

Richmond Fellowship (The)

Windsor Road

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

This inspection took place on 7 December 2016 and was unannounced.

Windsor Road Mental Nursing Home provides care and accommodation for up to eleven adults who have enduring mental health needs. The home is a purpose built establishment with facilities on two levels, the upper floor being served by a passenger lift. All accommodation is offered on a single room basis including self-contained bedsit type facilities with private kitchen areas. The home is located on a quiet road in Lytham St Anne's close to local amenities and bus routes.

At the time of the inspection visit eight people lived at the home.

At the last comprehensive inspection on 16 & 30 November 2015 the service was not meeting the requirements of regulation 12 – safe care and treatment and regulation 13 – safeguarding, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was rated as required improvement. A focussed inspection was carried out on 18 March 2016 to check on the breaches. On that inspection we found that the provider had followed their plan to ensure the safety of people and legal requirements had been met. On this inspection the service had improved in all areas.

There was not a registered manager in place. However a new manager was in post and had started the process to apply to become registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Windsor Road and liked living there. There were procedures to protect people from unsafe care or abuse. Staff were aware of these and had received training in safeguarding adults. They told us they would take action to ensure people's safety where they became aware of or suspected a safeguarding concern.

Risk assessments were in place to reduce any potential risks of harm to people who lived at Windsor Road, their visitors and staff.

Recruitment and selection was carried out safely with appropriate checks made before new staff started working in the home. This reduced the risk of employing unsuitable people.

People were satisfied with staffing levels. They said staff supported them without rushing. Staff had received training in care which gave them the skills and knowledge to provide support to people.

Staff managed medicines competently. People told us they felt staff gave them their medicines correctly and when they needed them. We saw they were given as prescribed and stored and disposed of correctly.

People told us they were offered a choice of meals which they enjoyed. Drinks were available throughout the day and people's dietary and fluid intake was sufficient for good nutrition.

The building and equipment had been maintained and was clean, hygienic and safe.

People said staff were caring and helpful. They said their health needs were met and staff responded to any requests for assistance promptly. We saw staff provided safe, attentive and sensitive care during the inspection.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). This enabled staff to work within the law to support people who may lack capacity to make their own decisions.

People we spoke with said staff were caring and respectful, listened to them and assisted them promptly. They said staff supported them to remain as independent as they could be. People looked relaxed and comfortable with the staff who supported them.

Staff knew the care people needed, which showed us they were familiar with people's care needs, and preferences.

Staff recognised the importance of social contact, companionship and activities. They supported people to engage in activities and interests in the home and local community.

Care plans were personalised, involved people and where appropriate their relatives. They were informative and were regularly reviewed.

People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said staff were easy to talk to and were willing to listen which encouraged them to express any ideas or concerns.

There were procedures to monitor the quality of the service. The manager sought people's views in a variety of ways and dealt with any issues of quality quickly and appropriately.

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.

Staff were aware of safeguarding procedures and the action to take to protect people from the risk of abuse.

Medicines were administered safely and securely.

Staffing levels were sufficient to support people safely.
Recruitment procedures were safe.

Is the service effective?

Good ●

The service was effective.

Procedures were in place to assess peoples' mental capacity and to assist with decision making where needed.

People were offered a choice of meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Is the service caring?

Good ●

The service was caring.

People we spoke with told us staff were kind and patient. They told us they were comfortable and satisfied with the care they received.

People said staff respected their privacy and dignity. We observed staff interacting with people in a caring and respectful way.

Staff were familiar with and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

Is the service responsive?

Good ●

The service was responsive.

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. There were activities arranged to interest people and encourage interaction.

Care plans were personalised, involved people and where appropriate, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and action taken promptly.

Is the service well-led?

The service was well led.

People who lived in the home and their relatives told us staff were approachable and easy to talk with. We saw their views were sought in a variety of ways.

There were a range of quality assurance audits to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

The manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Good 

Windsor Road

Detailed findings

Background to this inspection

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

This inspection took place on 7 December 2016 and was unannounced. The inspection team consisted of two adult social care inspectors. At the time of the inspection visit eight people lived at the home.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included four people who lived at the home, two relatives, the manager and three members of staff on duty.

We looked around the home to check if the home was clean, maintained and safe. We also observed how staff interacted with people who lived at the home and visitors.

We looked at care and medicine records of two people. We also looked at the previous four weeks of staff rotas, recruitment and staff training records and records relating to the management of the home. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Is the service safe?

Our findings

People told us they had confidence in the staff to support them and felt safe at Windsor Road nursing home and were satisfied with the care. One person told us, "The staff help me keep safe and when I am unhappy we talk about how to deal with this." Another person said, "Yes I feel safe here."

At the last scheduled inspection on 16 and 30 November 2015 the service was not meeting the requirements of regulation 12 (Safe care and treatment) and regulation 13 (Safeguarding) of The Health and Social Care Act (Regulated Activities) Regulations 2014. At that inspection robust systems to make sure that care and treatment was provided in a safe way for people were not in place. Neither had safeguarding referrals always been made to local safeguarding authorities when people had placed themselves at risk of self-harm or self-injury.

A focussed inspection was carried out on 18 March 2016. On that inspection we found that the provider had followed their plan to ensure the safety of people and legal requirements had been met. As it was a focussed inspection, we only looked at whether the breaches had been met and we did not change the rating at that inspection because to do so requires consistent good practice over time. At this inspection the improvements had been sustained.

There were procedures to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of or suspected a safeguarding issue. They were clear about procedures related to safeguarding and whistleblowing. From this we could see they had the necessary knowledge to reduce the risk of abuse and discrimination to people.

Risk assessments were in place. These enabled people to remain as independent as possible while keeping them and others safe. They provided instructions and guidance for staff members when delivering care and support and how to keep people safe when they were distressed agitated and at risk of self-harm. Staff spoken with told us the risk assessments were clear and informative and provided good direction.

Staff spoken with were knowledgeable about the individual needs, preferences and behaviours of people. Where people displayed behaviour which challenged the service or self-harm, assessments, guidance to staff and risk management plans were in place. Staff were familiar with this information and knew how to support people.

The manager told us they reviewed accidents or incidents. We saw staff had recorded information about accidents and incidents and the actions they had taken to manage these. These included checks for triggers to, or patterns in the accidents or incidents. The manager had reduced the risk of incidents from reoccurring by reviewing where risks could be reduced, while still supporting people to be as independent as possible.

People told us they felt staff supported them with medicines as prescribed and at the correct time. We saw medicines were ordered appropriately, checked on receipt into the home, administered as prescribed and stored and disposed of correctly. One of the nurses took responsibility for ordering and

booking of medicines safely into the home. Medicine support plans were in place which highlighted individual preferences and identified allergies. Allergies were also highlighted on a separate sheet in the front of the medicine file. People's medicines were usually stored in individual locked cupboards in their flats.

Where assessed as safe to do so, people could manage their own medicines, otherwise staff administered them. One person told us they had started to self-medicate their medicines with staff support. Audits had been completed regularly to monitor if people had received their medicines as prescribed. Records showed any errors or omissions were acted upon promptly. Competency checks had been completed on each member of staff who administered medicines.

We looked how recruitment and selection was carried out. We looked at the recruitment of two staff. The application forms were completed with any gaps and discrepancies in employment histories followed up. This provided the manager with information about the employment backgrounds and possible skills of each prospective member of staff. The management team received references before new staff were allowed to start work.

Prospective members of staff had a disclosure and Barring Service (DBS) Check before they were allowed to start working at Windsor Road. The DBS checks identified if potential employees had criminal records or were barred from working with vulnerable people. The manager checked nurses were registered with the nursing and midwifery council (NMC) and therefore able to practice as a registered nurse. These measures helped senior staff to assess the suitability of potential staff to work in the home. Staff confirmed they had not able to start work until their checks were completed. One person told us, "[The manager] has done a very good job recruiting good staff."

We looked at how the home was staffed. We did this to make sure there were enough staff to support people throughout the day and night. We talked with people who lived at Windsor Road, relatives and staff, checked staff rotas and observed throughout the inspection visit whether there were enough staff to provide safe care. People told us staff were available when they needed them. A relative told us, "There have been difficulties in the past with staffing but everything has improved now." We saw there were sufficient staff to provide people with personal care and support with social and leisure activities. Two people had planned activities in the local community during the inspection. They told us they were supported on activities frequently.

Staff we spoke confirmed there were adequate levels of staff to support people in the home and out on social and leisure activities. One member of staff said, "There are enough staff to support people well. We have time to spend with people."

We looked around the home and found it was clean, tidy and maintained with no offensive odours. Staff used safe infection control practices and personal protective clothing such as disposable gloves and aprons when carrying out personal care. This reduced the risk of cross infection.

We found equipment had been serviced and maintained as required. Repairs were carried out promptly. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Legionella checks had been carried out. Equipment had been serviced and maintained as required. We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and safety guidelines.

There was a fire safety policy and procedure, which outlined action to be taken in the event of a fire. A fire

safety risk assessment had been carried out so the risk of fire was reduced as far as possible. There were regular checks of fire safety equipment. Staff had received fire training so they understood what to do to keep people and themselves safe. People had personal evacuation plans so in case of fire everyone knew the help each person would need.

Is the service effective?

Our findings

People who lived at Windsor Road told us their specialist dietary, mobility and equipment needs had been discussed with them and were recorded in care plans. They told us their healthcare needs were monitored and met promptly by staff and they saw health professionals where needed. Care records seen confirmed people had visits from or visited GP's district nurses, chiropodists, optician's clinics and hospital appointments.

People said they felt staff were knowledgeable and knew how to support them. Staff told us they completed induction training when they started in their post. They also shadowed experienced staff for a period of time to assist them to develop basic skills and knowledge of the home. Staff had completed or were working towards national qualifications in care. We saw they received appropriate induction and training to provide them with the skills they needed. Staff had also completed other training including; fire safety, food safety, infection control, mental health, self-harm and injury and suicide intervention medication, equality and diversity, Mental Capacity Act and Deprivation of Liberty training, first aid, safeguarding vulnerable adults, and health and safety.

We looked at records to see if staff had received regular supervision sessions. This is where individual staff and those concerned with their performance, typically line managers, discussed their performance and development and the support they needed in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. We saw supervisions had been completed and future sessions scheduled. Staff told us they felt informed and supported by the supervisions.

At the last comprehensive inspection on 16 & 30 November 2015 the service was rated as required improvement. This was because we wanted to make sure improvements were made to how the service worked within the principles of the Mental Capacity Act and staff had received training in these principles. These improvements had continued.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The management team had policies in relation to the MCA and DoLS. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk. We talked with people and sampled care records to check people had consented to care and. mental capacity assessments had been completed. People told us they were able to make decisions and choices they wanted to make. They

said staff did not restrict the things they were able, and wanted to do. We spoke with staff to check their understanding of the Mental Capacity Act. They told us they determined people's capacity to make particular decisions.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. They knew what they needed to do to make sure decisions were in people's best interests. Relevant staff had been trained to understand when a DoLS application should be made and completed applications where needed. We saw staff were working within the law to support people who may lack mental capacity to make their own decisions.

People contributed to a communal supermarket shop and were involved in preparing and cooking their own meals. People were able to use the kitchen whenever they wanted to prepare drinks and meals with support as needed. They told us they had a varied choice of food. One person said, "We can cook anytime we want with help if needed."

People had nutritional information in their care records which identified those who were at risk of obesity or malnutrition. People were encouraged to maintain a healthy weight. We found the kitchen was clean and well organised and stocked with a variety of provisions

Choice of food was left to individuals but staff worked with people on diet plans to promote good health and in particular provide advice and guidance for people with health conditions. Systems were in place that identified where people required special diets Staff maintained records of people's likes and dislikes and those with allergies or special dietary requirements. This assisted them to assist people to prepare the correct meals to meet people's needs and preferences. Staff were person centred in the way they supported people. They did not rush them and chatted to them while they assisted them.

Is the service caring?

Our findings

People who lived at Windsor Road and their relatives told us staff were caring and helpful and provided good support. One person said, "I know the staff are trying to help me. They are really supportive" Another person told us The staff are supportive and helpful. I get on well with them." A relative said, "The staff are now more engaging, helpful, kind and caring." The staff team assisted people with self-esteem, life and coping skills, and worked with people to increase social support, social inclusion and participation. They supported people to develop the skills and confidence to move on into more independent living. The average stay at Windsor Road was about two years, although some people stayed less and others for longer.

At the last scheduled inspection on 16 & 30 November 2015 the service was rated as required improvement. This was because we wanted to make sure improvements at that inspection in relation to engagement with people who lived at Windsor Road had been sustained. These improvements had continued. The atmosphere in the home was relaxed and friendly during the inspection. We saw staff attended to people's need's promptly and interacted with people frequently. We saw people were relaxed and comfortable in their company. Staff were familiar with people's life history, likes, dislikes, needs and preferences of people they supported, including their family, working life, religion, hobbies, activities and other personal preferences. A relative told us, "There are good things happening, a lot of improvement."

The manager had made sure people's requirements in relation to their human rights were recorded. This included their preferred form of address, the way they wanted their care delivered, their close family and friends and the level of information they wanted them to have. When asked, staff were aware of people's personal care needs and preferences.

We looked around the home and saw staff had an appreciation of people's individual needs around privacy and dignity. The polite and caring attitude of staff maintained people's dignity and privacy. They respected each person's diverse cultural, gender and spiritual needs. We saw they knocked before entering bedrooms private rooms and bathrooms They shut bedroom and bathroom doors and made sure people's privacy and dignity was maintained.

People told us they were assisted and encouraged by staff to be dressed appropriately and to be well groomed. One person told us that staff helped them with personal care so they looked their best.

There was instructive personal information as well as staff training in place regarding keeping each person safe. One person said "This place, it's alright here." Another person told us, "Excellent care and attention from the staff It's amazing here."

We saw Independent Mental Capacity Advocates (IMCA's) had been involved where people had been assessed in relation to DoLS applications. Information was available to people about how to get support from independent advocates so people had a 'voice' where there was no family involved.

Is the service responsive?

Our findings

People told us staff helped and encouraged them to enjoy a good quality of life. We observed staff offered people choices in their routines, food and activities and encouraged people to make choices and decisions wherever possible. We saw people were involved in individual activities with support as needed. One person said, "The staff are really good. I am free to come and go as I like. It is great." Staff recognised the importance of social contact, companionship and activities. They spent time talking with people, assisting people with daily living skills, and supporting people on leisure activities. People planned their week and decided on their activities using their weekly diaries, although they were able to change plans as they wanted.

At the last scheduled inspection on 16 & 30 November 2015 the service was rated as required improvement as not all care plans were personalised. These had been developed and were personalised on this inspection. The manager told us they assessed people's needs before admission. From this information, staff developed care plans and risk assessments which were frequently updated as staff got to know people. The manager told us care plans and risk assessments were completed with the person and their relative, if appropriate. The manager told us they had recently stated the assessment process with two people who were looking to move into Windsor Road. Arrangements had started for the introductions to the home for each individual.

We looked at the care records of four people we chose following our discussions and observations. We saw from the care records and talking with people who lived at Windsor Road, they and their relatives, if appropriate were involved in care planning.

Care records were informative. They were regularly reviewed and amended as people's needs changed. We saw care plans were personalised and gave staff information about people's needs and preferences, likes, dislikes, life history and family contacts. Risk assessments were in place to provide information on the person's physical, mental health, social, emotional and personal safety needs. This included level of mobility, nutrition Keeping well, keeping safe and reducing self-harm. Staff supported people in reducing self-harm behaviours and in developing coping strategies to deal with anxiety stress and agitation. Guidance was recorded on how to reduce any risks and updated regularly. One person said, "We talk about my plans and how we meet them." Another person told us, "We look at next steps and work towards them."

People told us their relatives were made welcome and there were no restrictions to visiting. One person said; "My family are always made welcome." A relative said, "I visit regularly and now the manager and staff are cheerful and welcoming." One person told us staff supported them to visit their family as they were unable to visit the home. This helped them keep in touch with important people in their life.

People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said if they had any concerns staff listened to them and took action to improve things. We looked at the complaints policy which told people how their concerns would be dealt with. We saw people had been given information about how to make a complaint. One person said, "I have no complaints or issues." Another person said, "This place is like paradise compared to where I have lived in the past. I have

no complains about anything."

The manager said there had not been any formal complaints over the previous twelve months. Any informal concerns were dealt with promptly and appropriate action taken.

Is the service well-led?

Our findings

People who lived at Windsor Road and their relatives told us the manager and staff team were, friendly and approachable. One person said, "We can go to [the manager] and staff any time. They are easy to talk to." Another person said, "[The manager] helps in a lot of respects, and listens."

People who lived at Windsor Road were given the opportunity to give feedback about the home regularly. We saw residents meetings were held monthly. There were also planning groups to discuss any ideas or changes in the home.

The manager told us people were able to talk with them when they wanted to. People who lived at the home confirmed this and said the manager made time for them even if busy. Surveys about people's experience of the home and any improvements they would like were sought regularly and were generally positive of the service. Where people expressed dissatisfaction or suggestions, action had been promptly taken.

There was a clear management structure in place. The manager demonstrated they understood their role and responsibilities and supported and encouraged the staff team. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood. Although the manager was not yet registered with CQC when we inspected, they had started the process of applying for registration with CQC.

Staff told us the manager was considerate and caring towards people who lived at the home and to staff. One member of staff told us, "I have received lots of support since starting work here and there is plenty of guidance." We saw the manager encouraged staff to develop their skills and knowledge to help them provide good care. A recently appointed member of staff said they had a helpful and informative induction and good support. There were regular staff meetings held to inform, involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues. A member of staff said, "There is good support and the manager is easy to talk to if you are not sure of something and to discuss any ideas."

At the last comprehensive inspection on 16 & 30 November 2015 the service was rated as required improvement. This was because we wanted to make sure improvements at that inspection to quality assurance processes had been sustained. We saw on this inspection these improvements had continued. There were procedures to monitor the quality of the service. Audits were frequently carried out. These included; medication procedures, care plan records infection control, the environment, water quality and temperatures, fire safety, equipment, and staff supervisions. Any issues found on audits were quickly acted upon and any lessons learnt to improve people's experience of the service. We saw any accidents and incidents were thoroughly investigated. Where appropriate, action plans had been put in place to prevent any recurrence. This reduced risks to people.

Staff attended handovers at the change of each shift. This gave them the opportunity to discuss people's support needs and any day-to day operational issues. Staff told us at handovers they were encouraged to

ask questions so they were clear about the care they were to give.

There was a business continuity plan that identified how the service would respond to different types of emergencies.