

Windmill Lodge Ltd

# Windmill Lodge Ltd

## Inspection report

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Date of inspection visit:  
27 June 2023  
05 July 2023

Date of publication:  
09 August 2023

### 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Windmill Lodge is a residential care home providing accommodation and personal care to 6 people at the time of the inspection. The service can support up to 6 people.

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

#### Right support

People were supported in a safe environment. Staff supported people them in a safe way. Staff followed safe practice to reduce the risk of COVID-19 spreading within the service.

Staff encouraged people to live full lives and meet their goals which included trying new activities. People were supported by staff to do things they enjoyed and to get out and about.

The provider, who was also the registered manager, and staff team developed the service in way that ensured they had the resources and knowledge to support people when they experienced periods of distress. Restrictions were minimised and people had the freedom and choice how to live their lives.

Staff received the right training for their role, and this included training for specific complex needs people had. Staff received training in positive behaviour support.

People were supported to communicate their needs, views, and choices. Communication plans and tools were personalised to enable this. People were supported to personalise their rooms.

People were supported to access the community and to join in with activities and days out in their local area. People were supported by staff to live healthy lifestyles and access health and social care support. This helped improve people's wellbeing. Medicines were managed safely and regularly reviewed.

#### Right care

People received support and care that was kind, compassionate and reflected people's own culture and preferences. Staff promoted people's equality and diversity, supporting, and responding to their individual needs. People's care plans were an accurate reflection of the support they needed and what people could do independently. They included strategies and plans to help people reach their aspirations and goals.

Staff had received training on safeguarding people from the risk of harm and abuse. Staff knew how to recognise and report abuse. There were enough appropriately skilled staff to meet people's needs and keep them safe.

People were supported by staff who had a good understanding of people's needs, how people communicated and what their preferences were. Staff listened to people. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

#### Right culture

The registered manager and staff monitored the quality of service provided to people. People, their relatives, staff and professionals were involved in the process.

People were supported by staff who had a good understanding of best practice and how to implement this into their roles. Staff put people's wishes, needs, and rights at the heart of everything they did.

People and their relatives were involved in planning their care. People also had the support and involvement of external professionals. This helped to ensure that people had a service that was tailored to them. Staff respected people and their views. People had been put at the forefront of all they did. The risk of a closed culture was minimised as people received care and support in line with their wishes, and staff were open and inclusive.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

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.

#### Rating at last inspection

The last rating for the service under the previous registration was good published on 24 November 2017. This service was registered with us on 3 February 2022 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well-led findings below.

Good ●

# Windmill Lodge Ltd

## 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 Health and Social Care Act 2008.

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

This inspection was undertaken by 1 inspector.

#### Service and service type

Windmill Lodge is a 'care home' without nursing care. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. is a care home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. The registered manager was also the provider and were recruiting for a new manager at the service.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from a health and social care providers. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We visited the service location on 27 June 2023, and again in the evening on 5 July 2023. We spoke with 4 people and received feedback from 1 relative. We also spoke with 6 staff including the registered manager and support workers. We received feedback from 1 health and social care professional.

We reviewed a range of records. This included 2 people's care records and medication records. A variety of records relating to the management of the service were also reviewed. These included training records, incident records and quality assurance processes.

### What we did after the inspection

We sought assurance about records involving people's care and support needs and preferences.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People told us they felt safe. We observed people in the home and interacting with staff. People were relaxed, engaging with staff, and going about their day.
- Staff had received training on recognising and reporting abuse. Staff were able to tell us what they would do in the event of concerns relating to abuse.
- There was information displayed, including in easy read format, about what to do if there were safeguarding concerns. We found that the provider had reported and investigated any concerns appropriately. We noted that the team were aware of potential external safeguarding risks to people.

Assessing risk, safety monitoring and management

- People had their individual risks assessed and there were care plans in place to support people to take risks but also to reduce risks where appropriate.
- People were supported by staff who knew them well and what might pose a risk to their welfare. We observed staff working safely with people in line with professional guidance and strategies. There were times when staff intervention was needed, staff were able to identify triggers which may cause people distress and had robust support plans in place to keep people safe.
- Staff had received appropriate risk management training and followed guidance from professionals and their colleagues to promote people's safety. Techniques and strategies were in place and reviewed regularly if a person was experiencing times of distress, to reduce the possibility of it escalating and to ensure people's welfare.

Staffing and recruitment

- People were supported by the appropriate number of staff. This meant they were able to live the way that they chose, which included going out and about as often as they liked. Some people living in the home had 1 to 1, care provision to promote their safety. A staff member said, "We do have enough staff to support the people we support. If there are any additions, cover needed will be provided if some of the people we support have tailor made activities, for example going out for the evening or personal holiday."
- The registered manager told us the home had no vacancies and the staff team were committed to the service provided.
- We saw staff were available when people needed and responded promptly.
- A robust recruitment process was in place to help ensure that staff employed were suitable for the role. This included references, criminal record checks and interview questions.

Using medicines safely

- People were supported to take their medicines in accordance with the prescriber's' instructions.
- Information displayed about STOMP (Stop over medication of people with a learning disability, autism, or both). Staff told us people only received anti-psychotic or sedative medicines when absolutely needed and only for the shortest time possible.
- People had regular medicine reviews. We noted that medicines prescribed on an 'as needed' basis to help people manage their anxiety had not been routinely administered. This indicated that staff were working in accordance with STOMP.
- Medicines were stored safely, and records were completed accurately. We counted a random sample of medicines and found that they tallied with records held.
- However, the temperature in the room where medicines were stored was warm and some recordings of the room temperature were above the expected range. The assistant manager told us that they sometimes used ice packs in the trolley to keep the temperature down. We raised this with the registered manager who told us that an air conditioning unit had been purchased for the room since our visit.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we did note that some staff had nail polish and or nail extensions on which increases the risk of cross infection due to risk of ineffective hand hygiene. The registered manager told us they would address this straight away.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Visitors were able to come to the home freely and there were no restrictions. Controls were in place in accordance with government guidance to help reduce the risk of infection.

#### Learning lessons when things go wrong

- Staff were made aware of any events or incidents during team meetings.
- The registered manager reviewed any events or incidents to ensure any learning from them was taken.



# 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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed prior to moving into the home to help ensure they could be supported in their preferred way.
- The management team ensured they were kept up to date with guidance and legislation to ensure that people received the right support and best possible care.

Staff support, training, skills and experience

- Staff received the appropriate training for their roles. This included positive behaviour support, supporting Autistic people and people with a learning disability. One staff member said, "I do feel we have got enough training in regard to our roles. Staff competency is checked and if there are gaps it's resolved through supervision and an action plan can be agreed which will be reviewed."
- We observed staff use skills and knowledge to support people in the home. We also found that staff had received training to support people with complex histories.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat well. People were encouraged to get involved with shopping lists and planning meals.
- Care plans supported healthy eating and detailed likes and dislikes and how to support each person maintain a balanced diet. Staff knew each person's preferences or dietary and religious needs and supported them appropriately with these.
- People were involved in menu planning. For example, on the day of our first visit staff asked people what they wanted for lunch, they all gave their preferred choice.

Adapting service, design, decoration to meet people's needs

- The service was set up as a normal domestic home. People had their own bedrooms and use of a communal kitchen, living room, dining room, bathrooms, and a large garden. Bedrooms were comfortable and personalised.
- Communal areas were decorated in a homely way and were maintained.
- The office was open which meant people could see the registered manager when they were in there.

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

- People had regular access to health and social care professionals. Staff supported people to appointments. Where people did not wish to attend the appointments, this was documented, and a follow

up appointment scheduled.

- Communication about healthcare was communicated in a way that suited people's individual needs. Oral care assessments were completed to help support people with dental care.
- Staff worked with health professionals to help promote healthy lifestyles and promote people's wellbeing. A health and social care professional told us, "I felt that staff were on board with supporting the individual with accessing health services, for instance, seeking medical help in a timely manner when the individual was unwell, supporting with dental/eye check and seeking support from professionals when needed."

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 MCA 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 Mental Capacity Act 2005 (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 the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Care plans had clear information about all decision making. There were assessments and processes followed which demonstrated how people had been supported to decide or understand the decision.
- Where people had not been able to make a decision due to their ability to understand the information, best interest decisions were made and recorded appropriately, with the relevant advocates, professionals or family members involved.
- Staff were clear about ensuring people were involved in the decision making process and respecting their choices. We observed the registered manager working through a person's choices about something they wanted to do. The reason was to help them make the best decision for them about spending a large portion of their savings.

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. 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

- Most people were able to express their views verbally about the care and support they received. However, for others we observed how they lived and how staff supported them. Our observations found that people felt at home and comfortable with the staff team.
- Relatives were positive about the care and support provided. One relative told us, "The staff are so compassionate."
- Professionals were positive about how staff treated people. A professional supporting a person in the home told us that on their last visit to the service, "I felt the individual had good interactions with the staff team when I visited and seemed relaxed being around staff on this occasion."
- Staff knew people well and had developed positive relationships which enabled them to support people well. People were supported to celebrate events that were important to them.
- Staff were supporting people in a way that demonstrated respect and equality.

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

- People were involved in decisions about their care. We observed staff explaining things, choices and plans to people to get them involved in their daily decisions. Staff encouraged this by using open questions and repeating back where needed. All interaction was done so patiently and in a way that worked for the person they were supporting.
- Care plans showed that people had participated, and their views were reflected. Relatives said care was being provided as agreed. Care plans were amended as needed and staff were made aware of these as they occurred.

Respecting and promoting people's privacy, dignity and independence

- People were supported to live fulfilling lives. Staff enabled them to do things they wanted and in their own time. Staff were friendly and respectful and gave people time on their own when they wanted it.
- People were supported to maintain and increase their independence. Staff discreetly encouraged people to get involved and did this in a way that was supportive.
- Staff respected people's privacy and dignity. They knew their routines to ensure privacy was not disturbed. We saw staff knocked on doors and asked permission before entering their space. We also saw that people's rooms had locks, so others were not able to access them.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- People told us they were happy with the care they received. We reviewed their care plans and saw they were supported in their chosen way. A relative said, "I can't fault them."
- Care plans were detailed and gave information to staff so they could support people safely and appropriately. People had goals and aspirations noted and these were reviewed appropriately. This included developing skills tailored to each person.
- We found that staff were fully aware of people's abilities and choices in relation to learning these skills and completing different tasks.
- Staff knew people well and how to meet their needs in a way that promoted their preferences, lifestyles, and choices.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- When the care plan was developed at the start of supporting a person, they discussed any specific need or preference in which they communicate. The service can give all relevant documentation in large print, easy-read format or the person's preferred language as needed.
- Relatives told us that staff communicated well and in a way that met their needs. We saw that the parts of people's care plans included the communication needs for people and how staff should support people to aid effective communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Relatives felt the staff and service provided everything that was needed and ensured they were able to continue with what was important to them. One relative said, "The staff care for people and make sure they have everything they need but they also encourage independence which is so important."
- People were also supported to maintain contact with family and friends. A relative said, "[Registered manager] always keeps me in the loop. [Person] likes it when I visit but after 10 minutes they want to get back to their life and activities which is a comfort to me. Always something to keep them occupied."
- We saw that the staff supported people to carry out tasks and activities. For example, planning what they were doing that day and keeping in touch with family and friends.
- People attended day centres, went for walks, and went swimming and to the theatre, went on holiday and

also enjoyed time at home playing games. Another person was part of a Lego building programme at the library. One person enjoyed spending time in the office and also walking the registered manager's puppy. How people spent their days was down to daily choices by the person and not dictated by staffing levels or how staff thought the day should be spent.

#### Improving care quality in response to complaints or concerns

- Relatives told us they had not had any complaints but said they would be confident to do so if the need arose.
- The provider had a system in place to record and monitor complaints. This was to ensure they could identify any reoccurring issues so they could be resolved.

#### End of life care and support

- At the time of our inspection no person was in receipt of end of life care.
- Staff training in end of life care was planned with a local care providers association for future needs.
- Information about people's end of life preferences was recorded in their care plans.

# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was also the provider and was working in the role of manager while they were recruiting for a permanent one. This meant they were invested in the people they supported and the service they provided.
- The registered manager attended external training to build on their knowledge and keep up to date with legislation. They used this time to network and worked with other registered managers who carried out supervision with them.
- Our observations showed that people were familiar with the registered manager and able to speak freely with them. Staff were positive about their leadership. A staff member said, "The line manager and the managers keep on having listening ears as this how we can keep on improving the service and it does not mean that the managers are the only voice. The team as well is an important stakeholder and they can be the eyes and ears of the organisation and they are the ones who spend much of the time with the people we support any issues or ideas they came up with will be of great importance and that's what will make this service outstanding."
- The registered manager was clear about what was required of them. They had systems in place to monitor the service and address any shortfalls. They were also invested in making sure people had good experiences and lived the way they chose. A relatives told us, "[Person] absolutely loves it there."
- Audits and quality checks were completed and signed off. There was not a senior management team to provide oversight. The registered manager, who was also the provider, ensured they worked with external professionals to help ensure they were working in accordance with regulations and their standards.

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

- The registered manager was open and communicated about events and incidents in the service with people, relatives, and professionals.
- The registered manager reported relevant events to external agencies as required.

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

- Relatives were positive about how the service engaged with them and they felt their views were listened to. One relative said, "[Registered manager] always lets me know if there is anything I need to know so I can

be actively involved."

- People's feedback was sought through regular meetings and surveys. These were carried out in a format that met people's communication needs. The feedback was collated so any actions could be developed.
- Staff had regular meetings and surveys where they were encouraged to share their views.

Continuous learning and improving care

- The management team reviewed events and shared any learning with the staff team.
- The management team were looking for ways to further develop the service. The registered manager worked with various external professionals to extend theirs and the staff teams' knowledge to ensure they were equipped for different needs and events in the home.

Working in partnership with others

- There was joined up working between the team at Windmill Lodge and health and social care professionals. This approach helped to ensure better outcomes for people.