

Barchester Healthcare Homes Limited

Windmill Manor

Inspection report

2 Fairviews, Holland Road
Hurst Green
Oxted
Surrey
RH8 9BD

Tel: 01883718120
Website: www.barchester.com

Date of inspection visit:
19 April 2017

Date of publication:
17 May 2017

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

Windmill Manor is a care home for up to 60 people who require nursing care or are living with dementia. At the time of our inspection 50 people were living in the home.

This was an unannounced inspection that took place on 19 April 2017.

The home had a registered manager. 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 and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

We carried out an inspection to Windmill Manor in July 2016 where we identified some breaches of regulation in relation to staffing and good governance as well as a breach of the registrations regulations in respect of notifications. As these breaches of regulation were continued breaches we took enforcement action against the registered provider in order that they took immediate action. We also made recommendations to the registered provider in respect of activities and person-centred care. We carried out this inspection to see if the registered provider had taken appropriate action to address our concerns. We found at this inspection action had been taken and therefore we found the registered provider had met the warning notices and breaches of regulations. Although improvements had been made to activities and person-centred care we fed back to the registered manager during our inspection that continued work was needed in both areas to sustain these improvements.

In the event of an emergency where the home would have to close there was a contingency plan in place and there was evacuation information for each person. Staff were able to evidence to us they knew the procedures to follow should they have any concerns about abuse or someone being harmed.

There were a sufficient number of staff to care for people. Safe recruitment practices were followed, which meant the provider endeavoured to employ staff who were suitable to work in the home.

Staff had completed decision specific assessments in relation to the Mental Capacity Act 2005 and applications where people's liberty was being restricted had been made. Staff were heard to obtain people's consent before they supported them.

There was a pleasant atmosphere in the home where people and staff interacted in an easy-going manner. People and relatives were happy with the care provided and they were made to feel welcome when they visited. Staff supported people to take part in various activities and work was on-going in relation to developing meaningful, individualised activities for people.

Care was provided to people by staff who were trained and received relevant support from their manager.

This included regular supervisions and appraisals. Staff told us they felt more supported by the registered manager since our last inspection. People knew how to make a complaint if they felt the need to. They told us any concerns they raised were dealt with immediately by the registered manager.

Care plans contained information to guide staff on how someone wished to be cared for. Information included detail around people's mobility, food and personal care needs. However, there were some areas where additional information may have been useful for staff. Where people had risks identified guidance was in place for staff to help reduce these risks. Staff followed correct and appropriate procedures in administering medicines and medicines were stored safely.

Quality assurance checks were carried out by staff to help ensure the environment was a safe place for people to live and they received a good quality of care. Staff were involved in the running of the home as regular staff meetings were held. Relatives were asked for their views about all aspects of the care that was being provided to their family members.

People were provided with a choice of meals each day and those who had dietary requirements received appropriate food. Staff maintained people's health and ensured good access to healthcare professionals when needed.

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.

People's risks were assessed and recorded.

The provider ensured there were enough staff on duty to meet the people's needs. The provider carried out appropriate checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns.

People received the medicines they required.

Is the service effective?

Good ●

The service was effective.

Staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff were trained to ensure they could deliver care based on best practices.

People received effective care and staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring

People were treated with kindness and attentive care, respect and dignity.

Staff respected people's own decisions and encouraged them to be independent.

Relatives were made to feel welcome in the home.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in daily activities.

Care plans were regularly reviewed and contained relevant information about the care people required.

People knew how to make a complaint and they felt any concerns they had were listened and responded to.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance audits were carried out to ensure the quality and safe running of the home.

Staff felt supported by the registered manager and relatives thought the registered manager was well managed.

Staff and people were involved in the running of the home and suggestions they made were listened to.

Windmill Manor

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.

This unannounced inspection took place on 19 April 2017. The inspection team consisted of three inspectors, a specialist nurse and an expert by experience. An expert by experience is someone who has experience of caring for someone who has used this type of service.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We contacted six health and social care professionals prior to our inspection, but did not receive any feedback or comments from them.

We had asked the provider to complete 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 PIR prior to our inspection and did not identify any areas which we felt we needed to follow up on during our inspection.

As part of our inspection we spoke with nine people, the registered manager, the deputy manager, 12 staff, seven relatives and two healthcare care professionals. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink.

We reviewed a variety of documents which included nine people's care plans, five staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

We last inspected Windmill Manor in July 2016 where we identified breaches of regulation in staffing, good governance and notifications.

Is the service safe?

Our findings

We asked people if they felt safe and if so, what made them feel safe. One told us, "I feel safe because I don't have to worry. It's very much like living in a hotel."

Relatives told us they felt their family member was safe living at Windmill Manor. One relative said, "I can relax as I know she is well looked after." Another told us, "I do feel she is safe as she can't wander off." A third said, "I know he is safe because they leave his door open and check him every time they walk by."

People received the medicines they required. Each person had a Medicines Administration Record (MAR) which recorded the medicines they had been prescribed. Each person's MAR chart contained their photograph for identification. We saw no gaps in the charts which meant people had been given their medicines as they should expect them. Medicines were stored securely in a clean well organised room. They were stored in a locked cupboard and trolley with only a qualified nurse holding the key. We found that people who had 'as required' (PRN) medicines had a protocol in place which gave staff information around when a person may require this medicine, what signs and symptoms they might display and the maximum dose they could be given. Where people were on covert medicines (medicines disguised in food) there was appropriate authorisation from the person's GP and information from the pharmacist to support this. A relative told us, "Her medication is spot on."

At our inspection in July 2016 we found deployment of staff meant that people were not receiving the care they required when they required it. At this inspection we found things had improved.

People were cared for by a sufficient number of staff. We did not see anyone having to wait to be helped or supported during our inspection and there was always a member of staff around when needed. When one person required two staff and a hoist we observed staff were there quickly to support the person. We were told that there would normally be nine care staff on duty each morning and two nurses and eight care staff and two nurses during the afternoon. In addition there were two general assistants/hosts who supported care staff by providing drinks and snacks to people. Staff numbers on the day matched what we had been told. We also found the environment appeared clean and well maintained and were told by housekeeping staff that they felt, on the whole, there was now a sufficient number of them to help ensure they could maintain the cleanliness of the home to a good standard.

The registered manager told us they used a dependency tool to determine the number of staff required and adjusted staffing levels to help ensure there were enough staff on duty at any given time. The registered manager added that recruitment was an on-going issue and although they were recruiting continually they filled any gaps in the rota with agency staff. She said that on the whole they used the same agency staff in order that people were being cared for by a consistent staff team.

Staff generally felt staffing levels and deployment was working well. One staff member told us, "Having the general assistants really helps because they take some pressure off of us." Another told us, "Yes, I think we have enough staff. If we need support the managers help or activities. The hosts help us a lot doing things

like laying tables." A third said, "Things have definitely improved. At the moment we have enough staff – it's nice having time to spend chatting with people." A healthcare professional told us, "I only have to turn around and there's a member of staff there." Another told us, "Staff are very helpful and will always assist me. I don't usually have to go and find a member of staff, there is usually someone around."

People were protected against the risks of potential abuse because staff understood their role in relation to safeguarding. Staff were able to tell us what they would do if they suspected any abuse. They knew about the role of the local authority team in relation to safeguarding and told us they knew they could also call the Care Quality Commission if they felt the registered manager had not taken action. A staff member said, "We report it to the manager and Barchester has a process. I'd write down the facts and we can also contact Surrey County Council." Another said, "There are numbers on the board we can phone." A relative told us, "I haven't met a bad apple with the staff."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. We read risk assessments in relation to people falling or for one person who was at risk of malnutrition. Action had been taken to prevent the risk of harm, such as staff ensuring that this person was given snacks between meals. Staff were observed providing good support to people who required a hoist to be moved. Two staff supported one person, talking to them all the time and involving them. This person blew staff a kiss whilst they were being transferred which indicated to us they felt safe. A relative told us, "My husband had a stroke many years ago and they make sure he is safe. He uses a wheelchair and is hoisted all the time – it is very safe and careful."

People were supported to be independent but in a safe way and without risk. We saw people who were independently mobile moving around the home unaided as hazards were minimised to prevent harm, such as corridors being kept clear. Accidents and incidents were recorded by staff and action taken to prevent reoccurrence. Such as one person who had regular un-witnessed falls in their room. A sensor mat had been placed in their room to alert staff when they got out of bed. Another person had their bed moved against one wall to help reduce their risk of falling. Staff worked closely with the falls team (a team of qualified people who give advice and support in order to reduce people's falls) and as such the number of falls within the home had reduced. A staff member told us they supported people to stay safe by, "If they appear tired, I encourage and assist them to a nearby chair."

The registered provider followed safe recruitment practices which helped ensure that only suitable staff were employed to work in the home. Staff files included application forms and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work at this type of service. Records seen confirmed that staff members were entitled to work in the UK.

In the event of an emergency there was a contingency plan in place and there was information available to staff and the emergency services on what equipment would be needed to support people to evacuate safely. Regular fire alarm tests and drills were carried out to help ensure staff knew what to do in the event of a fire.

Is the service effective?

Our findings

Staff followed the legal requirements in relation to the Mental Capacity Act (2005). Care plans held mental capacity assessments for people which were decision specific. We read people had mental capacity assessments for their medicines, personal care and bed rails. 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). Staff were able to demonstrate to us a good understanding of the legal requirements and had submitted DoLS applications for people appropriately, such as in relation to the locked doors.

We heard staff obtain consent from people in advance of carrying out a task. We heard staff asked people if it was okay to remove plates and cups and whether they could put a clothes protector on them prior to having their lunch. One person told us, "They always ask for my consent first." A staff member said, "We make people safe in their environment but also make sure they have daily choices. If they want to stay in bed for example, we shouldn't force it."

People received effective care. A relative told us, "They (staff) go out of their way to keep her out of pain." They added, "They are attentive to her needs and worked for two months trying to determine which flavoured drinks she liked best and now they give those to her."

People told us they liked the food and were able to make choices about what they had to eat. One person told us, "It's always very good, although the portion sizes can be on the small side." A relative told us, "She loves soup and the chef always make it fresh for her." Another said, "They have provided this lovely coffee bar. We come here as it is like going out together for us." A third told us, "The food is very good and varied."

People were offered a choice of meal each day. People who required support to eat were given this in an attentive, patient way by staff and people were provided with suitable items to help them eat independently, such as a cup for their soup. Staff were supporting one person nicely. They were holding their own fork and mixing their food whilst the staff member supported them to eat at a suitable place, making conversation throughout. Food was nicely presented and looked appetising and people appeared to really enjoy their meal. Where people were unable to make a decision about what meal to have staff showed them the choice of meal plated up in order that they could make a decision visually. Where staff offered people drinks they showed them the juices to help people to choose.

People's dietary requirements and likes and dislikes were known by staff. Some people were on a pureed diet because of a risk of choking and others were required to eat less sugary foods because they had

diabetes. People were provided with a good supply of food and drink to avoid malnutrition or dehydration. Everyone was weighed monthly so staff could monitor if a person was suffering from weight loss. Where a person was found to be losing weight staff liaised with the dietician and kept a record of their food and fluid intake for a period of time to help determine the cause of the weight loss. A relative said, "They monitor her health carefully. They're conscious that she eats very little and is losing weight. They're good at giving high calorie foods." A staff member told us, "If a resident is not eating or drinking I am concerned. I want to know why."

People had access to external healthcare professionals when appropriate and staff were effective in noticing when people required professional intervention. There was evidence of district nurse involvement in people's care as well as the doctor, chiropodist and speech and language therapy team. A relative told us, "The GP is very caring. He noticed my husband had a bad chest and sent him for an x-ray." A staff member said, "The residents are reviewed regularly by the GP who comes very quickly after being given information of any staff concerns regarding the resident's physical health." The GP visited the home each week and during our inspection we saw a visiting chiropodist and physiotherapist. They both told us they regularly came to the home and worked well with staff in relation to people's needs. One said, "I know any information I give is handed down to all staff. They listen to me and are attentive and recognise certain signs." Another said, "They (staff) know what's going on and they follow any instructions I leave." A relative told us, "Staff always phone me if she is not well." Another said, "The health care is very good. The GP comes in every Tuesday and we have access to a dental hygienist and dentists, chiropodists, and opticians."

Staff received support and training which helped enable them to do their job confidently. There was a wide range of courses they attended including first aid, health and safety, food and nutrition and moving and handling. One staff member told us, "The training is mainly face to face and really good. Even the refresher training; it always reminds you of things. The dementia training was really detailed." Another said they had undertaken additional training in dementia care. We asked them how this benefitted them and they said, "Sometimes a resident is crying and you don't understand what they are trying to say by their distress. Do they have pain? They may express anger or aggression or confusion and refer to you as their mother. Training helps you identify these instances and respond appropriately to them. It helps you to understand their illness."

In addition, staff had the opportunity to meet with their line manager on a regular basis to discuss all aspects of their work, any training requirements or any concerns they may have. One staff member told us, "I have regular supervisions to discuss things which is good." Another said they had asked for skin integrity training at their last supervision and this was being arranged for them. A staff member told us, "Managers are very supportive of ensuring staff receive up to date training as much as possible."

When staff were new to the home they underwent an induction which included shadowing a more experienced member of staff. A staff member said, "Before I started I did moving and handling training and was mentored by another member of staff. I felt very welcome." Another told us their induction spanned over a period of three months. They said they were gaining a lot of experience and most of all confidence. They added, "(Name) is my supervisor but I feel comfortable to approach any member of the senior management team if I am concerned with any aspect of my induction or job role."

Is the service caring?

Our findings

We asked people if they were happy living at Windmill Manor and to give us our views on how caring the staff were. One person told us, "All very nice here. The staff are very caring."

Relatives were very impressed with the home. One told us that their family member who was living with dementia was treated as an individual, rather than a focus on the illness. One told us, "The staff are great, they are very kind and there is good care." Another said, "They're very caring." A third told us, "They (staff) treat her well." Another comment was, "They're all lovely. When I walk down the corridor with mum everyone says hello to her and they're always asking if she wants anything. From the day she came she's been happy."

Professionals gave us positive feedback. One told us, "It's pleasant and staff are really nice and friendly." Another said, "I think it's one of the top five homes in the area."

The service was caring as a whole as we observed numerous occasions of good care and people were treated with kindness and attention from staff. Staff were seen creating a lovely, caring, jocular atmosphere and were actively engaged in ensuring people were comfortable and happy. People were regularly offered drinks by staff and checked that they were okay. One person was a upset and staff spent time talking to them to boost their spirits. On another occasion when we saw someone upset a staff member immediately attended to them saying, "Oh (name) sweetie, what's the matter? I'll be here to help you." Another member of staff gave someone a hug when they greeted them. We heard a staff member say to one person, "That's a nice smile." Staff never appeared too busy to stop and chat with a person or respond to a person's need. One person was feeling cold and staff immediately arranged for a blanket for them.

People were treated with respect and dignity. After receiving personal care in the morning we saw people in the lounge looking clean, well-groomed and neatly dressed. A staff member said to one person, "Hello, your hair looks lovely today, have you had it done?" They and the person then had a chat about this. Another person was dressed in line with the information in their care plan which stated that, 'looking glamorous is important to them.' We saw staff adjust another person's clothing to maintain their dignity. We heard staff use people's first names and speak to people in a respectful manner. Where people were supported to eat their meal staff told them what the food was and regularly checked they were happy with it. We observed two staff transfer one person using a hoist and we saw that whilst one staff member talked to the person through the procedure, their colleague made sure the person's dignity was not compromised by ensuring they were covered.

People's bedrooms were personalised and contained photographs and ornaments and each person had a framed document entitled, '9 ways that may help me' which listed things important to people, their likes or dislikes. One person's stated, 'likes to carry a teddy around with her' and we saw this person had teddies in their room.

People were made to feel as though they mattered and have privacy when they wished it. Staff regularly

acknowledged people and said hello to them anytime they entered a room. One person was wearing a brightly coloured lipstick and a staff member commented on this as they walked passed telling the person how nice it looked. Some people chose to spend time in their rooms at different times during the day and staff respected this and others chose to sit on the chairs along the corridors or out in the garden. When we spoke with staff and were interrupted by people, staff were seen to put people first and respond to them in a gentle, calming tone of voice. One person chose to sit in the registered manager's office during feedback at the end of our inspection and they were encouraged to take a chair and join our meeting. A relative told us, "I am happy about the way they (staff) are attentive. They demonstrate care and vigilance." A staff member said, "I put myself in their shoes. I see them as my own mother and father."

Staff supported people to move around the home and be independent. People were able to get up and walk around the home. Although staff did not need to support everyone to walk they checked whether or not they needed assistance.

People were cared for by staff who showed a gentle approach with people. When staff wanted to speak with people who were dozing we saw them gently checking they were alert before talking to them or supporting them. For example, when offering them a drink. A two-stage lunch had been introduced following staff suggestion. This enabled staff to spend more time with people who required support to eat their lunch as these people ate lunch in a separate dining room slightly earlier than other people. We saw staff being attentive to people. A relative told us, "She has settled in well here and responds well to the carers."

People were able to make their own decisions. We heard staff giving people choice throughout the day. This ranged from what they would like to drink, where they wished to sit or how they wished to spend their time. Staff said to people, "Darling, what would you like?" when showing them the choice of lunch meal. Where people had religious needs they were supported to meet these. A relative told us, "Staff take her to church."

People were supported to maintain relationships with people close to them. We saw visitors arrive during the day. One person went out for a drive with their family member and others had family members sit with them whilst they had their lunch. A relative told us, "They (staff) make you welcome." Another said, "I know everyone from cleaner to manager. They are all excellent and there is a very pleasant atmosphere."

Is the service responsive?

Our findings

At our inspection in July 2016 we made recommendations to the registered provider in relation to information contained in care plans and developing individualised, meaningful activities for people. We found at this inspection that on the whole, improvements had been made. We did however speak with the registered manager about a couple of discrepancies in care plans as well as the need to ensure that work continued on creating new activities and pasttimes, particularly for those who may spend a lot of time in their rooms. The registered manager was open to our feedback and assured us they would address our observations.

Activities for people varied. We observed chair aerobics taking place on one floor during the morning. Staff were very involved and lively and people taking part were enjoying it. One person could not follow the exercises but staff included them in the music in order that they felt part of the activity. People told us, "There are two activity organisers with different personalities – they do very well" and, "The two churches come in on a regular basis. They are very welcome." A relative said, "There are things going on and she goes out to church and has been to the theatre." One staff member said, "We've got different areas for people, it's all very sensory. It makes people more aware of where they are. Lots of people have responded really well to the music." Another told us, "Don't think there can ever be enough activities. They do a lot though, have singers in and go out to the pub and the garden centre."

However, one relative told us, "(The family member is) often bored. Perhaps my mother would respond to more individually tailored activities in her room." We asked the activities lead how they facilitated one to one time with the number of people living in the home. They told us, "One to one time is given to those that want some individual time. To walk in the garden or quiet time away from others. Not everybody takes up the offer however. One couple prefer their own company and that is encouraged as their choice." A member of staff told us, "They do one to one's with people, maybe a hand massage, reading the paper to them or having a walk around the garden."

A vegetable and fruit plot was being developed in the garden for people to become involved in and we heard how people were encouraged to water the garden and that herbs would be planted to add a sensory touch. The activities lead told us, "I use a lot of little things. I speak to resident's relatives after inviting them to an open cheese and wine evening where information is gathered about their likes and dislikes." They added, "We go for pub meals at least twice per month. The residents really enjoy the excursion. One of the benefits of the trip, besides providing some quality of life outside the home, is the meal itself."

On the whole care plans for people were detailed and comprehensive. They included information about a person's mobility, personal care, nutrition, skin integrity and communication. Regular reviews of care plans took place to help ensure staff had the most up to date information about people, such as if someone's health needs had changed. Staff we spoke with were knowledgeable about people's needs and were able to give us information about people's backgrounds. We did find however some areas in people's care plans when information appeared contradictory or could be confusing to a staff member who may not know the person as well. One person had moved in not eating and drinking very well and as such had lost a lot of

weight. As a result they were rated as at high risk of malnutrition with a plan to monitor this eight weekly. However no documentation could be located to determine this person's current food and fluid intake. We spoke with the deputy manager about this who showed us this person had involvement from the dietician.

In the communication section of another person's care plan it stated, 'needs assistance with food – need to talk through it or will fall asleep', however in their nutrition care plan it stated, 'not able to feed herself – needs assistance from one staff'. We did not see staff support this person to eat at lunchtime. We spoke with a staff member about this who told us, "Some days she can manage herself, like today. I started her off and she finished her meal." However this was not the case because we saw this person eat approximately one third of their meal after which a member of staff took their plate away. In another part of this person's care plan it stated, 'appears to have made friends and joins in group activities', however later it stated, 'doesn't join in – often falls asleep'. A third person's care plan did not contain some very important information about their past history and we found photographs of sore areas on this person's foot but no further detail around this. We raised these discrepancies with the registered manager at the end of our inspection and they told us they would address this immediately.

Relatives told us they felt involved in their family member's care plan. One told us, "I have seen her care plan and made suggestions. I have been made aware of the changes." Another said, "Once or twice a year they invite us in to look at the care plan and make any comments. We've been very impressed by the detail and the recording of progress." A third said, "I have never seen a care plan but I talk to the manager or nurse whenever I am visiting."

Staff were responsive to people's individual needs and staff told us about the relationships they had with people. One staff member talked to us about one person who displayed unpredictable behaviour. They said, "I usually get through to (name) by using a gentle tone of voice. I say to him, 'do you want a drink?' and he seems to calm down quickly with my approach. I understand some of his feelings. He gets scared when there are too many people in the room." A healthcare professional told us, "Staff are brilliant in their commitment to care and management of (name). They are very proactive with their ideas and measures and always looking for innovative ways to manage his risk circumstances." Where people displayed signs of certain behaviours that may cause themselves or other people distress they had an assessment and prevention of distress tool in their care plan. This recorded a description of the distress they may display and how staff should approach and respond to this.

As staff shifts changed staff held handovers to share information about people so they had access to the most up to date information. One agency staff member told us the handovers were of a high quality and they shared with us a copy of the handover document. We read this included highlighting the most significant of the resident's risk areas (falls for one person and allergies in relation to another person). They said, "Handovers are very comprehensive and helpful. For any new agency staff coming to work for the first time it can really make your job very easy. It is so helpful to have such support. Working here is less of a challenge because of the wealth of information sharing."

People and their relatives were aware of how to make a complaint. There had been one complaint since our last inspection. We read that a response had been sent with relevant information to the complainant. One person said, "I have never made a complaint, but I would speak to the manager if necessary." A relative told us, "I have made a complaint and it was dealt with well."

Is the service well-led?

Our findings

At our inspection in July 2016 we found a lack of good governance within the home and the registered manager had failed to act on concerns we raised at the inspection prior in May 2015. We found at this inspection the registered manager had worked hard to address our concerns and on the improvements and changes had been instigated. We were satisfied that these improvements had been sustaining in the intervening period between taking action and this inspection.

The registered manager had a good management oversight of the home and was keen to keep improving the quality of the service provided. We spoke to the registered manager at the start of our inspection and they displayed a good knowledge of the people who lived in the home. They were able to answer our questions with ease and provided information to us throughout the inspection. In addition, the registered manager took action in relation to the areas in people's care plans which we highlighted to them that needed addressing.

We asked people and relatives for their views on management. One person said, "I can always talk to the manager or deputy, they are very approachable." Another told us, "They keep me well informed about any changes to my mother's general care." A relative said, "(The manager) is like gold dust. Her door is always open." They added, "It's brilliant, from the top down." A second relative told us, "She's great and seems very efficient. When we speak to her she always knows the situation with mum."

People were encouraged to give their feedback and were involved in the running of the home. One person told us, "I was amazed when staff rang me because I had made an error on my feedback comments and they wanted to check what I meant. I thought they just put the feedback in the bin!" Another person said they did not attend meetings, "But they send me the minutes."

Relatives had the opportunity to attend relative's meetings and they were sent a feedback survey to complete. One relative told us attendance was always very good. They said, "They listen and ask for suggestions and act upon them." Another relative told us, "They have regular social events. My sister normally attends the relatives meetings. They have an agenda and send out the minutes afterwards. Relatives are invited to make suggestions and very much kept in the loop." We read 29 responses were received for the 2016 relative's survey. 83% of family member's stated they were overall satisfied with the standard of care provided.

On the whole staff told us they felt more supported by management since our last inspection and this had had a positive effect on staff morale. One staff member said, "We are listened to more now and the manager comes in more now to check we are okay. We now get a 'good morning' from her, which we didn't used to get." Another told us, "The manager is coming up more on a daily basis and I feel more valued." A third said, "I love working here. This place is like home. It is so rewarding." However, another told us, "I would like the odd 'thank you' to make me feel more appreciated." We fed this comment back to the registered manager during our inspection who said she would relay this back to the management team.

Staff were involved in the running of the service through their staff meetings. One staff member said, "We have meetings where we can all make suggestions. We recently split lunches which has improved time spent with people and gives people an option of a quieter room for lunch." Minutes showed that meetings happened approximately quarterly. Staff told us they enjoyed the informality of the meetings. A staff member told us, "I get loads of support from management. They have been so far on board with my ideas."

Quality assurance audits were carried out by staff to help ensure a good quality of care was being provided to people. Regular safety audits took place and where actions were identified these had been completed. This included introducing a check list to check the contents of the first aid boxes. Other audits included a provider's 'quality first' audit which was set out in line with CQCs domains and covered all aspects of the home. Feedback on areas was noted and where action was required these were clearly marked. In addition monthly housekeeping and kitchen audits took place and these were reviewed by the registered manager to check all actions had been done.

The registered manager held a file which recorded monthly the number of falls, weights, unplanned hospital admissions and infections. Information was forwarded to head office. The registered manager said monthly clinical governance meetings were held which involved all heads of departments. Anything which showed up as a medium or high risk on the clinical governance reports was discussed and actions agreed to ensure measures were put in place to keep the person safe and to help ensure they received appropriate care.

At our inspection in July 2016 we found the registered manager had failed to comply with their registrations requirements in that they had not been notifying CQC of safeguarding concerns or serious accidents and incidents relating to people who lived at the home. Since that inspection the registered manager has been sending in notifications to us appropriately and to this end have addressed this breach of regulation.

We noted several compliments received by the service since our last inspection. In total there were eight which included comments such as, 'I've always been super-impressed by your patience, humour, skill and professionalism' and, 'I was impressed with the facilities and staff at Windmill Manor'.