Barchester Healthcare Homes Limited

Windmill Manor

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Windmill Manor provides nursing, personal care and support for a maximum of 60 older people, some of whom may be living with dementia. Accommodation is set over two floors and the majority of people who have more advanced dementia live on the top floor of the home. On the day of our inspection 53 people were living in the home.

This was an unannounced inspection that took place on 18 July 2016.

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 had carried out an inspection to Windmill Manor on 20 May 2015 where we identified a number of concerns. These related to a lack of qualified staff, staffing failing to follow the requirements of the Mental Capacity Act 2005, people not receiving respectful care from staff and a lack of good governance within the home. Following that inspection the provider sent us an action plan which detailed how they were going to address these concerns. We have carried out this inspection to check whether or not the provider had completed the actions in line with their action plan.

There were an insufficient number of staff to care for people and the premises were not always well-maintained because of a lack of housekeeping staff. Staff morale was low mainly due to the lack of staff. People may not always receive responsive care as care records for people were not always accurate.

People did not always have to access to meaningful, relevant activities particularly those people living with dementia.

Although quality assurance checks were carried out by staff these did not always identify shortfalls in the recording of information in people's care plans. The registered manager was not always aware of their responsibilities in relation to CQC.

Care was provided to people by staff who were trained and received regular supervisions and appraisals from their line manager.

There was a good atmosphere in the home where people and staff interacted in an easy-going manner. People were cared for by staff who were kind, caring and supportive. People and relatives were happy with the care provided and they were made to feel welcome when they visited.

Staff followed correct and appropriate procedures in administering medicines and medicines were stored

safely and appropriately.

Care plans were written in a person-centred way and where people had risks identified guidance was in place for staff to help reduce these risks. People's care would continue in the event of an emergency and staff helped safeguard people from abuse as their understood their roles in this regard. Safe recruitment practices were followed, which meant the provider endeavoured to employ staff who were suitable to work in the home.

Staff completed assessments in relation to the Mental Capacity Act 2005 and where people had restrictions in place to keep them safe, the registered manager had submitted the appropriate DoLS applications.

People were provided with a choice of meals each day and those who had dietary requirements received appropriate foods. Staff maintained people's health and ensured good access to healthcare professionals when needed. For example, the doctor, dietician or district nurse.

People and staff were involved in the running of the home and complaint procedures were available to people should they feel the need to complain.

During the inspection we found one continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and two new breaches. We have also made some recommendations to the provider. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not cared for by a sufficient number of staff. There were not enough staff to ensure the environment was well maintained for people.

People received their medicines safely.

Recruitment processes were robust to help ensure only suitable staff working in the home.

Risks to people had been identified and action taken to mitigate further risk.

Staff understood their role in keeping people safe from abuse.

People's care would continue in the event of an emergency.

Is the service effective?

Good

The service was effective.

Staff received training specific to their role.

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

People were provided with sufficient quantities of food and drink and those with a dietary requirement received appropriate food.

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 care, respect and dignity.

Staff encouraged people to be independent and make their own decisions about their care.

Relatives were made to feel welcome in the home.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not always supported to take part in activities that were individualised or meaningful to them.

Pre-assessments for people moving into the home were not always completed in a way that gave sufficient information to staff.

Care plans were written in a person-centred way.

People were given information how to raise their concerns or make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Care records relating to people were not always contemporaneous.

Quality assurance audits were carried out to ensure the quality and safe running of the home. However, these did not identify short falls in record keeping.

The registered manager was not always aware of their legal obligations in relation to CQC.

Staff and people were involved in the running of the home.

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 18 July 2016. The inspection team consisted of two inspectors 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 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 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 as part of our inspection.

During the inspection we spoke with eight people, the registered manager, the provider's regional manager, six staff, and six relatives. In addition we obtained feedback from three health and social care professionals prior to the inspection. 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 five 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 on 20 May 2015 where we identified some concerns.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt they were safe and what made them feel so. One told us, "Yes. Have no problems at all." Another said, "There are always people to talk to." Another person told us they felt safe by, "Having people around."

We asked people if they felt there were a sufficient number of staff to meet their needs and received mixed feedback. One person told us, "I think so." Another said, "They are very good – don't see many of them – I am sure they have enough." A third told us, "There are not enough staff during the day, sometimes there are only four staff and we wait a long time for everything." A relative told us, "It just takes one staff to be off sick and they have too much to do." Another said, "They (staff) are brilliant, but there is not enough." A third said, "During the week, yes. Not so many at weekends – it varies." A fourth relative commented, "The ratio of staff could be higher, a few more staff would be wonderful." We found people were not cared for by a sufficient number of staff, particularly those living on top floor of the home.

At our previous inspection we found an insufficient number of qualified staff on duty in the home. At this inspection we were told (and saw) that two nurses were on duty each day. One to cover the ground floor and the other the top floor. However, although numbers of qualified staff had increased, we found a lack of care staff to attend to people, particularly those living on the top floor who had additional and more complex needs.

The registered manager told us they now used a dependency tool to calculate how many staff were required to meet the needs of people. They said as a result they had two nurses and ten care staff on duty during the morning and two nurses and nine care staff on duty each afternoon. We were told by staff, particularly on the top floor that this rarely happened and that often there was only four of them and sometimes three, rather than five. They said they were rushed and unable to provide the care to people in the way they would like. We noted from staff meetings held in March and June 2016 that staff morale was low. This was mostly due to their feeling there was a shortage of staff. One staff member was noted as saying, 'I only see carers flying around from when they get here to when they leave'. The registered manager said that general assistants were on duty each day and although they did not carry out any personal care, they were available to support care staff by making refreshments or assist with lunch. However staff at the staff meeting had stated that at times if a general assistant was not on duty people did not get tea, because 'there is just physically not enough time'.

We checked the staffing rotas for a period of six weeks and found that on 26 occasions staffing numbers during the morning fell below what we had been told by the registered manager. We noted that on some of these occasions the registered manager had requested agency cover; however this had not always been provided. Agency cover had not been requested on 15 occasions which had resulted on three occasions of only eight staff being deployed around the home. One staff member said, "It's an overwhelming resounding guilt. We feel we are just processing people. We do everything we can, but the sacrifice is that we don't have time to spend with people." They added that when people called out they had to tell them they were busy and would be back when they could. A second staff member said, "Generally there are not enough staff. We

need more staff." A third staff member told us, "Residents don't get everything on time, sometime they wet themselves; people are having more falls." During a local authority quality visit in June 2016 we read that the home was short staffed due to staff sickness.

On two separate occasions we had to seek out staff to assist people – one person whose mobility was poor and another who was distressed. The top floor of the home had two separate lounge areas and we found it was difficult for staff to watch people all of the time. At times there were no staff members in the second lounge and it was difficult for staff to keep an eye on people who were walking around. Some of these people had poor mobility or were walking into other people's rooms. Staff were constantly busy and we did not see them have time to sit and engage with people.

We found the lunch period disorganised on both floors due to a lack of staff. Staff were coming in and out of the dining rooms constantly and people were being provided with their meals before everyone had been seated at tables. People were seen being asked several times by different staff what they wanted to eat and where two people needed support with their meal they did not immediately receive this because staff were too busy. This meant one person ended up eating cold food. We noted from a local authority quality visit in June 2016 that a relative had commented, 'It seems chaotic at times. They (staff) are always so busy, so it's difficult to talk to them'.

People lived in an environment that was not always well-presented due to a lack of housekeeping staff. During the inspection we observed only one staff member doing the cleaning, although we were told there should be a housekeeper on each floor together with a head housekeeper. As a result the dining room and lounge areas, particularly on the top floor had food crumbs and debris on them. Where one person had been eating a biscuit on the sofa, the crumbs from this remained on the sofa all day. We found a cold cup of tea sitting on a windowsill at the end of one of the corridors and a dirty pudding bowl was seen outside someone's room all afternoon. A staff member told us there was often just one cleaner for the entire home and they, "Hate that people have to sit on stained chairs with food debris all over the floor."

The lack of appropriate levels of staffing was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received the medicines they required as staff followed appropriate medicines management procedures. Each person had a Medicines Administration Record (MAR) which contained their photograph for identification together with any allergies they may have. Boxed medicines were audited daily and the temperature of the clinical room and medicines fridge taken. This helped ensure that all medicines were accounted for and the effectiveness of medicines was maintained. One person told us they had no problems with their medicines and they said, "It is always on time."

Risks to people had been identified and action taken to help reduce further risk. Staff had taken action to reduce risks and harm to people. One person was at risk of falling out of bed as they tried to get up by themselves. Assessments had been carried out and as a result bed rails had been fitted. This same person was at risk of their skin breaking down so staff had introduced regular repositioning regimes in order to reduce the chance of this happening. Another person was at risk of falls when walking and their care plan stated, 'check x doesn't wear slippers, but her well-fitted shoes'. We saw they had their shoes on during the day. We asked people if they felt risks to their care were managed in a positive way. One person told us, "Very much so." People told us they had never had an incident or accident whilst being supported with their care. A relative said, "They (staff) are pretty careful about hazards."

The provider carried out recruitment processes in a way which helped ensure that only suitable staff were

employed to work in the home. We found staff files contained a past employment history, references, identification and results of a Disclosure and Barring Service check (DBS). A DBS identifies if a person has a criminal record and whether they are suitable to work in an environment such as Windmill Manor.

People were helped to remain safe because staff understood their role in relation to safeguarding. Staff described to us the types of abuse that may take place. They were able to tell us what they would do if they suspected any abuse. Staff knew of the role of the local authority team in relation to safeguarding. There was clear guidance to staff displayed in the nurse's stations.

People would continue to be cared for in the event of an emergency or the home having to close for a period of time. There was a contingency plan in place which gave guidance to staff on what to do in an emergency. Staff knew where to find the information they would need in such an incident. Each person had a personal evacuation plan in the event of a fire. Regular fire drills were carried out and the fire alarms tested weekly.

Good

Is the service effective?

Our findings

At our last inspection we found that staff were not following the legal requirements in relation to the Mental Capacity Act (2005) (MCA).

As this inspection we found decisions made on behalf of people were done so in line with the MCA. Care plans held mental capacity assessments for people and these were decision specific. One person had a MCA completed in relation to them using bed rails. Another person had one in relation to their covert medicines (medicines hidden in food). These were followed by a best interest discussion between the staff and family who had power of attorney. 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. Staff were knowledgeable in the MCA. One told us, "It's where someone doesn't have the capacity to make decisions for themselves." Another told us, "You assume everyone has capacity to make decisions, whether they are complex or simple decisions, we have to give them a choice."

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 for the locked front doors.

People were generally complimentary about the food. One told us, "It's quite good." Another said, "Usually plenty of snacks and fresh fruit available. And they bring drinks around regularly." A third person told us, "It's adequate." A further person commented, "It varies, but it's good 90% of the time."

People were offered a choice of meal each day and menus displayed showed a good range of home cooked nutritious food was provided to people. We observed staff showing people two plated-up meals in order that they could visually see what was on offer and make their own choice. Staff offered people drinks to accompany their meal.

People's dietary requirements were recognised by staff and known to the chef. People who required a pureed diet also had a choking risk assessment completed. Where people were at risk of malnutrition appropriate external healthcare advice was sought. One person had lost weight and staff had made referrals to the Speech and Language Therapy team for professional guidance.

People had access to external healthcare professionals when appropriate. We saw evidence of people receiving care from the GP, district nurse, and optician. One person said, "I'm seeing the doctor soon." A relative told us, "They (staff) do inform me if there is an incident (which requires medical treatment)."

People received effective care when required. One person fell during the morning. Staff were calm and were reassuring the person whilst they administered first aid. An ambulance was called and staff continued to support the person until the paramedics took over. A relative said about their family member, "When he came in he was in an awful state, he had lost 20kgs. He has now put all the weight back on."

Staff received support and training which helped enable them to do their job confidently. We read that training covered topics such as moving and handling, fire training, safeguarding, infection control and health and safety. A relative told us they felt the staff were, "Very well trained." Another said, "They (staff) are very well selected to work with mum. They are well trained and informed before they start." Staff had the opportunity to meet with their line manager on a regular basis which allowed them to discuss any aspect of their work, any concerns they may have or training they required. A staff member said, "The training is great."

Good

Is the service caring?

Our findings

We asked people if they were happy living at Windmill Manor. One person told us staff, "Are very good – helpful." Another said staff, "Listen and treat me well. They are always so cheerful." A third person told us staff, "Are kind, helpful and trustworthy." Relatives told us staff, "Are caring and understanding" and, "Excellent." One relative said, "The quality of care is excellent. There is caring atmosphere from the staff." Another told us, "Excellent care here, the carers are a smashing team."

At our previous inspection we found people were not always made to feel as though they mattered, not always treated with consideration and staff did not take time to engage with people. At this inspection we found the home was caring as a whole as we observed numerous occasions of good care and people were treated with kindness and attention from staff. We found that staff on the ground floor had more time to interact with people outside of the time they provided personal care.

On the first floor where people had more complex needs we found there were not enough staff to provide the same compassionate and attentive care. Staff were rushed and did not always have time to provide attention except when providing personal hygiene assistance. When staff on the first floor were able to interact with people they did show care towards them.

People were cared for by staff who were kind, caring and respectful. During the morning several people were sitting in one of the lounges on the ground floor. A staff member was checking each person in turn and as they did so they chatted to people in a friendly way eventually sitting beside someone to assist them with a drink. We heard the person say, "I like you being near me. I like having you here, you are very kind." One person told us, "They always knock and wait to be asked to come in." A relative said, "He is never rushed. He can be very slow but they (staff) are patient and kind." Another said of staff, "Always respectful."

People received an empathetic and gentle approach from staff. One person became upset and a staff member said, "Would you like a hug?" They proceeded to put their arms around the person to comfort them and then took their hand and walked with them back to their room. 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.

Good relationships between people and staff were evident. A relative told us, "They (staff) have got to know her." One staff member gave a 'high five' to one person as they walked past and they both laughed. Other staff made a fuss of a person whose birthday it was. They came into the lounge singing 'Happy Birthday' and gave the person a hug and a kiss. There was easy going banter between people and staff talked about people's family to them. We saw one person give a staff member a kiss which resulted in the member of staff hugging the person.

People were made to feel as though they mattered. One person told us, "I'm quite willing to speak my mind and they (staff) listen." Staff encouraged people to go into the garden during the morning to enjoy the sunshine and have a 'sing song' together. Each person on the ground floor was asked in turn and staff were patient with people, gently encouraging them by telling them how nice it was outside and how they (staff)

would like them to come out. A staff member sat with one person holding and stroking a person's hand whilst they were doing this.

Staff were attentive to people. One person took a while to get up out of their chair and a member of staff kept close by ready to assist if needed. Once the person was standing the member of staff asked them to remain still until they got their balance before they started to walk to the garden. As the person was going outside and it was hot the staff member gave the person their hat saluting them as they put it on. Everyone else who went out into the garden was provided with a hat, suntan cream or encouraged to sit in the shade. Another staff member introduced themselves each time to people as they knew people would not always remember who they were. A third staff member stood in front of one person who started to remove their clothes to hide their modesty. They supported and encouraged the person to put their clothes back on.

When people received care from staff they were told which staff were going to do this in advance. Staff wished to support a person to go into the garden and as such needed to transfer them with a hoist from their chair into a wheelchair. Staff explained to the person what they needed to do and throughout the transfer kept talking to them. Once the person was comfortably in their wheelchair a staff member saluted them and the person said, "You make me laugh."

People were able to make their own decisions and could have privacy if they wished it. 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. One person spent the morning walking around the garden. People chose to spend time in their rooms at different times during the day and staff respected this. One person told us, "If I want to I can go back to my room and close the door." A staff member told us, "We try to keep everything as normal as possible. They (people) are my seniors, they have been through a lot more than I have."

People were supported to maintain relationships with people close to them. We saw visitors arrive throughout the day and use all areas of the home. One person took a phone call from a family member whilst their relative visited so they could all participate in the conversation. A relative said, "They (staff) are very welcoming, the atmosphere is very pleasant, staff look after us as much as the residents."

Where people were receiving end of life care this was done so in a comfortable and dignified way and in line with the person's wishes. We read a separate pain care plan was in place for one person. This gave guidance to staff on how to check whether or not the person was in pain and whether this may indicate they needed medicines. Staff involved appropriate health professionals when necessary such as the palliative care nurses.

Requires Improvement

Is the service responsive?

Our findings

We asked people if they felt they received care specific to their needs. One person told us, "Oh yes, I would say so." Another said, " Definitely." Despite people's positive views we found that some improvements were needed to ensure people were responded to and received personalised care at all times.

People's needs had been assessed before they moved in to Windmill Manor to ensure that the staff could provide the care and treatment they needed. Pre-admission assessments recorded people's needs in areas including health, mobility, communication and nutrition/hydration. Assessments also explored and recorded aspects of people's lives that were important to them, such as relationships, interests and hobbies. However, we found in one person's case their needs were not assessed in a way that ensured staff could provide appropriate care. Although the pre-admission assessment had been completed for one person there was a lack of information about the behaviours this person could display, their life history or the accident they had which resulted in them requiring care. Staff told us that when the person moved in they were told very little about them by management and felt they did not have enough knowledge about them to ensure they were providing appropriate care. This had resulted in the person displaying behaviours, particularly during the night, which staff were unsure how to respond to. The registered manager told us that although they had agreed to admit this person they were not sure they could meet their needs.

We recommend the registered provider ensures a full pre-assessment is completed prior to admission to enable them to assure the person and themselves that they can meet all of their needs at all times.

Care plans for people were completed in a person-centred way. They included information on people's health needs, mobility, communication, and nutrition as well as their past history, likes and dislikes. They focused on the person and gave detailed information in relation to their preferences.

People's past history and background were recorded. These identified their likes, dislikes and preferences. This was detailed enough to include how one person liked their hair styled. We saw this person's hair styled in the way they preferred.

Where people may suffer from anxiety or distress, staff took steps to reduce the risk of incidents. One person was noted as displaying, 'distressing behaviour when having personal care'. Their care plan gave information to staff on how to reduce this person's distress by, 'explain what you are going to do and if necessary leave and try again later, try with a different staff member or put on some classical music'.

However, some people may not always receive responsive care from staff. One person suffered from seizures. It had been identified that transferring this person with a hoist to have a shower increased their risk of a seizure so this person was now bathed in bed. This same person had limited communication and there was clear guidance to staff to use closed questions with this person in order to enable good communication. However, another person at risk of malnutrition had consistently refused to be weighed but staff had not undertaken any other method of establishing whether or not there was weight loss. For example, by taking the person's wrist measurements. A third person, we were told by staff, should have their legs elevated

during the day although we did not see this happen and it was not recorded in the care plan anywhere to tell staff to encourage this or check this was done.

We recommend the registered provider ensures that all information relating to a person's care is included in their care plan and that staff are aware of and deliver responsive care according to their needs.

People and their relatives were involved in their care plans. One person told us, "Yes, I am (involved). With my brother." A relative said they were always invited to reviews.

Relatives gave us mixed reviews about activities. Some told us they felt their family members could be encouraged to be more engaged. For example one said, "They (people) don't get taken out a lot." Other relatives said, "She loves talking to people, crosswords club and music days," "Quite enough – more than I thought there would be" and, "They (staff) take them to the garden centre and out for a pub lunch."

At our last inspection we found there was a lack of activities and people who spent most of their time in their rooms could become socially isolated. At this inspection we found things had improved. Additional activities staff had been employed and there was generally more going on in the home. However, further work was required to ensure everyone had individualised, meaningful activities which would help to ensure they received some stimulation during the day, particularly those people living with dementia.

We heard from some staff that they felt activities could improve and noted this had been raised at the most recent staff meeting. The activities coordinator was new to the role and told us they were introducing new activities in line with people's interests, such as a recently formed crossword club. Twice a month people were invited to have lunch at the local pub and this was organised in such a way that everyone was given this opportunity periodically.

Where people spent most of their time in their room's staff aimed to provide one to one time with them. This was either chatting to them in their room or giving them a hand massage if they preferred. However records relating to these sessions were written within people's daily notes in their care plans therefore it would have been difficult for staff to monitor whether or not this had happened.

People living with dementia were not always provided with appropriate items to help them orientate themselves or to keep them engaged. There was no information for people on the top floor in relation to the date, day, time or the daily menu. There was a lack of sensory items on the top floor of the home. The registered manager told us items would be found in people's rooms as they would have been taken there over the weekend from the boxes in communal areas. However we did not find any empty boxes, or see staff take the time to collect up any items and return them to a location which was accessible to everyone. Staff told us items from the top floor had been removed several weeks ago so the ground floor could complete the '1066 project' (accreditation in excellence in dementia care). They said, "They haven't brought them back, we feel second class up here." Some rooms did not have numbers or names on the door which would have made it difficult for people to find their own room. However this had been identified by the registered manager and action had been taken to replace these.

We recommend the provider ensures that people have access to individualised, meaningful and relevant activities in order to prevent people suffering from social isolation or lack of stimulation.

We did however during the morning see 13 people sat out in the garden with staff having a sing-song. People were clapping and clearly enjoying the event. At one point staff went to ask one person to lead the songs as they knew all of the words.

There was a complaints policy available and clearly displayed for people. The registered manager held a log of complaints and we read that five formal complaints had been received since our last inspection. We read none of these complaints were still outstanding as they had been investigated and responded to. People told us they had not felt the need to complain but knew who they would speak to if they needed to. Relatives told us they would know who to speak to if they had any concerns. One said, "Managers are excellent. I feel I can talk to anyone." Another told us, "I would speak to one of the staff, but I haven't any worries yet."

Requires Improvement

Is the service well-led?

Our findings

We asked people about the management and leadership within the home. One person said, "I haven't met the manager yet." Another told us, "It's good – they take care of the staff." A third person said, "I think they are very good." Relatives gave mixed feedback about the registered manager. Some told us, "She's good – she often does spot checks" and, "I think she is excellent." Whilst others told us, "She is very pleasant – seems a little chaotic at times. Not always efficient" and, "I really don't know who she is."

At our previous inspection we found there was a failure to demonstrate good management and leadership. Senior staff did not always know the people they were caring for and the registered manager had not ensured staff were working in a cohesive way. At this inspection we found staff knew people well and were able to answer all of our questions in relation to people. This included senior, qualified and care staff. The registered provider had stated in their action plan following our May 2015 inspection that action in relation to the breaches found at that inspection would be completed by November 2015. We found improvement had been made in most areas.

Records kept for people were not always completed fully. We noted for one person there were gaps in their repositioning chart on seven occasions over a five day period. Staff told us they repositioned this person in line with what was in their care plan which we noted was, 'reposition every two to four hours.' However staff had not completed the records to show why, on some occasions, this may not have happened (for example, if by doing so they would have caused this person unnecessary pain). This same person's topical creams (medicines in cream form) records had nothing recorded on three occasions over a seven day period. Another person had written, 'check every 30 minutes during the day' as a result of them putting themselves at risk of harm. We asked staff if this was done as we had not seen it happen during the day and we were told this information was no longer current. Although this person's care plan was due for review the day following our inspection, this information had not been amended as soon as it ceased to be relevant. Another person had a wound to their leg but on two separate months, during a period of five months their wound was being monitored, no photograph had been included in their care plan or wound plan completed. Staff found one of the photographs still on the camera. We were told however this person's wound was healing. It was noted at a local authority visit in June 2016 they had also identified some omissions in care plans and risk assessment records for one person.

Various audits took place to review the quality of the service provided but these were not always effective in identifying shortfalls. Regular housekeeping and kitchen audits were completed and we noted these had not resulted in any actions. Other audits included the care plans and medicines. The provider carried out, 'regulation' audits in line with the Care Quality Commission's methodology. Actions arising from these were completed by staff. For example, recording of the temperature in the clinical room and the medicines fridge. However, the care plan audits had not highlighted the shortfalls in the care records that we had identified.

Some actions from audits had yet to be completed. A provider dementia specialist audit in May 2016 recorded, 'Develop person-centred care plans and develop and record meaningful activities, particularly recording one to one activities and how these have been of benefit. Complete my memory books as a

matter of priority as this area has remained outstanding for some time. To be done by 30 May 2016'. We found that some of these actions had not been done. For example, where relatives had not completed memory books for family members, staff had not done this on their behalf. A provider quality audit identified that, 'communal areas were untidy and the first floor areas looked uncared for – it is apparent items have been removed'. We found this still to be the case.

Accidents and incidents were analysed by the registered manager each month to identify trends and additional monitoring was completed in relation to tissue viability and nutrition. Where concerns were identified referrals were made to the GP or another appropriate healthcare professional. Despite this, accidents and incidents records were not always complete and information relating to incidents not always passed on to staff starting their shift. One person displayed rudeness to staff during their personal care in the morning, however the daily handover notes recorded, 'content today'. This same person had kicked a staff member in the stomach, but the daily notes recorded, 'little unsettled at breakfast'. A further person was noted as having three falls in their falls log, however when reading through their daily notes we identified that a total of six falls had occurred.

Staff did not always record incidents and accidents. Staff told us they raised incidents, such as falls resulting in injury with the nurse or registered manager and it was up to them to decide whether it was a safeguarding concern. They told us that incidents relating to one person in particular who displayed behaviours that could cause others harm happened all the time. Staff said we are, "Desensitised to them (the incidents) so do not always record them."

Relatives were given the opportunity to give their feedback on the service provided. A relative told us, "Occasionally we are asked our views." Another said, "We've had a couple of surveys." Results from these surveys were developed into an action plan. We noted this recorded, 'general theme of a lack of staff and that staff do not have time to talk' and 'residents encouraged to participate in hobbies'. We noted the provider had committed to, 'ensuring that the correct numbers of staff are rostered daily' and, 'encourage residents to participate in daily activities of laying tables, folding napkins'. However we did not find either of these always happened on the day of our inspection.

Staff met together to discuss all aspects of the home. Regular staff meetings were held and we noted there was a good attendance at these. These gave staff the opportunity to discuss anything they wished to in relation to Windmill Manor. We noted from meetings held in March and June 2016 that staff morale was low. This was mostly due to their feeling there was a shortage of staff. One staff member was noted as saying, 'I only see carers flying around from when they get here to when they leave'. Despite senior management attending a subsequent staff meeting to listen to staff feedback, staff told us they did not feel valued. One said, "I'm disappointed that management criticise things that we are not doing, sometimes management have to put themselves in our shoes." Another said that management were, "Never visible upstairs and never come and have lunch with people."

The lack of good governance within the home was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was not always aware of their legal requirements in relation their registration. By law the CQC should be notified of any serious injury to a person. We noted in the accidents and incidents log that during June and July skin tears and head injuries to people had been recorded but notifications had not been sent to the CQC.

The failure to submit notifications of other incidents within the home was a breach of Regulation 18 of the

Care Quality Commission (Registration) Regulations 2009.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider had not ensured notifications of important events had been submitted.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to maintained complete and contemporaneous records in respect of each person or evaluate and improve their practice by ensuring auditing and governance systems remain effective.

The enforcement action we took:

We have issued a warning notice to the registered provider in respect of Regulation 17 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have set timescales in which the registered provider must become compliant with this Regulation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had failed to ensure there were sufficient numbers of staff deployed. The registered provider had failed to ensure staff received appropriate support.

The enforcement action we took:

We have issued a warning notice to the registered provider in respect of Regulation 18 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have set timescales in which the registered provider must become compliant with this Regulation.