Runwood Homes Limited

Windmill House

Inspection report

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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

Summary of findings

Overall summary

Windmill House provides accommodation and personal care for up to 59 people, some of whom were living with dementia. There are pleasant external and internal communal areas for people and their visitors to use.

This unannounced inspection took place on 18 February 2016. There were 56 people receiving care at that time.

The service had 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.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were well trained and supported by their managers. There were sufficient staff to meet people's assessed needs.

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

People received their prescribed medicines appropriately and medicines were stored safely. People's health, care and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making and applications had been made to the authorising agencies for people who needed these safeguards. Staff respected people choices and staff were aware of the key legal requirements of the MCA and DoLS.

People received care and support from staff who were kind, caring, patient and respectful to the people they were caring for. People and their relatives had opportunities to comment on the service provided and people were involved in every day decisions about their care.

People were encouraged and supported to stay active and to develop and maintain hobbies and interests. A varied ranged of activities and events for people to participate in were on offer.

Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person. Changes to people's care was kept under review to ensure the change was effective.

The registered manager was supported by a senior staff team , care workers, and ancillary staff. The service was well run and staff, including the registered manager, were approachable. People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. People's views were listened to and acted on. The service had an effective quality assurance system that was used to drive and sustain improvement.

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.

There were systems in place to ensure people's safety was managed effectively.

People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely,

Is the service effective?

Good

The service was effective.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People's health and nutritional needs were effectively met and monitored. People were provided with a balanced diet and staff were aware of people's dietary needs.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, reassuring and caring.

People and their relatives had opportunities to comment on the service provided..

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

There were opportunities for people to develop and maintain hobbies and interests.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent care to each person in the way the person preferred.

People had access to information on how to make a complaint. Complaints were thoroughly investigated.

Is the service well-led?

Good

The service was well led.

The registered manager was experienced and staff were managed to provide people with safe and appropriate care.

People were encouraged to provide feedback on the service in various ways. People's comments were listened to and acted on.

The service had an effective quality assurance system that was used to drive and sustain improvement.

The service had strong links within the local community.

Windmill 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 inspection took place on 18 February 2016. It was undertaken by two inspectors.

Before our inspection we looked at all the information we held about the service. This included the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also looked at notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

During our inspection we spoke with four people and three relatives. We also spoke with the regional director, the registered manager, and the deputy manager, a care team manager, the activities co-ordinator, a care worker, the chef and a kitchen assistant. Throughout the inspection we observed how the staff interacted with people who lived in the service. We also received feedback from four visiting healthcare professionals. These included GPs, a community nurse, a dentist and chiropodist.

We looked at five people's care records, staff training records and other records relating to the management of the service. These included audits, meeting minutes and records relating to compliments and complaints.

Good

Is the service safe?

Our findings

People and their relatives told us they said they felt safe. A relative said, "I trust the staff here." Another relative commented, "It is comforting to know that [my family member] is safe and being looked after."

Staff told us they had received training to safeguard people from harm or poor care. They showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm.

People's risks were assessed and measures were in place to minimise the risk of harm occurring. People had detailed individual risk assessments and care plans which had been reviewed and updated. Risks identified included assisting people to move and the condition of their skin. Appropriate measures were in place to support people with these risks. For example, onward referral to healthcare professionals and guidance regarding safe moving and handling techniques. One relative commented that their family member's skin condition was assessed on arrival at the service. They told us, "One of the first things [the staff] did was get a pressure cushion for [my family member]."

Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised. Staff supported people to be safe and explained what was going to happen. They gave clear instructions before assisting people moving. For example, we heard one care worker say, "[Person's name], we're going to use the stand aid. Can you keep your feet nice and flat?"

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accidents and incidents were recorded and acted upon. For example where any untoward event had occurred, such as falls, measures had been put in place to monitor people more frequently or check on their wellbeing more often. We saw that the potential for future recurrences had been minimised.

The staff we spoke with told us, and records verified, that the required recruitment checks were carried out before they started working with people. These included two written references, proof of recent photographic identity as well as their employment history and a criminal records check. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

There were sufficient staff to meet people's needs. People and their relatives also felt there were sufficient staff on duty to meet their needs. One relative told us, "The level of staffing is very positive. I'm generally very impressed." Another relative commented that the continuity of staff meant the staff had gotten to know their family member well. This was particularly important because their family member was not able to tell the staff what they wanted. The relative told us the staff who worked with their family member understood the person's mannerisms and knew what these meant.

Staff told us that there were sufficient staff on duty to meet the needs of the people living at service. The registered manager told us that she used a recognised tool to assess people's needs and determine the

number of staff required in each area of the service. We saw that the numbers of staff delivering care at any time corresponded to how many staff were required to assist people. This showed there were sufficient staff to provide care safely to people.

Medicines were managed safely and regularly checked and audited to ensure they continued to remain safe.

There were appropriate systems in place to ensure people received their medicines safely. Staff told us that their competency for administering medicines was checked regularly. We found that medicines were stored securely and at the correct temperatures. Medicines were administered in line with the prescriber's instructions. Where staff identified the administration time may not be appropriate, they requested the person's GP review this. For example, a person's medicines were prescribed to be taken at night. However, this meant staff were often waking the person to administer this medicine.

Appropriate arrangements were in place for the recording of medicines received and administered. Where people required topical creams to be applied, there were body maps to show exactly where the individual creams should be applied. Senior staff carried out checks of medicines and the associated records to help identify and resolve any discrepancies promptly.

An external pharmacist had recently carried out an audit of the medicines systems. All actions had been carried out promptly following the audit. The pharmacist had written to the registered manager, 'It was a great pleasure to meet your dedicated staff team who have put so much effort in maintaining safe management of medicines in the care home.'

Good

Is the service effective?

Our findings

People told us that staff understood and met people's needs. One person said, "The staff are lovely." A relative told us, "The staff here are consistently pretty good." Another relative said, "I cannot fault the staff team they are 100% right for the job."

Staff told us that they received training prior providing care. They told us this included training in topics such as safeguarding, administering medicines, and assisting people to move safely. All staff, including ancillary staff received dementia training. One member of ancillary staff told us they had found this particularly useful. They said, "I learnt a lot about living with [dementia]. How it affects people and how to approach them if [for example] they are angry."

Staff received formal supervision and told us they felt well supported by their managers. They said they felt they worked well as a team and supported each other as and when required. Some staff had been identified as 'champions' of topics such as dignity and dementia. They provided additional training and support to staff in these areas. One relative talked about the positive way staff supported each other when providing care. For example, the way experienced staff pointed out ways of doing things that worked well to newer members of staff.

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 found the service was working within the principles of the MCA. We saw that assessments and decisions to restrict people's liberty had been properly taken and the appropriate applications made to the relevant authority for authorisation and were reviewed three monthly. This showed that consideration had been taken to ensure the service provided was in people's best interest and was provided in the least restrictive manner.

Members of care and nursing staff were trained and knowledgeable in relation to the application of the MCA. Where people had been assessed as not having the mental capacity to make specific decisions, we saw that decisions were made in their best interest. The staff we spoke with understood and were able to demonstrate that they knew about the principles of the MCA and DoLS and confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. Records showed that the views of appropriate people had been taken into consideration. This included people who knew the person well or the person's legal representative. We noted that staff had not seen a copy of the document showing

that a relative had legal authorisation to act on behalf of a person. The registered manager told us they would ensure a complete review of people's files was carried out to ensure they had seen such documents and recorded this.

People told us they liked the food provided. One person said, "The food is nice and I can always have a choice." A relative said, "The food is… well-presented and varied." People were offered a choice of what they would like to eat and drink in a way they could understand. Some people were able to choose from the written and pictorial menus. Other people chose from the two plates of food staff showed them.

People were supported to have enough to eat and drink. In addition to meals, we saw that a range of drinks and snacks were available throughout the day and night. Relatives told us fresh fruit was always available and we saw people helping themselves to this.

Staff offered people help with their meals and drinks, if they needed assistance. We saw that staff gave each person the time they needed and did not try to rush them. There were good interactions between staff and people using the service at lunchtime in order to make it a social occasion. Ideas for conversation were printed on the backs of the menu's. For example, we saw people looking at a picture of a singer and discussing who it was. This also helped stimulate conversation and make the mealtime a pleasurable, social occasion. People could choose where they took their meals. Staff knew peoples likes and dislikes and this was recorded in their care plans

Efforts were made to maximise each person's independence. For example, staff made sure people had appropriate equipment to eat with and the chef told us that some people were offered additional choices that included 'finger-foods'.

Appropriate diets were provided for people who required them and people were referred to a dietician when needed. This showed that people at an increased risk of malnutrition or dehydration were provided with meal options which supported their health and well-being. We noted that where people's intake of food or fluid was being monitored, the records were completed accurately and monitored daily. Staff were then instructed if particular people required encouragement to drink more. This helped reduce the risk of dehydration.

Relatives told us that staff referred people to healthcare professionals when the need arose. One told us, "Only a few weeks ago [the registered manager] said they were concerned about [my family member] and that they'd asked the doctor to [visit]."

Records showed that people's health conditions were monitored regularly. For example, there was clear guidance for staff on how to monitor a person's diabetes and records showing this had been done.

Relatives and records also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician and therapists. Staff made appropriate referrals to healthcare professionals and followed their advice and instructions. One member of staff told us that a person's condition had deteriorated. Staff had triggered a multidisciplinary meeting where they sought guidance from experts such as the falls team and social services to help them manage the person's condition.

Staff followed the guidance given by other professionals. One healthcare professional told us, "Anything I've identified has been sorted out straight away." This meant that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the service staff provided. One person said, "The staff are always polite and give me time as I can be slow…I hate being a nuisance but [the staff] always tell me I am not." One relative said, "The atmosphere is uplifting. I feel the carers really love those residents. I enjoy coming in." Another told us, "To see the interactions [between the staff and people using the service] all the time, it's heart-warming." A letter from a visitor read, " the staff are very caring and helpful which gives me peace of mind that [my family member] is looked after well."

All the staff that we spoke with told us they would be happy with a family member being cared for by the service. Our observations showed the staff were kind, caring and respectful to the people they were supporting. Staff called people by their preferred name and people and relatives confirmed that staff knew people well. One relative told us their family member was no longer able to communicate. They said, "… but I see reaction in [my family member's] face. [My family member] recognises the carers." The relative went on to tell us how the staff had learned to interpret the person's mannerisms. They said this had helped staff increase their understanding of how the person was feeling.

Staff spoke in a calm and reassuring way. This had a positive effect on people. For example, we saw a person enter a lounge who seemed anxious and worried. A staff member immediately approached them. The staff member spoke with the person about things that clearly interested the person. This reassured the person and caused their anxiety to decrease.

Relatives told us that they could visit whenever they wanted and that they were made welcome. They told us pets, such as dogs, were also welcomed by the people who lived at the service and staff. A letter from a visitor read, "the staff are always lovely and cheerful. It's such a pleasure to visit every week." Staff had created a café area where people could entertain their visitors and share drinks and snacks. Relatives told us this area was very well used, as was the outdoor seating in good weather.

People and relatives told us they had been involved in the creation and review of their family member's care plans. Staff had discussed people's end of life wishes with them and their relatives and incorporated these into people's care plans. One person was not able to participate in reviews of their care. Their relative told us that staff were sensitive when discussing "delicate" issues. They said they had felt comfortable telling staff they did not want their family member admitted to hospital for further tests. They commented that the staff were "not judgemental at all" and accepted their view. This meant that staff managed potentially upsetting conversations in a sensitive and caring way.

The service operated a 'keyworker system'. A relative explained that this meant there their family member was, "a special person to that [staff member]." They told us they found this reassuring. They said, "When I'm on holiday I know there's [someone else making sure my family member is getting the] correct level of care." Staff had introduced communication books so that messages could be left between relatives and staff. One relative told us, "[The communication pad] makes a difference. I can leave message which means I don't always need to bother the [staff]." The relative went on to say that staff had always made time to speak with

them. They said, "From day one, every CMT [care team manager] said 'that's what we're here for'. That's really reassuring I can tell you."

The healthcare professionals told us that people were treated with respect and dignity. Relatives also told us that staff respected people's privacy and dignity when supporting them. Our observations throughout our inspection supported this view. We saw staff members were discreet in relation to people's needs and respectful of people's belongings. For example, a staff member quietly asked one person who required fresh trousers, "Shall we take a stroll to your bedroom together." The question was put quietly, with a smile and reassuringly. Another person was sitting in someone else's chair. A staff member smiled and said, "You know that's [name of person's] special chair." They both laughed and the staff member then distracted the person with an activity elsewhere in the room. This showed that staff respected and promoted people's privacy and treated people with kindness and respect.

People had their own bedrooms and staff had supported people to personalise their bedrooms with photographs and small items of furniture. One person said, "I have a nice room and I have it just the way I like it." A relative said, "You can bring in any of your furniture. You can personalise the room to your hearts content. We took the doors off the bathroom cabinet as [my family member] didn't recognise there was something [in the cupboard] behind them." We saw that people had brought in their own furniture and that rooms were personalised with pictures, photos and paintings. This was to help people orientate themselves as well as being personal to them.

Good

Is the service responsive?

Our findings

People and relatives felt that staff understood and responded to people's needs. One person told us, "I love it here and would not want to go anywhere else. The staff are lovely."

People's care needs were assessed prior to them moving to the service. One relative told us staff had given them a huge form" to fill in about their family member's personal history and preferences. This helped to ensure staff could meet people's needs. The assessment included people's life history, preferences, allergies, friends and their hobbies and interests. This assessment formed the basis of people's care plans and was to help ensure that the care that was provided would effectively and consistently meet people's needs and preferences.

We saw that staff followed people's care plans. For example, one person's care plan stated they did not like their feet covered at any time. We saw this person had a blanket but that their feet were uncovered. They confirmed this was their preference. This showed the person was receiving the care they needed in the way they preferred.

People's care plans were reviewed regularly and reflected people's changing needs. Staff member's knowledge of people enabled them to recognise changes quickly and take appropriate action. In addition to people telling staff how they felt, staff were responsive to people's changing moods. For example, when a person was becoming anxious. Staff knew how to respond to people in these situations as well and maintained a consistent approach to people's individual care needs.

The layout of the service was suitable for the people using it. Considerable thought had been given to create varied and interesting items to occupy and stimulate people as they walked around the service. These included tactile pictures, hats to wear, arts and crafts and displays such as a wedding scene and a bistro. The service was light, bright and spacious with room to move around. There were sign-posts throughout the service to guide people in the right direction. Chairs were placed in small groups in lounges to encourage conversation. One relative told us, "They've done so much to choose pictures to stimulate interest." They went on to describe a "DIY board" that had various items to do with DIY that could be examined.

The provider employed an activities co-ordinator. A relative told us, "[The activities co-ordinator] is exceptional. [The activities] are not put on because you're here. There's always something going on." They went on to describe coffee mornings, knitting, pottery and other craft being offered regularly. They said that people had enjoyed staff member's children visiting the service and participating in craft activities with people. Another relative said, "There's always lots going on. [The activities co-ordinator] is always doing something." They said festivals were always celebrated and described the Valentine's day biscuits that people had recently made.

A daily planner advertised the organised activities that were planned for each day. This was followed on the day of our inspection when skittles were held in one area of the service and armchair exercises and a sing-a-long in another area. Items were used throughout to stimulate conversation and memories. For example,

the staff member had brought in some flowers and encouraged discussion about plants, the season and scents. One session welcomed an interruption from a visitor and their dog who people were clearly pleased to see, greeting them with smiles, strokes and calls.

It was clear staff spent time exploring and promoting activities to meet all individual tastes. Each person's care plan included information about people, events and things that were important to them. It included hobbies and interests as well as areas to avoid. For example, one relative told us staff asked them to bring in photographs to illustrate the person's life. The relative said staff had listened when they explained that the person had experienced some difficulties when they were younger and did not like to be reminded of that time of their life. This was recorded in the person's care plan.

In addition to organised activities, staff used opportunities to stimulate individual's interest. For example, a relative told us, "I came in the other night and [a staff member] was looking through notes and trying to talk to lady in [another language]. I thought that was really nice."

Staff recorded how each person had spent their day and how any activity had affected them. This helped staff to ensure people were encouraged with activities they found pleasurable.

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the registered manager or another member of staff would listen to them and address any issues they raised. One relative described a situation that they had discussed with the registered manager, who they had said had taken immediate action. They commented, "You're not seen a troublemaker for raising things."

Staff had a good working understanding of how to refer complaints to senior managers for them to address. We saw the registered manager had thoroughly investigated complaints they received and responded appropriately to the complainant, taking action where necessary.

Good

Is the service well-led?

Our findings

We received positive comments about the management of the service from the people, visitors and staff. A relative said, "We were really lucky to get [my family member] here." Another commented, "The management and staff though efficient are like one big family and make the residents feel part of it. I am happy with the care my [family member] receives and wouldn't hesitate to recommend [Windmill House]." A letter to the registered manager read, "What a marvellous place for [my family member] to stay. The staff were over and above what was expected. Very attentive and thoughtful and always there to help with any issues we had."

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run. The registered manager was supported by a senior team, care workers and ancillary staff. Staff were clear about the reporting structure in the service. From discussion and observations we found the registered manager and staff had a good knowledge and understanding of the care needs and preferences of the people receiving this service.

Staff we spoke with had a shared understanding of the values of the provider. One staff member said, "It's very homely. It's their home, not just our place of work." We saw that the staff worked as a team and that a good staff team culture existed. Staff told us that they helped each other and that they enjoyed working at the service. A relative commented that they often saw staff visiting on their day off and having a cup of tea in the lounge with people.

All the staff we spoke with were familiar with the procedures available to report any concerns within the organisation. They all told us that they felt confident about reporting any concerns or poor practice to more senior staff including the registered manager. Staff all said that the registered manager and senior staff were approachable. Senior staff told us they found the regional director and other external manager's within the provider organisation approachable. A senior staff member told us, "Even the Chief Exec gave me his number." This showed that staff in all roles within the service were supported.

The registered manager sought feedback from people in various ways, both formally and informally. For example, regular relatives meetings were held and the minutes of these were available. One relative commented, "There are regular meetings for relatives to air their views as well as receiving important information about events and keeping everyone up to speed about general things in the home." Everyone we spoke with knew who the registered manager was.

The registered manager was approachable. A letter from a visitor read. "I always feel at ease to speak with the manager if I'm concerned about anything." Other relatives and staff also told us this was the case. Staff told us that they received regular supervision, support and also training according to their role.

We saw that staff meetings took place. These provided an opportunity for the registered manager to share

information with staff and staff to raise issues with management. Minutes showed a variety of issues had been discussed and including the prevention of the spread of infections and staffing.

The quality of people's care and the service provided had been monitored in various ways. The registered manager stressed throughout our inspection the importance of spending time with the people who receive the service and the staff who provide it. The registered manager and regional director conducted regular audits. These included health and safety audits and regular analysis of any falls or accidents that had occurred and the action taken to prevent or reduce the risk of re-occurrence. A quality improvement plan had been developed and the registered manager reviewed this monthly with the regional director. This showed the provider and registered manager were committed to driving improvement within the service.

The registered manager and staff told us about their, links with external organisations, including strong links with local community groups. Examples of this included involvement with the designated local café for people with dementia, attendance at the local town council meetings and events to promote Windmill House by involving the service in events such as Wymondham in Bloom and the annual carnivals.

The registered manager told us that the provider ran an awards scheme where recognition was given for the quality of the service provided. Windmill House had won this award in 2015. This showed that the provider recognised and celebrated good practice.

Records we held about the service, records we looked at during our inspection and our discussions with the registered manager confirmed that notifications had been sent to the CQC as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.