from them and used them to drive improvement.

Staff were trained and supported to meet people's needs effectively. However, there were some gaps in staff training, but this was booked for the month of our inspection. People had access to health professionals when needed. People's nutritional needs were assessed and met. Staff worked with other professionals involved in people's care to provide people with an effective and consistent service. 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. However, the records relating to people's capacity to consent would benefit from more detail, the registered manager said this would be addressed. The environment was appropriate for people using the service.

People were treated with care and compassion by the staff. People's privacy and independence was promoted and respected. People were listened to and their views about how they wished to be cared for were respected.

People's care was assessed, planned for and met. Care records guided staff in how people's preferences and needs were met. People had access to social activities to reduce the risks of isolation and boredom. People's choices were documented about how they wanted to be cared for at the end of their life. There was a complaints procedure in place and people's complaints were addressed and used to improve the service.

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 key question for safe remained good.

Is the service effective?

Good ●

The key question for effective remained good.

Is the service caring?

Good ●

The key question for caring remained good.

Is the service responsive?

Good ●

The key question for responsive remained good.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider's systems to monitor the service had failed to identify and address shortfalls, such as inappropriate equipment, despite this being raised by staff. This issue was addressed by the provider following our inspection.

The service provided an open culture. People were asked for their views about the service and these were used to improve the service.

Windsor House

Detailed findings

Background to this inspection

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

This unannounced comprehensive inspection took place on 20 October 2015 and was undertaken by one inspector and an assistant inspector.

We used information the provider sent us in the Provider Information Return. 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 reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with six people who used the service and two relatives. We observed the interaction between people who used the service and the staff throughout our inspection.

We looked at records in relation to four people's care. We spoke with the registered manager and five members of staff, including care and catering. We also spoke with a visitor to the service. We looked at records relating to the management of the service, three recruitment files, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At our last inspection of 20 October 2015, this key question was rated good. At this inspection safe remained good.

People told us that they were safe living in the service. One person commented, "I know I am safe here, I never feel afraid." One person's relative said, "I can go home knowing [family member] is safe and well looked after."

Staff had received safeguarding training and understood their responsibilities in keeping people safe from abuse. Where there were concerns about other services, the registered manager had raised a safeguarding referral with the organisation who were responsible for investigating them. When a safeguarding concern or incident had happened, the service had acted to reduce the risks of future incidents and used them to drive improvement. This included advising staff of their role and responsibilities in staff meetings. This showed that the service had systems in place to learn from incidents.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with mobility, pressure ulcers and falls. Where people were at risk of developing pressure ulcers systems were in place to reduce these, this included seeking support from health professionals and the use of barrier creams. Where people were at risk of falls actions were taken to reduce future risks.

Risks to people injuring themselves or others were limited because equipment, including hoists, and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Portable electrical equipment had been checked to ensure they were safe. There were window restrictors in place, which prevented the windows to be opened wide enough for a person to get out and potential fall from the window. One radiator cover was not attached to the wall, which could have been a risk if someone held it to steady themselves. The registered manager told us that they were usually attached and must have been moved for cleaning. Once we had pointed this out immediate action was taken.

There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. Fire safety checks were undertaken regularly, including a weekly fire drill. The service had a sprinkler system which was activated if there was a fire in the service. There were personal evacuation plans in place for each person. However, these would benefit from more detail to provide information about the specific support each person required should the service need evacuating. The registered manager said that they would address this.

People told us that they felt that there were enough staff in the service to support them. One person's relative said that the best thing about the service was the continuity of staff who knew their relative well. People told us that when they called for assistance this was attended to promptly by staff. This was confirmed in our observations.

The registered manager told us how the service was staffed to meet people's needs. This was confirmed in our observations and records. The registered manager told us that if people's needs changed or they required more assistance they could change the staffing levels. They shared an example of how they had done this at nights when a person had been unwell. There were currently two staff members who worked during the night. The registered manager told us about the systems in place to support people in a timely manner, which included on call support and senior day staff started work at 7am to assist with the morning medicines.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that they were satisfied with the arrangements for their medicines administration. One person said, "I get them [medicines] in the morning, without fail, all good." We observed part of the lunch time medicines administration and saw that this was done safely. Records showed that staff who were responsible for administering medicines had received training and competency checks. Medicines administration records (MAR) were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's records included information about their prescribed medicines and the support they required to take their medicines. Records included protocols which guided staff when medicines to be given 'as required' (PRN) were to be administered. Regular audits were undertaken which supported the registered manager to identify discrepancies and act to address them.

People told us that the service was regularly cleaned. One person said, "They keep it clean, look you can see. My bedroom is always clean and tidy." The service had achieved the highest rating in their recent food hygiene inspection by the local authority. The service was clean and records identified that cleaning of the service was completed, including mattresses and equipment. We looked at a sample of mattresses, which were all clean. However, we saw the base of one mattress was stained, when we pointed this out to the registered manager they told us that this would be addressed. We looked at commodes which were clean.

Staff had received training in infection control and food hygiene. We saw that staff washed their hands regularly, for example when preparing to assist people with their medicines. There were disposable gloves and aprons that staff could use, such as when supporting people with their personal care needs, to reduce the risks of cross contamination.

Is the service effective?

Our findings

At our last inspection of 20 October 2015, this key question was rated good. At this inspection, effective remained good.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. Discussions with the registered manager and staff, and records showed that the service worked with other professionals involved in people's care to ensure they received a consistent and effective service. This included the commissioners for services, the pharmacy who provided people's medicines and health care professionals, such as the GP and community nurses. People told us that they felt that their health needs were met and they were supported to see health professionals if needed. Records showed that where there had been concerns about a person's health, they were referred to health professionals and any advice and treatment was recorded.

One person told us how the transition of them moving into the service was managed well. There were systems in place to provide other services with information about the person where required, such as admission to hospital. The minutes from a staff meeting in May 2018 showed that staff were reminded of the items that should be provided if a person required hospital admission, including their forms relating to if they did not want to be resuscitated, medicines, clothing, slippers, nightwear and toiletries.

People told us that the staff had the skills to meet their needs. Staff told us that they felt they were provided with the training to do their job. This included training in safeguarding, medicines, moving and handling, fire safety, and dementia. They told us that the provider's mandatory training was provided each year and they could request additional training of subjects of interest. Where new staff had not completed a recognised qualification in health and social care, they were supported to complete the Care Certificate. This is a recognised set of standards that staff should be working to.

We looked at staff training records and found that there were some gaps, including training in dementia and end of life training. The registered manager told us that training for all staff was booked for the month of our inspection. In addition, staff had completed end of life and dementia distance learning courses.

Staff told us that they were supported in their role. Records showed that staff were provided with one to one supervision meetings and annual appraisals. These provided staff with a forum to discuss the ways that they worked, receive feedback, identify ways to improve their practice and any training needs they had.

People told us that they were provided with choices of food and that the quality of the food was good. One person said, "I could not wish for better, I get good food." Another person commented, "The food is always tasty, can have what you want." Meal times were a positive social experience for people. Staff were available to assist those that needed help and people's consent was sought before staff provided assistance, such as cutting up people's food. There were bowls of fresh fruit in the communal areas in the service that people could help themselves to.

People told us that they got plenty to drink to reduce the risks of dehydration. One staff member told us that there were set hot drink rounds, but people could have a hot drink when they wanted them. In addition, we saw that there were jugs of cold drinks in the communal areas and in people's bedrooms, when they chose to remain there. One person said, about the jug of water we saw in their bedroom, "It is fresh every day, and they make sure it is full."

People's records included information about how their dietary needs had been assessed and how their specific needs were met. If there were risks identified relating to eating and drinking there were risk assessments in place to show how the risks were reduced. This included people who were at risk of choking or malnutrition. Where required, other professionals were contacted for guidance and support to meet people's needs, such as a dietician or the speech and language therapy (SALT) team. Staff spoken with understood people's specific dietary needs and how they were met. This included people who required a softer diet and those who needed a fortified diet and drinks to boost their calories and maintain a healthy weight. The cook told us that they had attended training which incorporated the consistencies of food that people may need to reduce the risks of choking. They said that people were provided with choices of meals and if they did not want what was on the menu they could have anything else of their choosing.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us that they had made two DoLS applications which had been rated by the local authority for assessment, the outcomes of approval had not yet been received. The training records identified that not all of the care staff had received training in MCA and DoLS. However, the registered manager told us that training was booked for June 2018.

People's care records included their capacity to make decisions. However, the records used were not always clear. For example, there was a form relating to day to day decisions, but this was not specific to one decision and covered four aspects of the person's life, therefore was not clear what support they required with each decision. The registered manager assured us this would be addressed. People told us that the staff asked for their consent before they received any care, which was confirmed in our observations.

People's bedrooms included items of their personal memorabilia which reflected their choices and individuality. There was signage in the service, including on people's bedroom doors. This assisted people to recognise their own bedrooms. The environment had communal areas that people could use, including lounges and a dining area. There were areas in the service where people could see their visitors in private. There were facilities available to provide people with a choice of if they wanted to bath or shower. There was a garden at the front of the service, where people told us they could sit in if they chose to.

Is the service caring?

Our findings

At our last inspection of 20 October 2015, this key question was rated good. At this inspection, caring remained good.

People spoken with said that the staff were caring and treated them with respect. One person said that they really liked the staff and that they had a laugh. Another person commented, "We have a laugh and a joke," they told us about the mutual teasing that went on between themselves and the staff which made them laugh when they were telling us. Another person told us, "The [staff] are all very kind, every one of them."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff talked about and with people in a caring and respectful way. This included positioning themselves at people's eye level to engage in effective communication. There was a good atmosphere with lots of laughter, from people and staff.

There were systems in place which showed people that they mattered, for example celebrations for their birthdays. A card sent to the service from a person's relative stated, "A huge thank you to you all for making [family member's] birthday special."

People's records identified how people's privacy was to be respected. One person told us that they felt that their privacy was respected, "They are very good at that." We saw that staff knocked on bedroom and bathroom doors before entering. Whilst people were being supported with their personal care needs we saw that staff closed doors. One person was being assisted to mobilise using equipment and the staff ensured that their privacy and dignity was not compromised, by making sure they were covered. The service had two shared bedrooms, these held screens which could be used to respect the privacy of the people living in these bedrooms. We spoke with the registered manager about the use of the shared bedrooms. They said that, at the assessment stage, people were advised of the bedrooms available and they always agreed before they were accommodated in them. In addition, when single bedrooms were available the people in the shared rooms were offered the opportunity to change.

People told us how their independence was promoted and respected. One person said, "I can do some things myself which I like to do, but I am never embarrassed to ask for help." People's records identified the areas of daily living that people could attend to independently and the areas they needed assistance with.

People told us that they contributed to the planning of their care, including in the drawing up of their care plans and their care reviews. One person told us about when they had moved into the service the registered manager had talked to them about their needs and how they wanted them to be met. People's care records identified that they had participated in their care planning. These records included information about what was important to them, their likes and dislikes and what a good or bad day looked like for them. They also included what staff could do to make sure that the person had good days and bad days were reduced. For example, one person had said that they did not like particular foods and to maintain good days was not to have these foods.

People told us that they could have visitors when they wanted them. Records included information about the relationships that people maintained which were important to them.

Is the service responsive?

Our findings

At our last inspection of 20 October 2015, this key question was rated good. At this inspection, responsive remained good.

People told us that they felt that they were well cared for and their needs were met. One person commented, "I am very happy living here." One person said that they did not want to live in a residential service, but they really enjoyed living in Windsor House. This was also echoed by another person, "I dreaded coming into care, but I could not find a better place. Whatever you want they will do." One person's relative said, "I am happy with how they look after [family member], no problems." Another relative told us, "[Family member] is happy here that is all that matters."

People's care records detailed how their specific care needs were assessed, planned for and met. They provided staff with guidance on how people's needs and preferences were to be met. The records were written in a person centred way which showed that people had been involved in the planning for their care. People's specific conditions were identified in the records and guidance for staff of how these affected people in their daily living. This meant that people were provided with personalised care which met their needs. Daily records identified the care people had been provided with to meet their needs and preferences and including how they presented, such as if they were happy. This enabled staff to identify if there were any changes to people's wellbeing.

People's records included their decisions about if they wanted to be resuscitated. However, not all of the records included people's decisions about their end of life choices. Some records seen detailed people's choices, whilst others stated that the issues had not been discussed but would be at a later date. The registered manager assured us this would be addressed, they were able to tell us about the support people were provided with at the end of their life. Some staff had completed end of life distance learning courses and we saw letters and cards from people and relatives thanking the service for the care and support provided. One of these stated, "A big thank you for all the loving care that you gave [family member] and the support of your great staff. We are grateful for all the work you have done and being with [family member] at the end." This showed that the service had supported the person at the end of their life.

People told us that there were social events that they could participate in, both in a group and one to one basis. One person said that there was always something going on. They told us about a recent, "Alzheimer's walk," they had completed with a member of their family and they had enjoyed an ice cream. Another person commented, "I prefer being up here [in their bedroom], but I will go to any activities, I like the dominoes." Another person said, "There is always something to do even if it is just playing cards. They bring people in and we have shows, boat trips, theatre, picnic over the park."

There were no staff employed in the service who were responsible for coordinating activities for people. However, the registered manager told us that the staff did this in consultation with people. In addition, there were volunteers from the local church who visited the service to play dominoes with people and another day to meet people at coffee mornings in the community. The registered manager told us that people chose

what they wanted to do and they also organised musical entertainers to come into the service monthly. The registered manager told us people also went out to the beach, local gardens and did flower arranging, some of these displays were on the dining room tables. One staff member told us that a group of 10 people were going on a boat trip the week after our inspection.

There were notices and photographs in the service about the activities provided. However, the photograph displays may benefit from having the date added so visitors could see when the activities took place and to aid people's memory. These photographs included people smiling and holding newly born chicks. The registered manager told us that they had arranged for the unborn chicks in the service so people could see when they were hatched, these now lived on a local farm and people could check how they were doing. The chickens were a great hit with people who told us about how they had liked this, one person said, "Oh the chicks were lovely, we saw them hatch and got to hold them."

The registered manager told us how they had themed evenings for people to enjoy, which included a recent Hawaiian night. The registered manager said that the service was a, "Bit of a party home," and people enjoyed their lives in the service. In addition, people had recently tried different flavours of gin.

There was a newsletter produced which kept people updated with changes in the service and planned activities. A person who used the service contributed to each newsletter by writing an article and proof reading what the registered manager had written. People had chosen the name of the newsletter, 'Life in the slow Lane.'

The minutes from meetings attended by people who used the service showed that they made choices about the activities they participated in. In the meeting in May 2018 one person had said, "Thank you so much for all the changes you have made, it feels like Christmas every day." The meeting minutes showed that people were reminded how to make a complaint and were asked if they wanted to discuss any issues, in private if they preferred.

People told us that they knew how to make a complaint and that they were confident that their concerns and complaints would be addressed. One person said, "If there were any problems I would tell [registered manager], I know she would listen." One person's relative told us that if they did have a concern they would speak with the registered manager. There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Records showed that people's complaints and concerns were investigated and responded to in line with the provider's complaints procedure.

Is the service well-led?

Our findings

At our last inspection of 20 October 2015, this key question was rated good. At this inspection, well-led had deteriorated to requires improvement.

This was because we had received a concern via our 'share your experience' webform in August 2017. This related to concerns about the beds for people who required personal care support on their bed, were too low. Staff had been told to support a person on their bed on their knees. During our inspection we spoke with the registered manager about the concern we had received and they said that they were aware of the concern. Staff had been advised in training to assist the person on their knees. The registered manager told us that the provider had not provided a suitable bed because they were a private company. We were concerned because despite staff raising their concerns, no action had been taken by the provider who is responsible for ensuring that equipment is provided to ensure that people's needs are met which is safe for people and staff. There was a grab rail at the side of the bed which the registered manager told us the person could hold and assist in moving, however, the paint had come off one part which was risk to infection control and the person cutting themselves on. The registered manager told us this would be replaced. The registered manager told us and supplied photographic evidence, following our inspection visit, that a bed had been provided for the one person, and the provider was looking at purchasing other beds. We were concerned because despite staff raising concerns and the provider undertaking quality visits to the service, this had not been addressed until we pointed it out.

The registered manager had systems in place to monitor and assess the service provided to people. These included audits in care records, infection control and medicines. Falls and incidents were analysed for trends and these were used to identify if any improvements were needed.

There was 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.

People and relatives were complimentary about the registered manager and how they lead the service. One person told us, "[Registered manager] is always here, always has time for you, nothing is too much trouble." One person's relative said, "[Registered manager] runs a happy ship."

The registered manager told us that they felt supported by the provider who visited the service unannounced monthly. They were also accessible by telephone. The registered manager had the support from an administrator who was based in London, who they were in daily contact with. The registered manager said that when they became the registered manager in December 2016 they had been supported in the role by the previous regional manager.

People and relatives were involved in developing the service and were provided with the opportunity to share their views. This included quality assurance questionnaires. We saw satisfaction questionnaires

recently completed by people. The registered manager told us they were in the process of analysing and summarising these to make it available to people. The questionnaires received had only positive responses. People and relatives also had the opportunity to provide their views of the service in meetings. The minutes of these showed that people chose what activities they wanted to participate in and they were kept updated with any changes in the service. The registered manager told us that people participated in the running of the service, including choosing new carpets, decoration and furnishings.

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff told us that they felt that the registered manager was supportive and they enjoyed working in the service. One staff member told us, "I love my job." The minutes of staff meetings identified that they were kept updated with changes in the service and the expectations of their role. In the minutes for the meeting in May 2018 staff discussed the Care Quality Commission Key Lines of Enquiry, which are the standards that a service should be providing.

The registered manager told us that they had attended my home life training funded by the local authority and they networked with other services in the local area to share examples of good practice.