

# Mr Kumarasingham Dharmasingham

# Windermere Rest Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Windermere Rest Home is a residential care home that provides personal and nursing care for up to 10 older people aged 65 and over. At the time of the inspection there were five people living at the service.

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

People told us they were happy living at the service. One person said, "I like all the staff equally they are so good at their jobs."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

The manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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

**Rating at last inspection** The last rating for this service was requires improvement (published 9 May 2019) and there were multiple breaches of regulation. 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.

### Why we inspected

This was a planned inspection based on the previous rating.

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

### 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.

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

## 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Windermere Rest Home

## 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.

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

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Windermere Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return and updates they provided. 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

We spoke with five people who used the service about their experience of the care provided. We spoke with three members of staff including the manager and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data, meeting minutes and audits.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection in April 2019, we found the environmental risks had not been identified and there were not robust infection control practices in place. Clear risk assessments were not in place for the use of lifting equipment and maintenance of equipment had not been adhered to in line with guidance for the checking of lifting equipment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Preventing and controlling infection

- We found improvements had been made to preventing and controlling infections.
- Cleaning schedules were in place and enhanced cleaning practices were being followed.
- The provider had made some changes at the service to improve the environment and facilitate better infection prevention control practices. For example, new flooring had been installed where needed and the kitchen had been upgraded in places.
- Staff were using PPE (personal protection equipment) effectively and safely.
- The manager was following government guidance on accessing testing for people and staff.
- Processes were in place to safely manage visitors to the service so that people could see their relatives.
- The manager followed guidance on preventing and managing infections, shielding people and safely admitting people to the service.

### Assessing risk, safety monitoring and management

- Improvements had been made in people's individual risk assessments and care plans.
- Risks were clearly documented and mitigated against in people's support plans. For example, we saw clear instructions on how to support people when using lifting equipment such as hoists.
- The provider had purchased new lifting equipment should these be needed to support people.
- Maintenance checks had been completed regularly in line with LOLER [Lifting Operations and Lifting Equipment Regulations] 1998.

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

- Staff knew how to keep people safe and protect them from safeguarding concerns. The provider had policies in place for staff to follow on 'whistle blowing' and staff received regular training on how to safeguard people. One member of staff told us, "I would speak to manager and then if not act on I would tell the local council about it."

- People told us they felt safe living at the service. One person said, "I feel safe, there is always staff around and I have a buzzer if I need them."
- The manager knew how to raise safeguarding concerns with the local authority and would work with them to mitigate risks and keep people safe.

#### Staffing and recruitment

- There was a consistent staff team at the service. People were complimentary of the staff and the support they received. One person said, "The staff are very nice and helpful."
- There was an effective recruitment process in place, and staff recruited were suitable for the role they were employed for.

#### Using medicines safely

- People were supported to take their medicines safely.
- Medicine records we reviewed were in good order. There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines.
- Regular audits were completed to check medication were being managed safely.

#### Learning lessons when things go wrong

- The manager understood it was important to learn lessons when things went wrong. Information was shared with staff during handovers and through staff meetings.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. The manager was promoting high-quality, person centred care.

At the last inspection in April 2019, we found there were not systems in place to provide good oversight of the service or to promote continual improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The registered manager left the service in 2019. Since then a new manager has been in post however, they have not registered with the CQC. It is a requirement for managers to register with the CQC to make them legally responsible and accountable for the service and people's safety together with the provider. The manager informed us they would apply to become registered.
- Following the last inspection, the new manager had put systems in place with the provider to make improvements at the service. For example, they had an independent audit completed of the environment and infection control practices. We saw they had put an action plan together from the audit and had acted on the findings.
- Areas of the environment had been upgraded such as new flooring laid. New equipment had also been brought such as new beds and a new hoist.
- The manager was completing regular audits and acting on these to maintain improvements.
- Staff were clear about their roles and how best to support people. Staff training had been kept up to date and the manager had shared guidance with staff regularly on working during the pandemic.

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

- Care documentation was person centred to support people's needs as individuals.
- Staff new people well and how best to support them. For example, staff knew the best way to engage with people if they were feeling distressed. One person responded well to singing and dancing with staff and going out with staff for a short walk in the community. We saw this lifted the person's mood and they were visible more relaxed and engaged with staff and other people.
- People were complimentary of the staff and the support they received. One person said, "The staff are good, they pop in regularly and see if I need anything. [staff name] will come and put the football on for me later to watch."



- The manager regularly reviewed people's care and asked people their opinions on the care they received. One person said, "If I had any complaints I would speak to the manager."
- Questionnaires were used to get feedback from people, relatives, staff and visiting health professionals. We saw positive comments on these questionnaires.

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; Working in partnership with others

- The manager understood what duty of candour meant and their responsibility to be open and honest if things go wrong.
- The manager had worked in partnership with other professionals such as the district nurse team to implement training at the service with staff. This had included training on taking people's physical observations such as blood pressure, temperature and oxygen levels. One member of staff said, "I regularly take people's observations and do this more often if they appear unwell." This information can then be shared with the GP.
- The manager had also had video meetings with the local authority and public health during the pandemic which they found helpful.