

Hosanee & Son Limited

Windmill Lodge

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

About the service

Windmill Lodge provides accommodation and personal care for up to 8 people aged between 18 and 65 years, who have a learning disability and autism. At the time of our inspection, the service was supporting seven people.

The service was a medium sized home, bigger than most domestic style properties. It was registered for the support of up to eight people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

People felt safe at Windmill Lodge. Relatives told us that people were safe in the service. A relative said, "I strongly feel that [person] is safe here." Staff knew their responsibilities in relation to keeping people safe from the risk of abuse. Risks were appropriately assessed and mitigated to ensure people were safe. Medicines were managed well so people received their medicines as prescribed.

The provider operated robust recruitment and selection procedures to make sure staff were suitable and safe to work with people. Staff received induction, training, support and supervision to enable them to carry out their roles safely.

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. We observed people's rights, their dignity and privacy were respected.

People and their relatives said all staff were caring, respectful, welcoming and treated them with dignity. A relative said, "They are welcoming, I come anytime."

People's support plans clearly detailed their care and support needs. People and their relatives were fully involved with the care planning process. Care and support had been delivered in line with people's choices. People received the support they needed to stay healthy and to access healthcare services. These were reviewed regularly. Staff supported people to maintain a balanced diet and monitor their nutritional health.

People and their relatives knew how to complain and felt confident any concerns would be listened and responded to by the provider.

There was a positive leadership in the service. The service was well led by a management team who led by example and had embedded an open and honest culture. Effective governance systems to monitor performance had been implemented, which enabled management oversight of the service.

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

Rating at last inspection

The last rating for this service was rated requires improvement (published 14 February 2019). 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.

Since this rating was awarded the provider has altered its legal entity and had registered with CQC correctly. The provider was no longer in breach of registration regulation. We have used the previous rating of requires improvement to inform our planning and decisions about the rating at this inspection.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Windmill Lodge

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Windmill Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with three people who used the service. We also observed staff interactions with people and observed care and support in communal areas. We spoke with four relatives.

We spoke with three care staff, the deputy manager and registered manager.

We reviewed a range of records. This included three people's care records and health care records. We also looked at three staff files including their recruitment and supervision records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received and reviewed the training data, complaint procedure and supervision schedule.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service since the provider had altered its legal entity. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The provider's homely remedies policy and procedure were followed every time medicines had been sent home when people visited their relatives. Records detailed medicines had not been taken out of their original packages when people went home. This meant staff had not been dispensing medicines into secondary storage devices thereby reducing medicines dispensing errors.
- Medicines audits were carried out monthly. There were no gaps or omissions in the medicines administration records (MAR), which demonstrated people received their medicines as prescribed. The audits checked for errors and reconciled medicines stock when delivered and administered.
- Staff had been suitably trained and followed the arrangements in place to ensure people received their prescribed medicines. Competency checks were in place to make sure staff practiced safe medicines administration.
- PRN (as required) protocols were in place and staff followed them. When PRN medicines were administered, the reason for administering them was recorded on the MAR chart.

Assessing risk, safety monitoring and management

- People's support plans contained detailed risk assessments linked to their needs. These explained the actions staff should take to promote people's safety while maintaining their independence. For example, one person liked to go to the local shop. We saw the person went out alone to the shop during our inspection. The person told us they were happy going to the shop alone. Risk to the individual had been properly assessed to help keep them safe.
- People had a personal emergency evacuation plan (PEEP) which was person-centred, detailed the support needed to leave in an emergency. Contingency plans were in place and staff were aware of what to do in the event of an emergency.
- People were protected from risks from the environment such as poor sanitation, unsafe use of chemicals and waste disposal. The environment and equipment were safe, well maintained and the appropriate checks, such as gas safety checks, had been carried out.
- Fire safety was managed. Fire risk assessments showed that actions identified had been completed. Fire drills had been held regularly.

Learning lessons when things go wrong

- Staff maintained an up to date record of each incident, so trends could be recognised and addressed. A record was made of actions that had been taken and how they were resolved. For example, one person had a fall in the lounge and the person was observed with no injuries. This was reviewed by registered manager and action was taken regarding a change of footwear.

- The registered manager had good oversight of incidents and accidents. The registered manager told us they reviewed these monthly. Records related to a recent local authority review showed care managers had been informed of incidents and accidents within the service.

Staffing and recruitment

- Staff were recruited safely, and checks were completed. Application forms were completed with no gaps in employment history, references and proof of ID were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- There were enough staff to keep people safe and meet their needs. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community.
- We observed that care was consistently delivered in line with how staff were allocated at staff handover and responded to people's requests throughout the day.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable and relaxed around staff. One person said, "It is a lovely place and I do feel safe here." A relative said, "My family is safe here. If not, I would have taken them out of the service."
- Safeguarding processes were in place. The risks of abuse were minimised because staff were aware of safeguarding policies and procedures. A member of staff said, "It is about protecting people from risk of harm or abuse. If I suspect anything, I will report to my line manager. If they do nothing about it, I can go to social services or CQC."
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and reported them internally and externally, where appropriate. Staff were confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "I can use the whistleblowing policy if for example my safeguarding concerns had not been dealt with by my line manager."
- Staff had access to the updated local authority safeguarding policy, protocol and procedure. The safeguarding procedure was on the notice board for staff.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. Staff were trained in infection control and food hygiene.
- Personal protective equipment, such as gloves and aprons, were used by staff to protect themselves and people from the risk of infection.
- The environment was clean, spacious and uncluttered during our inspection. The service was redecorated by the registered manager.
- The registered manager carried out infection control audits. Where any concerns were identified, these had been acted on.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service since the provider had altered its legal entity. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Newly recruited staff received an induction and worked alongside experienced staff. A member of staff said, "I have completed my induction. I also completed e-learning. I did shadowing with a senior member of staff as part of my induction." New staff were supported to complete 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had received the training and updates they required to successfully carry out their role. For example, all staff had completed first aid, Mental Capacity Act, fire and health and safety training. We observed staff seeking people's consent throughout our inspection before carrying out support required of them.
- Staff had attended training considered mandatory by the provider. Staff confirmed training they undertook was useful for their role. Specialist training was provided for staff. This included moving and handling, challenging behaviour and medicine administration.
- Staff received regular supervision meetings and an annual appraisal of their work performance with the registered manager. This was to provide opportunities for staff to discuss their performance, development and training needs. A schedule of staff supervision was in place, which the registered manager monitored. A member of staff said, "Managers are supportive. I do get supervision every month."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had assessed people's needs prior to them moving into the service. For example, people's assessments were completed using nationally recognised tools for risks relating to behaviour that may challenge.
- Records showed initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support. People were asked about their sexual needs and fed into their support plans appropriately. For example, people were enabled to meet other people and form relationships that mattered to them.
- Support plans were kept under review and amended when changes occurred or if new information came to light.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that they were.

- People's consent and ability to make specific decisions had been assessed and recorded in their support plans.
- Where people lacked capacity to make certain decision such as finance, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. For example, in the management of their finance.
- Staff had received training in MCA and DoLS and understood their responsibilities under the Act. People who lived in the service had been assessed and DoLS had been appropriately applied for and authorised.
- Staff gave us examples of ensuring people were involved in decisions about their care. Care records evidenced that staff knew what they needed to do to make sure decisions were taken in people's best interests if there were issues about capacity. We observed that people were supported to have maximum choice and control of their lives. The provider and staff respected people's decisions. For example, one person decided to change the day they go out to the local pub from Friday to Sunday. This was immediately communicated to all staff, which was adhered with.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs.
- People's individual health plans set out for staff how their specific healthcare needs should be met. For example, guidance on how people developing dementia should be supported were in place and followed by staff. People's oral healthcare needs were assessed and supported with visits to the dentist based on their assessed needs.
- Staff liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information when needed. There was regular visits to the GP when people felt unwell.
- There was a close working relationship with the local authority professionals. The provider sought advice from appropriate professionals where the service needed further support in meeting people's needs. This included the local speech and language therapist (SALT) team, demonstrating the provider promoted people's health and well-being.

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- People were supported to have enough to eat and drink and were given choices. Staff were aware of people's preferences, likes and dislikes and made sure these were available. For example, one person was supported to prepare their lunch based on their preference and the person told us they liked it.
- Staff told us a referral would be made to healthcare professionals if they had any concerns about anyone losing weight. Weight records showed people were weighed regularly and their weights were stable.

- The kitchen and dining area were spacious and fully accessible to people. People were fairly independent and enjoyed using the kitchen. People had free access to a large garden and all areas of the service.
- The service was designed and decorated to meet people's needs. The environment was spacious and decorated with people's involvement. People's rooms were personalised to suit their tastes and needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service since the provider had altered its legal entity. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well treated. Interactions between people and staff were kind, caring, positive and appropriate. The staff chatted with people in a friendly way. One person said, "It is a lovely place and staff are very good. They listen to me and are very caring." A relative said, "The care has been excellent. The carers are nice and good. They are very caring."
- The interactions between people and staff were positive, caring and respectful. Staff were patient and caring with people and showed compassion. For example, people regularly approached staff to ask for something and staff understood their needs. A relative wrote to us stated, 'The staff and people really care for each other and are able to grow emotionally as well as learn many life skills in the process.'
- People's care records contained information about their background and preferences, including emotional and sexual needs. Staff were knowledgeable about these. Staff were able to give us information about people throughout the day, without needing to refer to their support plans.
- Staff helped people to stay in touch with their family and friends. Relatives visited throughout our two days inspection.

Supporting people to express their views and be involved in making decisions about their care

- A relative said, "We are involved daily. Attention to details is given. The way they attend to people is personal. For example, they get into every tiny detail of the support required."
- People were supported to express their views throughout our inspection. People were supported in the kitchen to make their preferred lunch, to make tea or any other place they would like to go. Staff responded quickly and appropriately to their needs.
- People's support plans contained 'communication passports' which provided personalised information on how people communicated and how staff should communicate with them. For example, some people used key words as a means of communicating.
- Staff encouraged people to advocate for themselves when possible. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, listened to people and respected their choices. Staff upheld people's dignity when supporting them throughout our inspection. We saw staff did not enter people's rooms without first knocking to seek permission to enter.
- Staff gave people their full attention during conversations and spoke with people in a considerate and

respectful way.

- People were encouraged to maintain their independence where possible. For example, one person was supported to bake cakes as this was part of their goals of things to achieve to increase their independence. Others were seen to be supported to make their own hot drinks and lunches.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service since the provider had altered its legal entity. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had support plans in place, which reflected their current needs. People and their relatives were regularly involved in writing and reviewing their support plans. People had regular reviews with the healthcare professional and funding authority.
- Support plans covered all aspects of people's daily living, care and support needs. Support plans were personalised and each person's preferred personal care routines were detailed incorporating their preferences and skills as to what they could do for themselves. For example, development of daily living skills, such as housekeeping and cooking. A relative said, "There is nothing token here. Support is very personal here and they are good at it."
- Detailed daily records were completed by staff. Records included a log of personal care given, well-being and activities.
- People told us staff encouraged them to pursue their interests and participate in activities that were important to them. One person said, "I go to the [shopping centre] on Saturdays for shopping and I like it." Another said, "I went to the day centre today. I did dancing and liked it. I do go to the cinema sometimes. I like it here, going to the park and cafés." People attended colleges nearby. Other activities included, hydrotherapy, lunches out, cinema, use of the sensory room and day trips.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's support plans were in easy read or pictorial formats and people were able to understand them.
- Activities for people were written in pictorial and user-friendly form. This included, posters for cooking, food guides, and the complaint procedure. This meant that information was provided to people in a way that complied with the Accessible Information Standard.
- Information was shared with people and where relevant, available to people in formats which met their needs. For example, the annual quality survey questionnaire was in user friendly format, which enabled people to understand it.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if needed. One person said, "Staff are alright and caring. If I am not happy, I will talk to [X] staff." A relative also said, "If I have any concern, I will go to the manager

and they will listen."

- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.
- The service had not received any complaints since our last inspection.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and some people had these plans in place.

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.

This is the first inspection for this newly registered service since the provider had altered its legal entity. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had implemented a quality audit system to monitor the service. Weekly and monthly audits for all areas of the service were in place. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the registered manager. Areas audited included infection control, support plans, staff training, induction, supervision, health and safety and medication. The improved staff training, and induction audit had ensured improved consistency in this area.
- Record keeping had been adequately maintained. People's information were kept in the office and treated confidentially. Some records which were previously stored in the staff room on the ground floor had been securely stored.
- Staff had access to a range of policies and procedures to enable them to carry out their roles safely. Records confirmed that staff adhered with these policies and procedures. For example, the provision of medicine PRN protocol had been implemented.
- The provider and registered manager understood the responsibilities of their registration. Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. As this was the first inspection of the service as a new legal entity, we discussed this requirement with the registered manager, to ensure that the rating would be displayed in the office and on the providers website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives felt the culture in the service was person centred. A relative said, "It has been a life saver for us. My son was in an inappropriate placement before. They have taken measures to ensure person centred care is given, way beyond expectations." Another said, "So pleased, we have found this place. [Person] is in a good home here. We cannot fault the care delivered here. He is very happy here. For example, when we drop him here after every visit home, he does not look back. He will just go inside smiling."
- A member of staff said, "I have found it good on the whole. Quite supportive" Staff also told us that the management team encouraged a culture of openness and transparency.
- There was a positive culture and atmosphere between management, staff, relatives and people. Staff,

relatives and people told us the registered manager was approachable. Staff told us that management had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A relative confirmed this and said, "Management communicates well. They are happy in their work and approachable. They do contact me if there is anything to contact me about."

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

- There were a clear management structure at Windmill Lodge. Staff took on different responsibilities within the service. For example, there was a key worker system and some staff were responsible for daily, weekly and monthly checks.
- When things went wrong or there were incidents, the registered manager was open and transparent about these and informed relatives and commissioners as appropriate.
- The responsibility to uphold the duty of candour was understood by the provider and registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us that they were able to share their ideas and felt listened to. We observed this throughout the inspection. A member of staff said, "Good team work here, and it is like a family."
- Communication within the service was facilitated through staff meetings. Areas of discussions were medication, documentation and staff training. Feedback from the meetings was used to improve the service provision.
- The provider had systems in place to receive feedback about the service, including surveys. These were sent to people living at the service, staff, health and social care professionals and relatives. Feedback received showed that people were satisfied with the service provided. For example, one healthcare professional wrote, 'Staff in my experience are knowledgeable, experienced, helpful and honest.' Relatives wrote, 'The atmosphere is always relaxed'; 'People are absolutely treated with respect and dignity'; 'Very happy with the care provided by staff' and 'Management team are very kind and considerate.'

Continuous learning and improving care; Working in partnership with others

- The management team kept up to date with best practice and developments. The management team had built strong links with other local providers who they gained support and advice from.
- The management team had signed up to conferences and events in the local area to help them learn and evolve as well as building a rapport with providers and registered managers outside of the organisation.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management worked with funding authorities and other health professionals such as the speech and language therapist team to ensure people received joined up care. A relative confirmed this and said, "They built relationships with healthcare professionals, families and the relationships are good for the people."