

Windsor Lodge Care Home







Windsor Lodge Care Home

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	

Overall summary

This inspection was undertaken over two days. Windsor Lodge Care Home provides accommodation and support for older people. The service can accommodate up to nine older people. At the time of our inspection eight people were using the service.

The service had a registered manager who had been in post since the service registered with the Care Quality Commission in January 2011. 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.

We found the service was providing care that was personalised to meet their needs within a warm homely atmosphere. Staff understood the needs of the people living in the home and were committed to improving people's quality of life. They provided care and support with kindness, empathy and compassion. People were

Summary of findings

cared for and supported by a dedicated caring team led by a manager who was proactive in continually looking at ways of improving people's experience of care and further developing the service in their best interests.

Staff were appropriately trained and skilled. They received a thorough induction when they began working at the home and regular training thereafter. They were committed to make sure the care provided was safe and effective to meet people's needs based on local and national best practice. Staff told us they felt well supported and received regular one to one supervisions and an appraisal of their work. The manager monitored their work and discussed with them any further developmental needs to enable them to further develop their skills to enhance the lives of people using the service.

People and relatives we spoke with told us they felt safe and knew who to speak to if they had any concerns. Staff understood their duty of care and responsibilities regarding safeguarding people from harm and knew what to do if there were any instances or allegations of abuse including making any referrals in the absence of the manager. Independent advocacy services were available for people to access if they wanted the assistance of an advocate; one person had been supported to access such a service and this had been successful.

Staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how it related to people living in the home. Staff we spoke with demonstrated an understanding of capacity and consent, and acting in people's best interests.

People were involved with meal choices and menu planning so they met their individual needs and at times suitable to them. Any specialist diets were catered for. For example one person was a vegetarian and their needs were met well.

The registered manager assessed people's dependency levels regularly to ensure there were enough staff on duty to meet people's needs appropriately. People we spoke with told us there was always enough staff and one added "You always have the feeling that there is someone around when you need them. I only have to ring the bell and staff come quickly."

We found the service to be well-led by a registered manager who was committed to provide a high quality of care in which people's needs and preferences remain the focus on care delivery. They continually strived to look for new ways to improve the service and involved both the people who used the service, visitors and relatives in the process. They had an open door policy and were available to meet with people and/or relatives when they required.

People living in the home and their relatives were very happy with the services received and felt they had made the right choice when deciding on a home to meet their needs. They found it to be a well-managed home, which put people at the centre of everything that was done in the home which centred around the people who lived there. People were treated like family including visitors and relatives to the home.

Summary of findings

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.

Care and support was planned with people's health, safety and welfare in mind. Staff were clear about the procedures to follow if they had concerns regarding people's health, safety and welfare. They understood their duty of care and responsibilities in relation to safeguarding people from harm and were confident to use the whistle blowing procedure to highlight poor care practices.

Staffing levels were regularly reviewed to ensure there were enough competent staff on duty to meet people's needs safely and appropriately.

People told us they were consulted about their care and support and were able to make choices about how and when their care was delivered

Good



Is the service effective?

The service was effective.

Staff followed the provisions of the Mental Capacity Act 2005 to ensure decisions were based on people's best interests. Where people rights were restricted the necessary applications under the Deprivation of Liberty safeguards (DoLS) were made. This ensured the rights of people they cared for were upheld.

Staff completed training relevant to their role and the needs of people using the service to enable them to provide care and support effectively.

Good



Is the service caring?

The service was caring.

People told us staff treated them in a kind, gentle way and always respected their privacy and dignity.

People were given choices in relation to how they spent their day, what time they wished to retire to bed and get up in the mornings as well as choices around what they liked to eat.

We observed staff gave care and support in a warm compassionate manner and according to people's wishes and preferences.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support according to their needs and wishes, whilst maintaining their independence where they were able to do so.

Staff worked jointly with other health care professionals to meet people's needs in the most appropriate way. Where their needs had changed, actions taken were recorded and care plans and risk assessments were updated accordingly.

Systems were in place to enable people and their visitors to raise any concerns or complaints and ensure they were dealt with in a timely manner.

Good



Summary of findings

Is the service well-led?

The service was well led.

The registered manager has a track record of being an excellent role model, actively seeking and acting on the views of others through creative and innovative methods. They update their own training in managerial aspects of care and provided an effective role model for staff to follow.

They management team were committed to provide a high quality of care in which people's needs and preferences remained the focus of care delivery.

Staff felt valued and worked together well as a team. They found the manager approachable and had no concerns in bringing any concerns to their attention.

Good



Windsor Lodge Care Home

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 checked 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.

We undertook an unannounced inspection of Windsor Lodge Care Home inspection on 16 and 17 October 2014. The inspection was undertaken by one inspector and was unannounced.

At our last inspection on 20 December 2013 the service met all the regulations inspected.

Before the inspection, the provider completed a 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 improvements they plan to

make. We reviewed the information provided within the PIR and local intelligence the Commission holds about the service. We noted the provider always notified us of any important events that affect people's health, safety and welfare as they are required to do under the Health and Social Care Act 2008. The notifications were received in a timely manner and provided information on any actions they were taking to ensure the health, safety and welfare of people who used the service.

During the inspection we spoke with the registered manager, five people who were using the service, three relatives and one friend/advocate. We spoke with five staff and case tracked and reviewed care records for three people using the service. We also reviewed a range of policies and procedures, a selection of quality audits, actions plans and reviewed five staff personnel records. Over the course of the two days we observed the care and support people received and the interactions between the staff and those they supported.

Is the service safe?

Our findings

People told us they felt safe and were confident to speak with the registered manager, the proprietors or their keyworker if they had any concerns. A keyworker is a member of staff who co-ordinates all aspects of a person's care at the service.

Care and support was planned with people's safety and welfare in mind, both within the home and in the wider community. People were supported to make choices and were involved in decisions about any risks to their health and welfare and the management of these. For example, people had been consulted with around the decision as to whether they wished to have an influenza vaccination, to protect them during the winter months. This had included discussing the risks and the benefits to ensure they had all the information to allow them to make an informed decision. Their written consent or refusal had been gained and documented within their care files.

Previous inspections have always shown that safe procedures were in place for recruiting new staff. We were informed only two new members of staff had been employed since our last inspection. We looked at documentation in these two new staff members' personnel files. We saw checks had been undertaken to ensure their suitability to work with older people. A Disclosure and Barring Scheme (DBS) check had been undertaken, references sought, a health declaration provided and a working history had been gained before they began working at the home. We noted the working history for one person did not provide a full working history with any gaps explained. We highlighted this to the registered manager who took immediate action to rectify this. We received confirmation and documentation the next working day to show the registered manager had followed up the shortfall with the staff member concerned and had gained a full working history and any gaps had been explained. This was signed and dated by the staff member.

Risks to people's safety were appropriately assessed, managed and reviewed to ensure their safety and welfare. Each of the care records we saw contained an up-to-date risk assessment with guidelines in place for staff to follow. These included any risks in relation to moving and handling, nutrition and hydration, pressure area care and medication. These were supported by clear guidelines for staff to follow. This ensured people could choose to take

reasonable risks within a risk management process which ensured their safety in the least restrictive way possible. For example, risk assessments were in place for people accessing the local community.

People had been provided with the equipment they needed to meet their needs. These included profiling beds, pressure relieving mattresses and grab rails. One person told us they had discussed the use of bed rails with staff and had chosen to have them so they remained safe in bed. This showed any risks were discussed with people and managed within a risk management process whilst enabling them to maintain independence wherever possible.

We observed a medication round and saw that there were suitable systems in place to ensure the safe storage and administration of people's medicines. Staff were trained and their competency assessed before they took on the responsibility to manage and administer people's medicines. This ensured only staff who were competent and knowledgeable managed people's medication. Systems were in place to regularly audit medicines within the home to ensure they were managed safely and in line with the homes policies and procedures. Where any concerns were highlighted actions were taken and discussed with staff and GP and the pharmacy to prevent a reoccurrence and maintain people's health and welfare.

The service had arrangements in place for responding to emergencies. For example we saw that personal emergency evacuation plans were documented and completed in people's care plans. These informed staff how people were to be evacuated in the case of an emergency such as fire. These were reviewed monthly with their key worker to ensure they remained up to date and any changes had been documented.

Staff understood their duty of care and responsibilities in relation to safeguarding people from harm. Through discussions with them, it was evident they were knowledgeable about what constituted abuse and were able to provide examples of different types of abuse. They were familiar with the whistle blowing policy, and knew they were to report any allegations or incidents of abuse to their line manager. They told us they had access to policies and procedures to guide them on how to deal with any allegations or suspicions of abuse. We saw these were freely available to staff in the staff room. Information about referring any allegations or incidences of abuse in the

Is the service safe?

absence of the manager was available on the staff noticeboard. This was in the form of an easy to follow flowchart which detailed the referral process and the relevant contact details.

The manager confirmed they worked collaboratively with the local authority to safeguard and protect the welfare of people who used the service by reporting any concerns and attending any safeguarding meetings. We discussed one such incidence in which the registered manager worked together with the local authority, which showed the service took steps to support people to access advocacy services to safeguard and protect their welfare.

People we spoke with told us they felt there were always enough staff available to meet their needs both during the day and night. They told us their call bells were answered quickly and were never left waiting. A visitor we spoke with was very positive about the service; they told us they visited at least three times and said "I have always found there is enough staff."

Systems were in place to manage and monitor the staffing levels within the home. The registered manager explained each person's individual dependency was assessed on a monthly basis. These were then collated to inform the staffing levels to ensure there were enough competent staff on duty to meet people's needs appropriately. We saw documentation within people's care plans to verify this. We were informed that since the last inspection in December 2013, the service had employed a further two part time afternoon staff, three days a week, to cover the busy period of the day. Staff told us this had worked well. Staff we spoke with felt there were generally enough staff to meet people's needs and told us the registered manager always made herself available to work 'hands on' if the need arose. One staff member told us the registered manager was actively recruiting staff due to a change in some staffs' working hours. This showed the service acknowledged and adapted the staffing levels when required or if people's dependency levels changed to ensure a suitable number of staff were available to meet people's needs safely.

Is the service effective?

Our findings

People were supported to have sufficient to eat and drink throughout the day and to maintain a healthy well balanced diet. The care plans we viewed contained nutritional screening assessments and records to show people were weighed regularly to ensure they received adequate nutrition and maintained a healthy weight. Information about people's specific dietary needs and the level of support they needed were also documented. During our visit we observed lunch being served in the dining area of the home. We observed the meal time was taken in a relaxed manner in which people were not rushed and lots of positive interactions took place. We observed staff prompting and assisting others who had chosen to eat their meals in their rooms or in the lounge. Assistance was offered in a kind discreet manner. One person told us they went out with family on occasions and on these occasions the staff were very attentive in ensuring a meal was available to them at whatever time they returned. This showed that there was flexibility to meet people's individual needs.

There were procedures in place in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS). The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. They aim to make sure that people in care homes, are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

Staff we spoke with demonstrated an understanding of capacity and consent, and acting in people's best interests. Staff had received MCA and DoLS training and showed a good knowledge in this area and how it related to people who lived in the home. They told us they always explained what they were going to do and gained people's consent prior to providing them with any care or support. This was confirmed to us by the people we spoke with and through our observations.

The registered manager demonstrated a knowledge and understanding of the MCA and DoLS and when an application was to be made to the authorising local authority. We were advised of a person for whom an application had been made. We saw an application had been appropriately completed and referred to the local

authority. This ensured there were proper safeguards in place to ensure decisions were taken in this person's best interests and involved appropriate professionals. The provider had a good track record of notifying the Care Quality Commission of any such referrals and informed the Commission of the outcome of referrals. This meant the provider acted in accordance with legal requirements.

Staff confirmed they received training during their induction period, after which they shadowed experienced staff until they felt comfortable and had been assessed as competent to undertake their role. Their competency was assessed by the registered manager who observed their practice to ensure the learned skills and knowledge were put into practice safely and effectively. We spoke with a new member of staff about their induction process. They told us the induction was a thorough five day training course and said "I found it very useful, even though I have done caring in the past." They told us it covered areas relevant to the needs of the people they provided care and support for and covered subjects which the provider deemed as mandatory. This included health and safety, first aid, moving and handling, safeguarding, medication, mental capacity and deprivation of liberty safeguards and fire awareness. This helped ensure they had the knowledge and skills to undertake their role safely and effectively.

Staff told us they were provided with a good level of training to assist them in their roles. They said the manager was very proactive in ensuring their training was up to date. We looked at five staff files and the staff training matrix and saw relevant training had been provided to meet the needs of the people who used the service. This included the organisations mandatory training which included moving and handling, safeguarding, health and safety, medication handling, mental capacity and deprivation of liberty safeguards. Further training to meet the specific needs of people using the service included stroke awareness and dementia. Certificates to evidence this were seen to be held in each staff members' personnel file.

Staff were encouraged to discuss their personal development any further training and reflect on their values and care practices through their one to one supervisions. One staff member informed us they raised an interest in further developing their skills around the end of life care and the manager was looking into further training for them to undertake so they could develop their skills further. We were also informed the service had invited the

Is the service effective?

tissue viability nurse to provide the staff with some training and further knowledge to develop their skills in relation to skin tears. Similarly the local authority had been invited to provide some extra training

The service had innovative and creative ways of developing their staff which encouraged them to expand on their training and take responsibility to keep up to date with new research and guidance in a particular field of interest. Each member of staff took on the role of champion in their chosen field. These included safeguarding, dignity in care, infection control, medication, pressure area care and end of life. The lead had responsibility to monitor practices in the home and support fellow colleagues to provide a service that promotes best practice and people's well-being effectively.

We noted most of the staff had worked at the home for a long period of time which meant there was a stable team of staff who knew the needs of the people and provided continuity of care. Staff we spoke with felt well supported and enjoyed working at Windsor Lodge.

People confirmed they were visited by other health care professionals, such as the district nurse, GP, chiropodist, audiologist and optician. One person told us their relative dealt with any health care appointments such as hearing tests but added the home would do this if their relative was unable to do so. They told us "If I wasn't feeling well, they would get the doctor for me." Records within people's files showed the organisation took an active part in liaising with relevant health and social care professionals for advice when required. These included contacting GP's, district nurses, dietitian, psychiatrists, independent advocates, tissue viability nurse, care managers and commissioners of people's health and social care requirements. This ensured people's health and social care needs were met appropriately and involved people who played a role in people's health and wellbeing. The registered manager and staff kept people informed of any planned health professional visits and invited people to make an appointment with them to review their needs, seek advice or request any products or services if they wished to. These had included a dentist, continence nurse, hearing aid clinic and opticians.

Is the service caring?

Our findings

The service put people at the centre of everything that was done in the home. People were treated like family including visitors and relatives to the home. A friend of a person who used the service told us, “They [the staff] are absolutely amazing with her. I visit at least three times a week and they [the staff] are very proficient and caring and show kindness.” They told us when they were looking for a care home for their friend they were looking for “An environment where I would have put my own mum and I certainly would have here. I got this wonderful feeling of warmth and kindness and felt this was the place for her.” A visitor told us the staff were absolutely amazing with their friend. [Person’s name] interacts with all the staff and they do lots of activities with them all. They said [person’s name] had come on in leaps and bounds since [person’s name] has been here. They added “they are very proficient and caring”.

People told us they were happy with the staff and had built positive relationships with them. One person said “I am looked after well; they are kind and caring and do their best.” Two further people told us they had previously stayed at the home for a period of respite and had such positive experiences that they had chosen to remain living at the home permanently. One said “They [the staff] are very good and they respect my privacy and dignity. They always knock on my door before entering and keep me covered when I go to the bathroom for a bath. They are very thorough and gentle. I only have to ring the call bell and the staff come quickly.”

Staff interacted in a positive way with people living in the home. We observed staff talking with and supporting people in a kind, gentle and compassionate manner. Staff showed patience and encouragement when supporting people and had a good understanding of people’s needs and knew them well. We noted staff, the registered manager and proprietor took time and joined people during mealtimes and there was lots of friendly discussions and laughter. Similarly, we saw positive interactions between staff and visitors to the service.

People were given choices in relation to how they spent their day, what time they wished to retire to bed and get up in the mornings as well as choices around what they liked to eat. One person told us they were vegetarian and the home catered for their needs very well.

People were involved in planning activities they liked to see available in the home. This was to ensure their social needs and preferences were taken into account. One example was in which a knitting club had been arranged so people could continue to maintain their interest in knitting with others.

We observed a discussion taking place in the lounge in which the registered manager was encouraging people to express their thoughts and feelings around their retirement, losing a loved one, their personal experiences of living at home on their own to that of a care home. There was a lot of discussion from people living in the home about social isolation and the general consensus was that they felt a part of a family and did not feel alone at Windsor Lodge. The discussion moved on to gaining people’s ideas, thoughts and feelings about the following years National Older People’s Day and how they would like to see it celebrated. The outcome was people were all in agreement that they would like to celebrate the day by bringing people together from all generations to promote greater understanding and respect between generations. They discussed who they would like to be invited to celebrate the event and to have the opportunity to show what they had achieved over the year. This showed people were encouraged to express their thoughts and feelings and have their views taken into account.

The registered manager informed us they had recently updated their welcome package provided for prospective and new residents in the home. They told us they had taken care to ensure to include people views and considerations of what they as a user of the service felt would be useful for potential new users of the service from a users’ point of view. This was verified by minutes of meetings we viewed. This showed the provider listened to and acted upon people’s views both within the home and in their publications about the service.

The service recognised the importance of a caring supportive environment which welcomed people’s friends and families and actively supported them to continue to maintain relationships they had prior to moving into the home. One visitor told us “Because there are so few who live here it’s very homely. It’s like a big family. I am thinking of putting my name down.” Another visitor told us “There is a wonderful feeling of warmth and kindness and it’s such a peaceful atmosphere. ... I have found them to always be very proficient and caring.” Relatives told us the staff were

Is the service caring?

very caring and showed concern for people's wellbeing. They said they were always kept informed of any concerns to their relative's health. One added "Communication is very good, meetings are arranged to review mums care and everything is explained thoroughly." Visitors told us they were welcomed to visit at any time and the atmosphere was one of inclusion.

Staff took time to support people to express their views and be actively involved in making decisions about their care and support. This included discussing the care they presently received and also discussing sensitive issues in relation to how people wanted to be cared for at their end of life. People's preferences and choices had been clearly recorded and took into account how their privacy and dignity was to be maintained.

Each person had an advanced care plan which was kept within their care plan. They were personalised and detailed

what was important to them at this time and how they wished to be cared for and who they wanted to be involved. They were reviewed with them every month, to ascertain if their choices remained the same or if they had any further thoughts and wishes to add, or if they wished to change anything previously documented. All those we viewed had clearly requested they would prefer to remain at Windsor Lodge for end of life care unless their needs changed and could no longer be met there. This showed people were happy with the care provided and were comfortable to discuss their thoughts and feelings with staff so their wishes could be carried out as they wanted. End of Life (EOL) care was overseen by the registered manager but plans were in place over next 12 months for the EOL Champion to be further trained so they could take the lead in this area of care and support fellow colleagues in this sensitive role.

Is the service responsive?

Our findings

Documentation within people's care files showed their needs had been assessed prior to them moving into the home and receiving a service. The registered manager visited people before they moved into the home so they could assess and discuss their health, social and personal care needs, choices and preferences with them and their family or their next of kin. This enabled people and their representatives to be confident their needs could be met appropriately and set out in a care plan detailing what they could do themselves and what staff were required to do. This ensured people received personalised care and support according to their needs and wishes, whilst maintaining their independence where they were able to do so. A relative told us they were very impressed with the initial assessment. They told us "[named assessor] was excellent, she explained everything thoroughly and answered all our questions."

People and their relatives told us they were consulted with about their care and support needs and were fully involved in the development and reviews of their care and support plans. This was evident in the care plans we viewed. They were personalised according to people's individual needs, preferences and wishes. They contained signed documentation to show they and/or their representatives had been consulted with and agreed to the contents.

We looked at the care and support records for three people who used the service. Each care plan provided staff with detailed guidance about people's individual health, social and personal care needs. They provided staff with information on people's individual likes and dislikes and how they were to meet their expressed needs. This ensured people received care and support in a way they preferred.

Care plans we viewed had been regularly reviewed in consultation with the person, their representatives and their key worker to ensure it was up to date and met their needs accordingly. Where any changing care needs were identified they had been documented in their care and support files and communicated to the staff team. This meant people's care and support was planned and reviewed proactively with their involvement.

Records of health professional visits and any actions taken were recorded and care plans updated where people's care needs had changed. This showed staff worked jointly with other health care professionals to meet people's needs in the most appropriate way.

The service had a complaints procedure in place to enable people to raise any concerns they had. A copy of the complaints procedure was on display in the home for people and visitors to see. This could be made available in large print, on audio and in different languages to suit the needs of the individual. The registered manager informed us they had received two formal complaints during the last twelve months. Both had been resolved and were dealt with in a timely manner. We saw these had been documented and investigated thoroughly. The actions taken and the outcome of the investigations were fed back to the complainants. Both complainants were satisfied with the actions taken and outcome.

We saw people's life histories had been completed with them which provided staff with a picture of the person's history, their hobbies and interests and family connections. People were supported to follow their interests and take part in social activities both within the home and in the local community. People told us they were provided with a good range of activities, which they could take part in if they wished. These included reminiscence, card games, film shows, arts and craft, knitting club, chair based exercises, group discussions of interest, shopping visits in the local community and visits to the local library to listen to speakers. This showed there were a variety of activities made available to ensure people were protected from the risk of social isolation.

Resident meetings were held quarterly. We looked at the minutes of the last three meetings held in 2014. Minutes of these meetings showed this was an opportunity for people to share ideas, make suggestions, raise any concerns and was also a means to share information. We saw topics of discussion had included gaining people's views and ideas on activities both inside the home and within the local community, refurbishments that were taking place in the home and discussions on literature provided for new residents. We noted any concerns raised during these meetings were documented and acted upon appropriately and at the following meeting people were asked if their concerns had been rectified to their satisfaction. One example was that in which people raised concerns about

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the softness of the towels. We saw actions had been taken to address the concerns and new softer towels were purchased and supplied. This showed people who used the service and staff were able to influence the running of the service and make comments and suggestions about any change.

We saw documentation to show a survey had recently been conducted in relation to people's views on the meals and choices provided. The results had been collated and fed back to people individually along with an action plan which had been put into place following the feedback. This was to ensure people were given the opportunity to feedback and make any suggestions that could be improved upon.

Is the service well-led?

Our findings

The service had a registered manager in post who understood and met their legal obligations including submitting notifications to the Commission in a timely manner. They were supported by a dedicated team of staff and by the providers, who lived on the premises. The staff demonstrated an all-round knowledge of the service, its vision and values and of the people who lived in the home.

The registered manager and provider were very much involved in the day to day care provided, by talking to people and their relatives, speaking with staff and observing their practices. The registered manager spent time 'hands on' alongside staff to support them during periods of staff sickness or leave. This meant they were able to monitor staff practices and any issues raised or observed could be dealt with immediately.

Staff told us they felt valued and worked together well as a team. They were happy in their roles and enjoyed working at Windsor Lodge. They told us the manager was approachable and they had no concerns in bringing any concerns to their attention. Comments included "I have been here 11 years and I love working here. I feel happy looking after everyone, they deserve the best of care." Another carer told us "I find the manager very approachable, she is fun but fair." A further carer told us the registered manager "is brilliant, she is very supportive and you can talk to her openly. She is really involved with the residents and is 'hands on.'" They told us they had not been working long at the home but felt the care provided was "really good". They also added "From what I see, all the carers provide the best care they can and no one slacks."

The registered manager has a track record of being an excellent role model, actively seeking and acting on the views of others through creative and innovative methods. The registered manager was very keen to get feedback on views of the service and people were actively encouraged to provide feedback about the quality of care and services provided. People's views were sought both on an informal and formal basis. This was through talking to people and their representatives on a day to day basis, during their reviews of care, at resident meetings and through the use of surveys. People and their relatives confirmed they were

consulted with about the care and services they received and their views and choices were acted upon according to their wishes. This in turn provided them with the opportunity to contribute to improving the service.

In discussion with the Chef, it was evident they knew people's likes and dislikes. Any special dietary requirements were documented within people's care and support files. The chef said "With eight people in the home you know them well, it's just like a family." They told us they gained feedback on the menus and menu planning through day to day conversation and more formally through questionnaires. This ensured people could raise any issues and make suggestions for any improvements in relation to the food served at the home.

People were involved with developing the home and were included in interviewing potential new staff. This enabled them to ask questions meaningful to themselves, as users of the service and to feedback their views to the management team. This showed people's views were taken into account when recruiting new staff.

There were a range of audits regularly undertaken. These were in place to assist the provider to monitor the quality of service people received, manage any risks and assure the health, safety and welfare of people who used the service. These included auditing and monitoring people's care documentation, medication audits, infection control, nutrition and health and safety. Where any concerns were evident, actions were put into place to address them. For example a medication audit undertaken in July 2014 found staff were not always dating when medications with short shelf lives had been opened. This was discussed with all staff during one to ones and in a staff meeting to ensure the home's policy and procedure was understood and adhered to.

Checks were undertaken to check on the progress and ensure actions were completed in a timely manner. We saw documented evidence to verify this. This meant the provider had systems in place to continually review their practice and make improvements where needed.

A dignity in care audit was undertaken at the home in March 2014. This was undertaken by the Dignity Champion to review dignity challenges within the care provided in the home. The audit covered respect, autonomy, individualisation, confidence and self-esteem, loneliness and isolation, communication, complaints and

Is the service well-led?

engagement with carers. The aim was to carry out a comprehensive and structured evaluation of the staff in the context of dignity. Following the audit the manager provided staff with a personal assessment version to enable them to evaluate their own individual care practices in the context of dignity. The results of these were discussed in one to one supervisions and actions plans put into place to ensure people received outstanding care and support at all times.

We noted the home had recently been awarded the highest level in food hygiene from the local environmental health office, in June 2014 and the certificate was placed on the noticeboard within the home to share with people in the home and visitors alike. This showed the service had been assessed as having high food hygiene standards in the kitchen.

People who used the service, their relatives and visitors told us the registered manager was always available to meet with them if they wished to discuss anything. They said she had an open door policy and they did not need to make an appointment to see her. People said they found the manager to be open and transparent and said she was always visible in the home as well as the providers who lived on the premises. One person who lived in the home told us "As far as I am concerned we are well taken care of. I have no complaints." Another regular visitor to the home told us "If I have a query they act on it and deal with it very well."

The registered manager had a proactive approach in involving people, their relatives and visitors in all aspects of the home and gaining their views and ideas on how any improvements to the service could be made. We read documentation to show the manager had recently started

involving visitors and people's representatives who were happy to spend a short period monitoring the quality of service through the use of an observational tool. Following observation the observer was asked to document three areas they thought required development. The manager informed us this was an ongoing project and had proved to be a valuable tool which "Gives an insight from another person's perspective of how the care and support is delivered within the home." The registered manager informed us she had undertaken one observation herself which had been followed by one relative and an outside assessor. The registered manager explained that these observations would be combined with other information to give an overarching view of the quality of the service from a range of perspectives.

The manager updated their own training in managerial aspects of care and provided an effective role model for staff to follow. The manager was committed to provide a high quality of care in which people's needs and preferences remained the focus. They were proactive in looking at ways of improving people's experience of care and further developing the service in people's best interests. One such example is that in which Windsor Lodge was a member of the Dignity in Care Campaign for which they won the County dignity in Care Championships Award in 2013. The manager continued to be proactive and had completed a My Home Life Leadership Programme, attended by other managers of care homes. The aim was to share good practice and identify how as a service they could improve. This would enable the manager to help staff deliver an enhanced quality of life of older people in care homes and to maintain a positive culture within the home.