

Windmill Care Limited

Windmill House

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Windmill House provides accommodation and personal care and support for up to 55 older people. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting. The inspection took place on the 22 and 25 May 2017.

We last inspected the service in November 2014. There were no concerns found. All bedrooms are single occupancy with ensembles. All areas of the home had been decorated and furnished to a high standard.

There was a registered manager in post. They were also a director of the company. 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.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

Why the service is rated Good:

People continue to receive a safe service. There were sufficient numbers of staff to meet people's needs and to spend time socialising with them. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People received their medicines safely.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including checks on the equipment and safe recruitment processes.

People continued to receive effective care because staff had the skills and knowledge required to support them. Staff received training and support that was relevant to their roles. People's healthcare needs were monitored by the staff. Other health and social care professionals were involved in the care and support of the people living at Windmill House.

People were supported to take part in daily activities. There was a strong emphasis on engagement with people to promote their well-being. People told us the staff responded promptly to their requests for assistance. Systems were in place to ensure that complaints were responded to and, learnt from to improve the service provided.

People told us they had been involved in planning and agreeing to the care provided. We saw that people had an individualised plan, detailing the support they needed and how they wanted this to be provided. Staff described how they supported people, which was in accordance with the written care plan and people's wishes.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. People confirmed their involvement in decisions about their care. Where people lacked mental capacity, staff ensured people's rights were protected involving relatives or other professionals in the decision making process.

The service continues to be well led. People, relatives and staff spoke positively about the commitment of the management and staff team. They told us the registered manager was open and approachable. The registered manager and provider had monitoring systems, which enabled them to identify good practices and areas of improvement.

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 continues to be safe.

Is the service effective?

Good ●

The service continues to be effective.

Is the service caring?

Outstanding ☆

The service was extremely caring.

Staff at all levels were committed to working in a person-centred way to promote people's well-being. Staff were clearly knowledgeable about the people they were supporting and promoted and encouraged their independence.

People were treated with dignity, respect, compassion and kindness.

People mattered, and staff 'went that extra mile' to meet their needs and wishes.

Is the service responsive?

Good ●

The service continues to be responsive.

Is the service well-led?

Good ●

The service continues to be well led.

Windmill House

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 an updated rating for the service under the Care Act 2014.

This was an unannounced inspection, which was completed on 22 and 25 May 2017. The previous inspection was completed in November 2014, there were no breaches of regulation at that time.

The membership of the inspection team included an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we 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 planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events, which the service is required to send us by law.

We contacted nine health and social care professionals to obtain their views on the service and how it was being managed. We received feedback from six. You can see what they said about the service in the main body of the report.

We looked at three people's care records to see if they were accurate and up to date. We also looked at records relating to the management of the service. These included staff rotas, training records and audits that had been completed.

We spoke with the registered manager, five care staff, nine people who used the service, seven relatives, and the director of operations. After the inspection, seven relatives contacted us by email to tell us about their

experience of using the service.

Is the service safe?

Our findings

Everybody we spoke with told us they felt safe and there were sufficient staff supporting them. Comments included, "I feel secure in the building and there are staff around day and night", "Very safe because I know everybody and I see the same faces", and "Oh yes, feel safe, I used to hate living alone at night. Coming here stopped me worrying".

Relatives told us they felt the home was a safe place to live. A relative told us, "This was the best home that we visited, it was clean and welcoming". They told us there was a stable team of staff with very little turnover and all the staff were approachable. They told us, their mum was safe, stating, "no one can be totally safe, because there will always be a risk of falls but she is as safe as could be here at Windmill". Another relative told us, "As a family we are very happy, mum was having a lot of falls before she moved to the home, she is safe now and we don't have to worry as much".

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe. This included risks relating to falls and everyday tasks. These had been reviewed as people's needs had changed.

There were movement sensors in each bedroom that could be activated when a person was at risk of falls. A member of staff told us these were only used when a person was at risk. There was a policy in place guiding staff when these should be used and that the person must be involved in the decision process. A relative confirmed that the use of the sensor had been discussed with them. This gave them assurances that in the event of a fall staff would be alerted promptly.

The arrangements for managing medicines on people's behalf were safe. Medicines were kept safely and were stored securely. There were clear records of medicines entering the home, being given to people and returned to the pharmacy when required. These records showed people were getting their medicines when they needed them. There were no stock records for medications that were not in the blister packs. This meant they could not always account for these medications. The registered manager told us this would be addressed. This would also assist with the ordering of medication.

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager. The medicines were checked monthly by a designated member of staff and the registered manager. People confirmed they received their medicines on time. Where people were able, they were supported to look after their own medicines. This was especially important where a person was only staying in the home for a short period and they looked after their medicines previously.

There was sufficient staff to keep people safe and provide the care they needed. There was a minimum of 11 staff working during the day, 7 in the evening and 4 waking night staff. The registered manager told us this was kept under review if people's needs changed. For example, additional staff supported one person on a one to one basis when their needs had changed significantly and they were risk to themselves and others.

Staff also confirmed if someone was unwell extra staff would be rostered to support the person. From looking at the rotas, it was evident that often there were extra staff working to support people. Staff told us agency was rarely used, as staff would cover any gaps in the rotas. The registered manager told us they had a small group of agency staff that worked in the home. They said this was important to ensure agency staff were familiar to the people living in Windmill House.

There was an expectation as part of their role the care staff would spend time with people engaged in activities. Staff confirmed there were sufficient staff to enable them to fulfil their roles in organising daily activities and providing personal care. In addition to the care staff the registered manager employed domestic, laundry and catering staff. The registered manager told us this enabled the care staff to focus on the care and provide support to people rather than being engaged in household tasks.

Safe recruitment systems were in place that recognised equal opportunities and protected the people living in the home. We looked at two staff files to check whether the appropriate checks had been carried out before they worked with people living in the home. The files contained relevant information showing how the registered manager had come to the decision to employ the member of staff. This included a completed application form, two references and interview notes. New members of staff had undergone a check with the Disclosure and Barring Service (DBS). This ensured that the provider was aware of any criminal offences, which might pose a risk to people who used the service. The registered manager was aware of their responsibilities in ensuring suitable staff were employed.

Staff told us they had completed training in safeguarding adults. Staff confirmed they would report concerns to the management and these would be responded to promptly. Staff told us they had been given the contact details of other agencies where they could raise concerns if they felt the registered manager had not responded to these appropriately. The service had reported to the local safeguarding team any allegations of abuse and taken action to safeguard people. CQC were also being notified of any allegations of abuse.

A visiting professional told us, "My experience is that management and staff are generally well-informed on safeguarding issues or are receptive to teaching on this subject. There is an openness about any concerns or anything that might suggest unsafe practice". Staff were aware of the organisations whistle blowing policy and other agencies they could contact if they had any concerns about the welfare of people.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. There were arrangements in place to deal with foreseeable emergencies.

Other checks were completed on the environment including moving and handling equipment, checking sensory alarms (which alerted staff if a person had fallen) to ensure these were working correctly and, routine checks on the lift, electrical and gas appliances. Certificates and records were maintained of these checks.

The home was clean and free from odour. Cleaning schedules were in place. Staff had completed infection control training and were aware of their responsibilities to protect people from these risks. Staff were observed washing hands frequently, wearing clothes and aprons. There were different coloured mops for particular areas of the home, which prevents the risk of cross infection. Everyone we spoke with confirmed the home was always clean and free from odour.

Is the service effective?

Our findings

The home continues to provide an effective service to people. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs. People had access to health and social care professionals.

People and relatives told us they felt the staff had the right skills to support them. A relative told us, "I know how difficult it is to recruit good staff and am frankly amazed at the high level of all staff whatever they do; they are pleasant and keen to help and provide care to its customers. It really is a credit to the operation".

Staff described to us how they supported people with their health care needs, which included liaising with the GP, district nurses and other healthcare professionals. Staff told us some people were able to retain their GP if they had lived locally. The home was supported by four GP practices. Staff told us they would have no hesitation in contacting the GP if they were concerned about the well-being of anyone living at Windmill House. Positive feedback was received from healthcare professionals. Their comments included, "I would have no hesitation in recommending this service to my patients", and "In my opinion they are provided with an excellent level of care and contact with medical services always seems to be appropriate. It is obvious that consideration is given to the holistic wellbeing of their residents who are registered with us and in general I would have no concern about the service they provide and would recommend the care home to friends looking for such a facility".

People were supported to attend appointments with their previous dentist or one locally. Staff told us sometimes family continued with this support or staff would. An optician visited the home regularly to check on people's eye health.

Care records included information about any specialist arrangements for meal times and dietary needs. People told us they could choose where to eat their meal in either of the dining areas or in their bedroom. The majority of the people chose to eat in the dining areas. Other professionals had been involved in supporting people with their dietary needs. This included speech and language therapists, dieticians and a diabetic nurse. Their advice had been included in the individual's care plan. Where people were at risk, food and fluid charts were put in place and their weight monitored.

People's nutritional needs were being met. People were able to express their views and make choices on what to eat. People were consulted on the menu through regular resident meetings. People were visited by the catering staff to discuss their likes/dislikes and any specialist requirements on a regular basis. Where people's needs had changed this was discussed with the catering staff to ensure the person's needs were being met. People spoke highly of the catering and the level of choice they had. Specialist diets and personal preferences catered for.

The registered manager told us there were two people who were being treated for an acquired pressure wound. District nurses were involved in the treatment of these. Where people were at risk of developing pressure sores, a care plan was in place describing how the person should be supported. This included any

specialist equipment such as pressure cushions or an air mattress that should be in place to minimise any risks. There were also body maps and information about how staff should support the person with positional changes. Records were maintained of positional changes to enable the staff to monitor the effectiveness of the care delivery.

The district nurse team provided us with positive feedback telling us there was good a relationship between the staff and the district nurses with appropriate and timely referrals being made. They told us there was always a senior member of staff available to introduce them to their patient. Another health care professional told us, "I have no concerns, people receive good care and staff notice small changes in relation to skin integrity and report promptly, which means treatment can start early before a pressure wound develops".

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 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 registered manager told us three people had an authorised DoLS in place. A further 26 applications had been made and were waiting for the local authority to complete their assessment. There were systems to monitor when an application was due for renewal to enable the staff to submit a further application in a timely manner.

Staff confirmed they had attended training on MCA and DoLS. They were aware how the legislation protected people's rights. Staff told us they always involved people in day-to-day decisions and sought their consent prior to any care being delivered. Staff understood that where a person lacked capacity then they had to involve other professionals or relatives in any complex decisions. Records were kept of any decisions made in a person's best interest. For example, the use of the sensors in people's bedrooms and whether they wanted their bedroom door locked. A person told us, "The staff are very good at asking whether you want to do something", and another person told us "If I don't want to do something they are fine about it". Where people had refused care, this had been recorded. Staff told us if this happened they would ask again when it was either more convenient, or another member of staff who was known to have a good relationship with the person would try. Where a person refused care on a regular basis staff would involve other professionals such as the care home liaison team and relatives.

Staff confirmed they had completed an induction and it was comprehensive. They told us they had worked alongside more experienced staff for the first couple of weeks. They said staff had been supportive and answered any questions that they had. Staff that were new to care completed the care certificate. This is a nationally recognised induction programme introduced to the care industry in 2015.

Individual staff training records and an overview of staff training was maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding, MCA and DoLS training. A training plan was in place to ensure staff received regular training updates. Staff told us the training they had received had equipped them for their roles. Comments included,

"The training is fantastic, cannot fault the training we do, we only need to ask and training would be organised", "I have just completed training on dementia, it was very useful and really made a difference in the way I support people", and "I am completing an NVQ 2 in care, my assessor visits regularly".

We spoke with a trainer that supported the home. They told us, there was a commitment to ensure staff had completed further training such as a diploma in care at either level 2, 3 or 5. They told us the staff were receptive to learning. The trainer told us they had observed how learning had been applied in supporting people living at Windmill House, with a commitment to person centred care.

Is the service caring?

Our findings

People and their relatives spoke very highly about the staff telling us they were kind, friendly and very caring. People gave us some very clear examples of when staff had gone the extra mile when they were unwell or feeling a bit worried about something. A visitor told us, when they had visited when their relative was unwell, a member of staff was sat with their mum holding their hand. They told us the staff had been very attentive. They said it had been just lovely to see. Another relative told us, "I would like to say what an outstanding place it is. We cannot fault it in any way and the staff are all wonderful; the cleaner, the laundry ladies, the kitchen staff, the brilliant carers and the management, we cannot fault them in any way". Another relative said, "Mum has everything she needs and so much more".

People were observed being supported throughout the inspection, staff were clearly explaining and seeking consent prior to any care being given. Where people needed assistance with moving and handling this was done sensitively and safely. Staff provided reassurance and clearly explained what was happening next.

Care people received was very kind, caring and compassionate. Staff were observed giving people encouragement when assisting them. For example, one person was being supported to move from one area of the home to another. The member of staff was heard giving gentle encouragement. They were also engaged in a conversation about what activities were taking place that afternoon and general conversation about the person's expected visitors. It was evident the person was enjoying the conversation and the staff member was knowledgeable about the person. People were heard talking with staff about forthcoming celebrations such as a wedding, a birthday, general chatter about the daily activities and the weather. Staff paid people compliments about their clothes and hair. The ethos and culture developed by the registered manager and staff was one of valuing people and treating people as individuals.

A relative commended the service especially on how they had supported their relative when they first moved to the home. They told us the staff took the time to get to know their mum, they offered loads of positive encouragement and when they were anxious sought ways to reduce this. They told us the initial move was quite traumatic for them and the support given by the staff and the management meant that things quickly settled down. They said they were very happy with the care and the staff.

Relatives we spoke with told us whenever they visited everyone was treated with dignity and respect. Another relative told us, "Could not be in a better place, it is clear that the care provided is of a very high standard". Other comments included, "I know my mum is being very well cared for, I don't worry. The staff are really attentive and really do care", "The staff are excellent, very welcoming" and "I feel very lucky to have secured such a lovely care home for my mother. It takes away the stress in that I can relax knowing mum is being well cared for".

We observed people being supported with lunch. The meal was relaxed and unrushed. Where people required assistance, this was done sensitively and at the pace of the person. Staff were observed sitting alongside the person explaining what they were eating and offering encouragement. Where people had spilt food on their clothes they were offered to change promptly after lunch. Staff were observed offering

assistance in a sensitive and discreet manner. For example, people were offered assistance, which did not bring attention to them as staff spoke quietly and directly to the person.

People's religious and cultural needs were taken into account on admission and during care delivery. The registered manager told us it was important for people to retain their interests taking into account their cultural and religious faiths. The local church visited the home regularly to assist in meeting people's spiritual needs. People's cultural and religious needs were recorded in their care plan. A relative told us, "Mum's Christian faith is still so very important to her and even this is being catered for. I can't fault the care and the attention to detail that the staff at Windmill House provide".

People looked well cared for. This included ensuring people had their glasses and hearing aids. People's hair looked clean and groomed. There was a designated area set up in the home as a hair salon, which people could use. People told us there were two hairdressers that visited regularly during the week. The opening times were clearly displayed on the window of the hair salon.

People's care plans included what was important to them in respect of how they liked to dress and be supported. One care plan described what the person preferred to wear and said they always liked to look smart. The level of detail captured the wishes of the person. A relative told us, "Dad likes to be smartly dressed and takes a pride in his appearance. The carers are aware of this and ensure his clothes are always clean and whatever he wears, it is well coordinated. He is given a wet shave every morning which, again, is something which is very important to him".

People told us the staff encouraged them to be as independent as possible with day-to-day tasks such as personal care and mobility. One person told us, "I can do most things for myself but if I need assistance the staff will help me". Where people were only staying for a short period for either rehabilitation or respite their skills were retained in respect of their independence enabling them to return home. For example, continuing to make drinks or look after their own medicines. A relative told us, "With the help of the staff my mum's mobility has greatly improved". They told us they had not done very well in hospital but with the assistance and encouragement of the staff was now walking and back to her normal self. Two visitors told us prior to moving to the home they were concerned about weight loss but within a couple of weeks, both people had gained weight. They were no longer concerned. These acts showed the staff really cared for people and their well-being.

People and their relatives had access to small kitchenettes where they could help themselves to tea and coffees. We also observed people being offered refreshments throughout the day. One person sat near the nurses station and said, "Am I too late for coffee", staff responded promptly and made coffee for the person and the person they were sitting with. There was fresh fruit available for people to help themselves whenever they wanted in the dining areas.

People and relatives told us there was a welcoming atmosphere in the home. People told us they could receive visitors and meet with them in their lounge areas or the privacy of their bedroom. Relatives told us the staff always made them feel welcome and they were always offered refreshments. If visitors were in the home, we were told they would be offered a meal. There were no restrictions in relation to visitors although people were politely asked not to walk through the dining room during meal times. One relative told us, "There are no restrictions but we like to check if it is ok to visit as there are always activities going on or a planned trip".

A relative told us, "Nothing is too much trouble". They told us how they had gone to the registered manager for advice on how they could support their relative to attend a family wedding. The registered manager took

the stress out of this and organised transport and supported the person during the family event so they could spend time with their family. Another person had been supported by a member of care staff to fly up to Scotland and helped with the transport either end to ensure this was not a stressful situation for them. Another relative complimented the staff on supporting their parent to attend a funeral of a friend. It was evident there was a commitment for people to continue to lead active lifestyles both in the home and with their family and friends outside of the home. Relatives told us when there was a birthday, the staff went out of their way to make it special, including a homemade birthday cake. One relative told us, they had been offered an area of the home to have a small birthday party with their parent and their extended family. Refreshments had been laid on including a 'bottle of fizz'. Another relative told us how they had been invited to the home for a Christmas meal so they could enjoy the special time with their parent.

People confirmed they were able to vote. The registered manager had organised postal votes for those people that did not want to attend the polling station and during the day of the vote, transport would be organised for those that wanted to vote in person. Newspapers were available for those people that wanted them. One person told us, sometimes they received this late and had to chase this up with staff. They also told us there was sometimes a delay in receiving their post. However, they said they genuinely could not find fault with the care.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to bring their own furniture to enable them to personalise their bedroom. This meant people were supported to recreate familiar surroundings for themselves. There was signage throughout the home to enable people to move around the home and beside each bedroom door was a memory box to help people find their bedrooms should they become disorientated. One person had requested specific wallpaper in their bedroom. The provider recognised this was important to them and the bedroom was completely redecorated including a new carpet.

People had been asked about their end of life wishes and how they wanted to be supported and who needed to be contacted. The staff would liaise with other professionals including palliative care specialists and the person's GP to ensure all equipment and appropriate pain relief was in place to support the person. A health care professional told us, "The home will regularly provide care at the end of life. They are very caring and seem to have a good relationship with family members. I have witnessed staff sitting and holding a patients hand when no family are present".

Comments and compliments that had been received from families of people that had died showed that the care provided had been extremely caring and compassionate for both the individual and the family members.

Is the service responsive?

Our findings

We observed staff responding to people's needs throughout the inspection. This included spending time with people engaged in conversations. Staff were observed promptly responding to call bells. A relative felt their relative was unable to use their call bell but had been given reassurances the staff completed regular checks when they were in their bedroom. The relative said they knew staff spent time with their mum because often she said staff sat with her chatting or they looked at photographs together. Staff told us, checks were completed regularly for those people that chose to stay in their room including regular night checks. This was based on risk and could vary from every half an hour to an hour.

People told us their call bell was always close to hand and there was a good staff presence in all areas of the home especially the lounge areas. Comments included, "Buzzer always handy, the staff always get to me quickly, seems a long time when you are waiting even if it's not", and "Night staff very good. Don't have to wait for help", and "Do most things for myself but on the rare occasions I do call there isn't a long wait". Relatives confirmed they could always speak to a member of staff or the registered manager if they needed to.

People had been assessed before they started to live in the home. This enabled the staff to plan with the person how they wanted to be supported and how to respond to their care needs. From the assessment, care plans had been developed detailing how the staff should support people. The person, their relatives and health and social care professionals where relevant had been involved in providing information to inform the assessment. A relative told us the registered manager had completed the initial assessment and visited their mum in hospital. They told us they were really lucky, as there was a vacancy and had no regrets about the decision for their mother to move to Windmill House. Relatives told us how the registered manager had not only supported their relative, but also the family during the transition to the care home.

Care plans clearly described how people should be supported in all aspects of daily living and their preferences. The information recorded was individualised and evidenced the person had been involved in developing their plan of care. Staff confirmed how people were being supported in accordance with the plans of care. These had been kept under review, as needs changed involving the person, their relatives and their key worker. Relatives confirmed they were kept informed of any changes and consulted about the care.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach.

Healthcare professionals told us whenever they visited, people were engaged in activities either in small groups or a one to one. There was an activity board displayed on both the ground and first floor telling people what activities were taking place. Care staff were responsible for organising daily activities.

Relatives confirmed when they visited people were engaged in activities. People told us about a variety of activities, which included, quizzes, arts and crafts, film evenings, coffee mornings, bingo, pamper sessions,

discussion groups to aid memory, baking and gardening groups. The home had also been visited by Zoo lab, a Shetland pony and owls were a frequent visitor. The registered manager and the staff saw activities to be very important to keep people stimulated and active. A relative told us, "I know my dad spends time in his room but he does enjoy the quizzes, keep fit, piano recitals and the very popular owls". A member of staff said whilst all the team were responsible for organising activities this had really improved since the activity co-ordinator was taking the lead. They said this because there was more co-ordination.

The registered manager told us in their provider information return, 'regular theatre production groups and entertainers come to the home. They told us also "the staff facilitate regular sing songs and karaoke, or they ensure that music is on in the communal rooms to create a stimulating atmosphere". On the day of the inspection, a relative was playing the piano, and the staff were organising a sing along. It was evident people were engaged and enjoying the activity.

People, staff and relatives confirmed there were regular external entertainers who visited the home at least three or four times per month. On the second day of the inspection, the entertainers were setting up in the garden enabling people to enjoy the sun. New garden furniture and umbrellas had been purchased enabling everyone to enjoy the garden. Staff were observed encouraging people to sit in the garden ensuring people were sat in the shade and sun cream applied. It was a particularly warm day and refreshments were frequently being offered to people.

Trips were regularly organised for people in the minibus owned by the company. On the second day, ten people and some staff had gone down to the coast so they could enjoy the view, have an ice cream and take a stroll. On their return it was evident people had spent an enjoyable couple of hours out of the home.

People and their relatives knew how to raise a complaint. Comments included, "Don't need to complain, there is nothing to complain about. I know I can speak to anyone if I have a worry," and "There is nothing to complain about, but you know it would be dealt with either by the staff instantly or the manager". People told us there was an open culture with good lines of communication, which meant that minor concerns were addressed before they escalated.

A copy of the complaints procedure was displayed in the entrance hall of the home. Regular meetings were held with people and minutes confirmed that they were reminded about how to raise concerns. The provider told us in information received before this inspection there had been 12 complaints in the last 12 months. These had been investigated and acted upon with the outcome being given to the complainant. A log of complaints had been maintained and the registered manager demonstrated that these had been kept under review. This enabled them to explore if there were any themes to the concerns raised.

In the provider information return the registered manager told us the concerns had been in the main around the lack labelling of clothes, which meant they could not always be returned to their rightful owner, meeting people's dietary needs and preferences and responsiveness to repairs. They told us in response housekeeping staff were shown how to log any on-going maintenance issues, relatives were reminded the importance of labelling clothes and the catering staff had been given clearer guidance. None of these concerns were raised with us during the inspection from people who use the service or their relatives.

The service had received 14 formal compliments about the quality of the care. These had included end of life care, personal celebrations and responsiveness of the service when a person was discharged from hospital and their recovery pathway. These were really positive about the care and support people had received.

Is the service well-led?

Our findings

There was a registered manager in post. They were also a director of the company. The registered manager told us they were in the process of training a new manager as part of the company's vision and long-term plan. This was because the registered manager would be moving to a new service operated by Windmill Care Ltd. The plan was to register the new manager over the next few months. The registered manager and the assistant manager were very passionate about the care of older people and providing people with a quality life.

All relatives and people living in Windmill House spoke very highly about the management of the service. One relative told us, "Nothing is too much trouble and they go out of their way to ensure people receive a good service". Another relative told us, "Excellent manager. She is efficient, with compassion. 'Care' underlies the business plan." Other comments included, "I can't believe how much she (manager) knows about mum", "Good communication, any issues they tell me about it They (the staff) phone straight away if there is a problem. Well managed", "All the staff demonstrate a very high level of care and compassion. Nothing is too much trouble for them. X (name of manager) and the senior staff are all very approachable and involve us in all aspects of Mum's care". People described Windmill House as their home; there was a strong feeling of belonging and being valued. One person said, "We are like one big family, everyone knows everyone", another person said, "It is like a 5 Star hotel".

Staff told us, the management of the service was responsive and approachable. Comments included, "If I had any concerns, I know I could go to the manager, deputy or the assistant manager for advice and I know they would sort out whatever it was", "Really approachable and caring, if I have issues outside of work, they listen and help as best they can. I love coming to work" and "Generally I love coming to work, can have good and bad days, but staff all work together to support the people living at Windmill House". Staff described a team that worked together in supporting people.

The registered manager told us there was an on call system, which was shared between the senior management team. There was always a senior care worker on duty to guide the care staff. Staff had signed contracts in their files along with job descriptions on what was expected of them.

A relative told us, "The management are all approachable and would have no hesitation in going to them with any concern if I had any". We observed relatives and people visiting the office to speak with the registered manager. It was evident their office door was always open. When a relative said they could not find a particular jumper, the registered manager promptly organised for staff to look in the laundry. The registered manager told us they got very few complaints because they resolved matters there and then before it gets to the level of a complaint. They also told us, if it was the fault of the service an apology was always given including the reimbursement for any items that had been lost or broken.

We asked people, staff and their relatives what they would change if anything about the service and all could not fault the home and could find no area to improve. Regular meetings were taking place for people asking their views on menu planning, activities and the general running of the home. Records were kept of these

meetings. A meeting was being held on the first day of the inspection. This was well attended by people and their relatives. It was evident people's views were acted upon, such as incorporating people's choices into the menu and activity plans.

Systems were in place to review the quality of the service. These were completed by either the registered manager or a named member of staff. They included health and safety, medication, care planning, training, supervisions, appraisals and infection control. The registered manager was aware that they would have to develop more robust quality assurance tools when they were not in day-to-day charge of the home. The assistant manager told us they were planning to review the various systems so they could monitor the quality of the service. They said they would be building on these so they could demonstrate to the directors of the company how they were continually monitoring and improving care delivery and the running of the home.

Annual surveys were sent to people, friends and families. The registered provider told us they had sent out surveys in 2016 but there had been a low return rate. They were exploring how people's views could be sought more effectively and were planning to use the friends and family meetings and develop the actual questions asked in the survey so that it was not a tick box response.

The provider submitted the Provider Information Return (PIR) prior to this inspection. This clearly described the service and improvements they wanted to put in place to enhance the service. Some of these had already been completed such as developing the skills of the senior care workers. They had recently been supported to complete bespoke leadership and management training. The registered manager said this was important to enable them to engage and manage the staff. They said they had seen benefits to the training in that the senior staff were much more confident in managing and working with staff. The assistant manager told us another area that had improved was how they had involved the continence advisor in assessing each person where required to ensure their continence aids were suitable. They said this had been very beneficial ensuring the right continence aids and quantities were ordered and promoted people's dignity. It was evident that what the provider had said they would do in the provider information return either had been completed or was in the process.

The registered manager attended regular care home provider meetings to enable them to network with other providers and to keep up to date with the changing world of care.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed by the registered manager. The registered manager was aware and confirmed the actions about the incident reports that were seen. The registered manager told us that learning from accidents was discussed during handovers and team meetings to prevent any further risks. From the incident and accident reports, we could see that the registered manager had sent us appropriate notifications. A notification is information about important events, which the service is required to send us by law.