

# The Abbeyfield (Maidenhead) Society Limited

## Winton House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Winton House is a residential care home providing accommodation and personal care for up to 36 people. The service provides support to older adults, some of whom are living with dementia. At the time of our inspection there were 20 people using the service.

Winton House accommodates people across two floors and each person has their own bedroom. People had ensuite toilets. Some people had ensuite showers. There are communal bathrooms, a dining room, various lounges, a hairdresser, activities area and large garden to the rear of the building.

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

Changes were made to improve the safety of care people received. Policies and procedures were replaced. People's risk assessments and care plans were also replaced, updated and more individualised. Falls risks were better assessed, and incidents and accidents were analysed for learning to prevent recurrence. Sufficient staff were deployed to meet people's needs. Recruitment files did not always contain all of the information required, however work was progressing on this. Incidents and accidents were logged, there was consistent recording and follow up. Infection prevention and control remained satisfactory. People were protected against abuse and neglect. Premises risks were assessed, and mitigation of risks was satisfactory.

There were improvements to systems and processes in place to ensure safe, compassionate, well-led care. The service is compliant with regulations, however further improvement is required. The service's action plans were being used to track progress. The service had liaised with people, relatives, staff and the local authority to drive improvement. There is evidence of a programme of audits, completed at different intervals, however more time is required to review the system of audits and checks. There is evidence of meetings with people, relatives and staff. The oversight by the the management team is good and they are proactive at following up actions required. Staff reported an improved workplace culture. We made a recommendation about visits by the provider's trustees.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 4 September 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider improved policies and procedures for safeguarding and sought advice regarding safe recruitment of staff. At this inspection we found the provider had improved policies and procedures; work on ensuring fit and proper persons were employed was ongoing.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 8 June 2021 and 16 June 2021. Breaches of legal requirements were found. We issued two warning notices and the provider completed an action plan after the last inspection to show what they would do and by when to improve. This included safe care and treatment, sending notifications, openness and honesty and management systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all inspection reports and timeline' link for Winton House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Winton House

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and an Expert 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.

#### Service and service type

Winton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Winton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we already held and had received about the service since the time of the last inspection. We sought feedback from the local authority, safeguarding team and other professionals who work with the service. We checked information held by the fire service, Companies House, the Food Standards Agency and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

### During the inspection

We spoke with three people and nine relatives. We observed people's care and staff interaction with them. We spoke with the registered manager, deputy manager, care coordinator administration manager, maintenance person, care workers and cleaners. We asked staff on shift to complete a survey and received eight responses. We reviewed a range of records. This included multiple people's care records, a personnel file and medicines administration records. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We wrote to the registered manager and nominated individual after the site visit and requested some information. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received multiple additional documents and written explanations.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested and received quality assurance documents and premises and equipment records. We contacted the service to ask further questions for outstanding matters.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the inspection on 8 June 2021 and 16 June 2021, there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were placed at potential risk of harm due to the poor management of risks. We served a warning notice against the registered manager and provider.

Enough improvement was made, and the registered persons were no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

- People's care risks and risks from premises and equipment were better assessed, understood, mitigated and documented. Management oversight of risks had improved.
- New risk assessments for people's care were in place. These included for moving and handling, eating and drinking, medicines and continence. They were individualised and reviewed regularly.
- Some people still sustained falls. However, improvements were made to prevent and manage falls. This included better risk assessments, a new policy and procedure, instructions for staff about preventing falls, training and improved analysis of falls incidents. A physiotherapist was routinely involved with people at risk of, or who had sustained falls.
- People with medical conditions which placed them at high risk of harm had appropriate risk assessments and care plans in place.
- Assessment and mitigation of risks from premises and equipment had improved. This included the employment of a full-time head of health and safety, remedial works to prevent Legionella in the water system, improvement to fire safety and better documentation of daily, weekly and monthly routine maintenance checks.
- The risks of scalding from hot water was assessed, although some further adjustments and more scrutiny is required. The registered manager was accepting of this feedback.
- Relatives stated, "[The person] is incredibly well looked after, I have nothing but praise for the staff", "I am very happy with Winton House. . . [the person] is well looked after" and, "The carers are really kind and treat [the person] well."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

### Using medicines safely

At the inspection on 8 June 2021 and 16 June 2021, there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because systems were either not in place or robust enough to demonstrate medicines were effectively managed. We served a warning notice against the registered manager and provider.

Enough improvement was made, and the registered persons were no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

- Improvements to the management of medicines at Winton House were made. Further ongoing improvements are required. We advised the registered manager of further areas to focus on.
- We made a previous recommendation that the provider improves the management of medicines incidents and medicines audits. Medicines incidents were investigated appropriately. Auditing of medicines management occurred regularly, however the scope of the audit required expanding. The care coordinator accepted this feedback.
- A medicines room was specifically developed. This provided storage for the trolleys, records, stock, medicines under strict control ('controlled drugs') and space for staff to complete documentation.
- New medicines policies were in place and staff had regular competency assessments of their medicines management techniques.
- Documentation of medicines was satisfactory. Areas requiring further work include reducing handwritten transcription of medicines on the charts, removing outdated information and forms and counting stock on hand and used.
- We signposted the registered manager to the clinical commissioning group for advice on preventing overordering medicines.
- Staff were kind and patient when administering medicines to people.

### Learning lessons when things go wrong

At the inspection on 8 June 2021 and 16 June 2021, there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not maintain complete and contemporaneous records in relation to people's care and decisions taken in relation to the support provided. We served a warning notice against the registered manager and provider.

Enough improvement was made, and the registered persons were no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

- The documentation and management of incidents and accidents had improved. The management team made several amendments to processes to ensure incidents and accidents were handled satisfactorily.
- Incidents were clearly documented. They were acted on promptly by the management team. Sufficient details were present in the records, and these linked to people's respective risk assessments and care plans.

- Medical assistance was sought, if needed, for people who had sustained harm from an accident. This ensured people's welfare.
- The outcomes of incidents and accidents were shared with the staff at the service. This allowed staff to reflect on how incidents occurred and if they could be prevented in the future.
- The management team analysed incidents and accidents on a regular basis; they used this to inform governance of the service.

#### Systems and processes to safeguard people from the risk of abuse

- We made a previous recommendation about the policies and procedures for protecting people from abuse. The service had a new policy and procedure which ensured people were safeguarded.
- People were proactively protected against abuse, neglect and discrimination. Their equality and diversity were respected by staff.
- Staff confirmed they received training in safeguarding people and knew what to do if there was an allegation of harm.
- People said they were safe. They stated, "I feel quite safe here, the staff are kind and they listen to you. When I call them, staff come quickly, even at night", "I feel safe here..." and "I am quite happy here, they are very good to me. You always feel you are the important one. If you need them, they come quite quickly even at night."

#### Staffing and recruitment

- We made a previous recommendation about safe recruitment procedures. The service acknowledged the recommendation, but further work is required to strengthen changes already made.
- Audits of personnel file content were conducted. They were satisfactory but had missed some minor points we found. People had not sustained harm as a result.
- The files contained information about employees required by the regulation, such as checks of prior conduct and criminal history records. There were interview notes and proof of prior qualifications.
- We wrote to the registered manager after the site visit. They accepted our feedback. They immediately met with the administration manager, changed forms to enhance the information collected and reviewed personnel file processes to ensure future content is robust.
- Sufficient staff were deployed to meet people's needs in a timely way. Call bells and people's requests for assistance were answered promptly.
- Staff wrote, "Staffing is very good at our home...", "There are enough staff...if short we can have agency [workers]" and, "Yes, there is enough staff."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Procedures for visiting people at the service were in line with government guidance at the time of the

inspection.

- Relatives provided compliments about the service's operation during the pandemic. Comments included, "They all did an exceptional job during COVID-19, the home is exceptionally clean, and everybody wore full protective clothing" and "They coped magnificently during the pandemic."

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. Further improvement to governance of the service is required to support the delivery of high-quality, person-centred care.

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

At the inspection on 8 June 2021 and 16 June 2021, there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider failed to evaluate and improve their practice in respect of the monitoring they had completed to drive forward improvements. People were put at potential risk of harm as effective governance arrangements were not in place. We served a warning notice against the registered manager and provider.

Enough improvement was made, and the registered persons were no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

- A full-time head of health and safety was employed since the last inspection. They were suitably experienced and qualified to ensure the health and welfare of people, staff, relatives and other visitors.
- Documentation demonstrated how they had assessed health and safety risks, liaised with external contractors, organised remedial works to be completed and reported progress to the registered manager.
- The registered manager willingly and openly pointed out health and safety risks during the site visit. They explained how they were being managed, for example progressive replacement of damaged carpet in hallways. They were fully aware of the hazards and how they were reduced to prevent incidents of avoidable harm.
- The registered manager demonstrated a better awareness of health and safety, and more time was available to them to manage other governance matters.
- The service organised a mock inspection from an external auditor in early 2022. Several areas were identified for the service to work on. Some were completed, whilst others remained in progress.
- Audits by the registered manager, deputy manager and nominated individual were completed. For example, this included medicines management, personnel files and care plans. The audit tools were satisfactory but could include more detail to ensure risks are more adequately assessed. The registered manager accepted our feedback and acknowledged they would review the audit tools with the nominated individual.
- The statement of purpose and provider's website required changes to ensure compliance with law. Once this was highlighted, the registered manager and nominated individual promptly addressed this. They were receptive to our findings.
- The trustees of the provider visited, although they were not regularly scheduled visits. They wrote brief

notes after their visit. The entries showed the trustee representatives engaged with people and spent time observing care. Compliments and simple suggestions for improvement were made by the trustees. This demonstrated better oversight by the provider.

We recommend the provider's trustees visit regularly to check the quality of care at Winton House.

At the inspection on 8 June 2021 and 16 June 2021, there was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 because the provider had failed to notify us of all the events it was legally required to do so. We issued a requirement notice and requested and received an action plan.

Enough improvement was made, and the registered persons were no longer in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 at this inspection.

- Since the last inspection, the registered manager notified the CQC of all events required by law.
- The registered manager and nominated individual were knowledgeable about which events must be reported, and to report them 'without delay'.
- The management team reported issues to other relevant bodies as required, for example to the local authority, commissioners and safeguarding team.
- Records of incidents, accidents and other key performance matters were prominently displayed in the building so people and others could check the performance of the service and safety of care.

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

At the inspection on 8 June 2021 and 16 June 2021, there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider failed to evaluate and improve their practice in respect of the monitoring they had completed to drive forward improvements. People were put at potential risk of harm as effective governance arrangements were not in place. We served a warning notice against the registered manager and provider.

Enough improvement was made, and the registered persons were no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

- All policies and procedures were replaced at the service after the last inspection. The policies referenced and linked to best practice guidelines. The documents were available online or in printed form. Staff confirmed they had access and read them, as required.
- Prior care planning arrangements were replaced with a new electronic system. These were comprehensive, covered all areas of people's lives and care workers made notes relevant to the support people received.
- The registered manager was actively monitoring the content of care worker entries. For example, they explained that staff could better document people's communication and emotional needs. They had analysed data in the system to check which areas of documentation required improvements.
- People's protected characteristics, set out in the Equality Act 2010, were documented in the care system. The care planning system contained mandatory questions about this, so people's diversity, human rights and unique traits were recorded and respected. Staff had received appropriate training in line with the same principles.
- The service worked effectively in partnership with other agencies. There was evidence of working with the

local authority and clinical commissioning group to improve care and practice since the last inspection.

- The local authority wrote, "We have no current concerns with Winton House. We carried out monitoring visits at the end of last year and beginning of this year and had an action plan with Winton House...the [registered] manager and the deputy manager. The home and management are very engaging and wanted to work with us to make improvements...we have always been warmly welcomed and felt any feedback and recommendations given [were] taken on board."
- Meetings and action plans with the local authority were used to drive forward improvements.
- The management and staff actively listened and engaged with people and relatives. There was good communication and positive comments.
- Staff described a positive workplace culture. Most staff stated they worked well with others and enjoyed caring for people at Winton House.
- Relatives said, "They always keep me up to date with how [the person] is", "[The person] did have a fall, no injury, and I was informed straight away" and "I have met the manager, she is helpful and keeps in touch by email. The home is well-organised."
- People confirmed a visible management presence. They said, "I see...the [registered] manager, about the home, she joins us at mealtimes", "I know the managers, I keep my door open, they give me a wave. I like it here, I can do what I want, when I want" and "I see [the registered manager] about the home, she often speaks to me."

Staff commented, "We have regular meetings. [The registered manager] is happy to listen to any ideas", "I have been able to speak to the [registered] manager about any issues..." and, "[Communication] is much better; we are kept up to speed with what is going on."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the inspection on 8 June 2021 and 16 June 2021, there was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered manager failed to ensure they triggered the duty of candour requirements when needed. We issued a requirement notice and requested and received an action plan.

Enough improvement was made, and the registered persons were no longer in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

- The service had improved its openness, honesty and integrity. This increased the level of candour of information for people, staff, relatives and health or social care professionals.
- The registered manager was aware of notifiable safety events (serious injuries) and when the duty of candour requirement was required.
- There was evidence that people or their representatives were informed of mistakes or incidents, and relevant information was provided to them. This included expressions of regret or a written apology.
- Candour was used for all incidents. For example, if a medicines error had occurred which resulted in no harm to a person, the service still took time to explain the incident and say sorry.
- Staff stated they knew how to report concerns. They confirmed they knew how to whistle blow and felt they would be supported by management to do so.
- One notifiable safety incident occurred since the last inspection. Most of the documentation was on file, although one item was not found. The registered manager provided an explanation and we have accepted this. We are satisfied the duty of candour requirement was met for this event. Other care documentation on file supported this.
- Relatives stated, "The communication has improved since the last report. I used to phone and you

couldn't get an answer, now they email and let me know about hospital appointments. The manager is approachable, we often have a quick chat. The home is well-run, really clean and presentable" and, "The home runs very smoothly, no improvements are needed."