

Winslow House Limited

Winslow House

Inspection report

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Date of inspection visit:
23 January 2023
24 January 2023
26 January 2023

Date of publication:
03 April 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Winslow House is a residential care home providing accommodation and personal care to 28 people aged 65 and over at the time of the inspection. The service can support up to 35 people.

The service accommodates people in one adapted building across two floors. Each person has their own bedroom (of various sizes), with a toilet and washing facilities. There are lounge and dining areas on both floors with additional communal toilets and adapted bathrooms. Outside there is a large terrace, which is accessible by wheelchair, overlooking a mature garden.

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

Despite the shortfalls we identified, people told us they felt safe. Health care professionals worked closely with the service and said staff worked positively with them, seeking advice and following their recommendations. Many relatives said they trusted the service and felt reassured.

Safe practices were not always followed to ensure people received their medicines as prescribed and were protected from risks relating to medicines. Risks to people had been assessed, however, improvement was needed to ensure risk assessments and related support plans accurately reflected people's needs and provided relevant guidance for staff. The provider was implementing an electronic care records system to address challenges they had identified with record keeping.

Safeguarding incidents were not always identified and reported to keep people safe from harm.

When people were unable to make decisions about aspects of their treatment and the level of supervision they received, staff were not completing mental capacity assessments or making referrals under Deprivation of Liberty Safeguards (DoLS) as required. The service was not meeting MCA requirements as DoLS authorisations had not always been sought appropriately.

The provider had made some improvements to their recruitment processes following our last inspection. However, further improvement was needed to ensure these processes were robust and suitable staff would always be recruited. Staffing levels had been kept under review.

The provider's quality monitoring system was still not fully established or effective in identifying where improvement action needed to be taken. The provider had policies and procedures however, these were not always suitable, fully understood or followed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 December 2021) and there were 2 breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended the provider review how they determine their staffing numbers. At this inspection we found the manager was using a dependency tool and checking call bell response times. The manager was identifying a suitable care home staffing model.

At our last inspection we recommended the provider source appropriate advice and training for staff in recognising and monitoring the deterioration in people's health. At this inspection we found additional training was needed before use of early warning tools could be implemented.

At our last inspection we recommended the provider source appropriate training for staff, in line with current best practice, for the provision of preparing textured altered food and thickened drinks. At this inspection we found this training had been completed.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced inspection of this service on 3, 4 and 5 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve fit and proper persons employed and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well Led which contain those requirements.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed and remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Winslow House on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding, recruitment, good governance and notifications at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Winslow House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 1 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The manager had been managing the service, (initially as acting manager), since 4 January 2022. The manager intended to register with CQC and while they had booked onto interview training, they had not submitted an application to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from commissioners. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and observed people interacting with staff. We spoke with 13 people's relatives and 4 professionals, about their experience of the care and support provided by the service. We spoke with 7 staff including the nominated individual, manager, deputy manager, 3 care workers, the maintenance person and the cook. The nominated individual (NI) is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included people's care records and records of incidents and accidents. A variety of records relating to the management of the service, including the service's action plan and recent audits were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider's safeguarding policy did not specify action to be taken in the event of all alleged abuse, (other than use of restraint). The policy led the service to only report incidents where they found evidence of abuse, rather than report the allegation itself.
- We identified 3 safeguarding incidents which had not been reported to the local authority safeguarding team, responsible for investigating concerns of abuse. The police had not been informed of a potential theft and an alleged assault. This meant measures were not put in place to safeguard people and help prevent incidents from happening again.

The provider had failed to ensure people were protected from the risk of abuse and report safeguarding incidents to the relevant authorities. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014

Staffing and recruitment

At our last inspection the provider's recruitment process was not fully meeting the requirements stated in Schedule 3 of the regulations. This was a breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- While some improvement had been made to the provider's recruitment process, the process was not robust. Improvement was needed to ensure evidence of conduct in previous care roles was obtained and reasons for leaving that employment were verified, (as required under Schedule 3). The shortfalls we found put people at risk of being cared for by those who may not be suitable.

The provider had not established safe recruitment procedures to ensure staff employed were suitable to support vulnerable adults. This is a continued breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we recommended the provider review how they determine their staffing numbers.

- There were enough staff. The manager used an evidence-based tool to determine staffing levels in accordance with people's needs and checked call bell response times to help determine safe staffing levels.

- Staffing of the care home took into consideration staffs' skills, knowledge and experience to ensure people's needs were always understood.
- While we received mixed feedback from people and their relatives about staffing levels, with 2 negative comments and 2 positive comments, we saw staff were busy at times but sometimes had time to sit and chat. At lunchtimes, food was served with attention to detail, and people were given the time and support they needed to eat.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely;

- People at risk of malnutrition had not always been identified. The 2 people's nutritional assessments we checked had not been completed accurately. We saw 1 of these people had lost a significant amount of weight since admission but this had not been identified by the service prior to our inspection.
- Two people chose to use hot water bottles. After one person scalded themselves, risk assessments had not been completed to ensure this did not happen again and agree how these could be used safely.
- Safety measures for people who were assessed as able to manage their own medicines were not effective. Safe storage facilities had not always been used or provided and storage temperatures, (for medicines stored in people's rooms), were not checked. Records were not completed to show people had taken their medicines as prescribed and reviews had not taken place to ensure people remained safe to manage their medicines.
- There was insufficient guidance for staff relating to medicines to be given 'PRN [as required]'. Some people had written protocols for PRN paracetamol, but protocols for other medicines including bowel preparations and inhalers, had not been completed. PRN protocols written at inspection lacked person-specific guidance, only referring staff to the patient information leaflet.
- The GP had not been involved in updating the provider's homely remedies policy to ensure these medicines were suitable. We saw this policy had not been followed for 1 person who was given an unprescribed over-the-counter medicine, not listed in the provider's homely remedies policy, on 5 occasions before this was stopped by the GP.

The provider had failed to ensure the proper and safe management of medicines. Risks to people relating to their care had not always been mitigated. This is a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action in response to our feedback. They reviewed self-medication arrangements, including storage, completed outstanding protocols to guide staff in 'as required' medicines, and involved the GP to review the use of some medicines including homely remedies.

- Moving and handling assessments were reviewed every 6 months for each person. These clearly specified which equipment could be used safely in a variety of circumstances; day-to-day and should the person fall, become unwell or need evacuating.
- Staff who supported people with their medicines had completed appropriate training and their competency was checked.

At our last inspection the provider had not always maintained required environmental safety records as specified by the Health and Safety Executive (HSE). Improvements had been made in relation to maintaining records of environmental risks.

- People were cared for in a safe environment. Records showed recommendations by external specialists in relation to fire and utilities (gas, electric and water) had been followed and checks were completed regularly

in line with the provider's risk assessments. A fire evacuation drill was carried out during the inspection and areas for improvement were identified and solutions discussed to ensure people would be evacuated safely when required.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People could receive visitors without any restrictions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Two people were unable to leave the service without supervision, because their level of confusion would put them at risk. One of these 2 people also received their medicines hidden in food, (for which a capacity assessment and best interest decision had been completed appropriately). Neither person could consent to these restrictions, DoLS applications had not been submitted for either person to ensure appropriate authorisation was sought, to protect their rights.
- A DoLS application had been submitted to the local authority for authorisation for 1 person after our last inspection in November 2021. However, no further action had been taken to ensure this application was approved and continued to reflect the restrictions in place.
- The provider had not ensured all staff had up to date MCA and DoLS training to support them in meeting these requirements. Training records showed 9 out of 22 staff had not received MCA and DoLS training and a further 7 staff were overdue a 3-yearly update. Manager's had not completed higher level training / updates appropriate to their role. Conversations with staff showed there were gaps in their knowledge around this.

The provider had not established systems and processes to ensure people were not deprived of their liberty without lawful authority. This is a breach of Regulation 13 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took immediate action in response to our feedback. The manager told us DoLS applications

would be submitted for the 2 people who required these and the existing DoLS application would to be followed-up. Managers planned to attend further DoLS and MCA training.

- People's ability to consent to various aspects of their care and treatment had been assessed and was reviewed as part of their needs review.
- Staff sought people's consent before they provided care and people told us they had choice in how they lived. People who were able to go out unaccompanied safely were encouraged to do so.

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

- Universally recognised tools were used to assess people's needs but these were either not complete accurately, or reviewed as required, to be effective.
- A MUST (Malnutrition Universal Screening Tool) score had been recorded for some people using the service, however, these were not kept updated. An unidentified nutritional screening assessment tool had been completed for each person. However, this tool was not commonly used by system partners, so risks were not readily communicated.
- The Braden risk assessment tool was used to assess people's risk of developing pressure ulcers. However, as with nutritional risks, these risk assessments were not always reviewed and updated when people's risk factors changed.
- Risk records were not reviewed at increased frequency when needed, to ensure up-to-date records would be available to support early intervention.
- People's support plans did not provide enough detail to guide staff in supporting people to manage their diabetes, constipation or pressure areas effectively. One person's support plan said, 'Full support with toileting. Laxatives are needed as (Name) gets very constipated and can lead to hospital admission. Staff to assess when needed.' No further detail was provided.

Records did not always contain up to date information about the care people required. This was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action in response to our feedback. A new system for monitoring people's weights was introduced and MUST training was booked for all staff.

- The provider had invested in an electronic care records system prior to our inspection and assessments and support plans were being improved as they were added to the system. The manager recognised shortfalls in existing records and told us, "We are putting lots of information in there [electronic system]."
- The staff we spoke with knew how to manage people's identified risks including how to recognise and respond to low blood sugar levels.
- Community nurses told us the service contacted them for advice when they had any concerns.

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

At our last inspection we recommended the provider source appropriate training for staff for the provision of preparing textured altered food and thickened drinks. The provider had made improvements.

- At the time of the inspection no one was at risk of choking. Staff had completed relevant training and the provider's systems to support people at risk of choking were understood by staff.
- People had access to a healthy balanced diet and there was a system in the kitchen to support delivery of food in line with people's recorded dietary needs and preferences. We saw portion sizes were generous and 'seconds' were offered. A relative told us their parent's interest in food had increased since living at Winslow

House. They said, "It is real food, nicely cooked on site, the kind of food we would eat."

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

At our last inspection we recommended the provider source appropriate advice and training for staff in recognising and monitoring deterioration in people's health.

- When a person became unwell staff tested them for COVID-19 and checked their vital signs, so these could be shared with health care professionals. Further training was planned to enable staff to identify early signs of deterioration in people's health.
- The service worked closely with health care professionals to manage people's health related needs and communication was good. A weekly virtual meeting was held with the GP surgery, regular medication reviews and health checks were carried out. The service was supported by the surgery's frailty lead and community nurses.

Staff support: induction, training, skills and experience

- Staff training and supervision had been restarted since our last inspection. Staff had completed additional training in relation to their key areas of responsibility, for example, as fire marshal, lead for legionella and train-the-trainer for moving and handling.
- Some staff were completing additional qualifications in adult social care.

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

- People seemed 'at home' at Winslow and looked relaxed and comfortable in the environment. There were a number of communal rooms where people could eat, socialise, do activities, or spend quiet time. These spaces provided opportunities for people to develop friendships and spend time with others which had a positive impact on well-being. Comments from relatives included, "Mum has been a lot happier since going there. Before she used to just sleep a lot, now she is awake and alert and interested again" and, "He is making friends, has human contact. He likes to sit up in the evenings with company and can do that."
- People were offered rooms that suited their level of mobility and moving and handling requirements. They were supported to personalise their rooms and could have their own landline and lock their room if they wished.
- Bedrooms had washing and toilet facilities and some had showers. Communal bathrooms were adapted for people with reduced mobility. There was a passenger lift to upper floors.
- Winslow House had an extensive mature garden with a large terrace which was wheelchair accessible from the dining room. We saw people using the outdoor space for short walks.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection monitoring systems were not sufficiently well established or robust enough to demonstrate safety and quality was managed effectively. This was a breach of Regulation 17(1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's quality monitoring system had not been effective in independently identifying the shortfalls found during this inspection and still did not ensure the provider remained compliant with their own policies and met regulations.
- The provider had not established an effective recruitment monitoring process. Their newly revised recruitment monitoring checklist still did not specify evidence of conduct in previous care roles, or verification of reason for leaving to ensure the suitability of staff.
- There was no system to regularly review and identify people who may require a DoLS authorisation, or to follow up existing applications to ensure people's rights would be protected.
- The provider did not understand all their regulatory responsibilities; there were no monitoring processes in place to ensure safeguarding incidents were identified and reported to the local authority safeguarding team to ensure people's safety would be monitored.

The failure to implement and operate effective systems to maintain the safety and the quality of the service placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Providers are required to act in an open and transparent way when people come to harm and to notify CQC of significant events without delay. The provider had failed to notify CQC of significant events that happened in the service as required by law. This included serious injuries to people and allegations of abuse.
- Although we saw examples of the duty of candour being used, the systems used by the management team

to scrutinise accidents and incidents were not effective. This meant the provider could not always determine whether they needed to notify CQC or if an apology to people would be required.

The provider failed to complete all statutory notifications to the CQC. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009

The manager took immediate action following our inspection. They made retrospective statutory notifications to the CQC and informed safeguarding of the incidents we had identified.

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

- People, relatives and professionals all commented on the good atmosphere at the service. One person said, "No faults. I am positive about everything. I like the choice, the independence, freedom, food, facilities, space. The staffing is OK the management is visible, the families get involved, I'm happy at the home today." A relative said, "I was worried about the last CQC report I saw online, [Manager] was brilliant in response and she has been relentless in pushing improvements. She's been amazing and has listened. There has been a big difference since".
- People and their relatives were asked for their views about the service at 3 monthly meetings and their feedback was acted upon. Outcomes from the previous meeting were reviewed so people knew what action had been taken. Relatives said improvements had been made in response to people's recent feedback about portion sizes.
- Relatives described the manager as, "Really receptive and follows up" and, "Open to issues."
- Staff were positive about working at Winslow House; some we spoke with had worked there for decades. A staff member said, "It is very friendly, a nice place to work, we work hard but there is a nice atmosphere. The staff all very polite." Staff praised the management team for their supportive and inclusive approach.

Continuous learning and improving care

- The manager had identified a care home staffing model (tool) and was reviewing its suitability for use at Winslow House to refine their assessment of people's staffing needs.
- Improvements had been made to ensure people could be transferred to hospital without delay. This included ensuring important information needed in emergencies was readily available and taken people's mobility into account so that people would be transported to hospital promptly.

Working in partnership with others

- Staff had received training from community nurses in giving insulin. Staff we spoke with knew how to recognise when people's blood sugar level became unstable and records showed staff had taken appropriate action when they identified people's blood sugar was low. The service worked closely with the diabetes nurse who carried out regular reviews of people's diabetes related needs and treatment.
- Health care professionals described an improving picture with improvement in the number of falls in the service. People were positive about the care they received. Comments included, "We are looked after very carefully here" and, "Generally very good staff, they know me and what I need."

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to complete all statutory notifications to the CQC. Regulation 18(1)(2)(a)(e)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines. Risks to people relating to their care had not always been mitigated. Regulation 12(1)(2)(b)(g)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not established safe recruitment procedures to ensure staff employed were suitable to support vulnerable adults. Regulation 19 (2)(3)

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure people were protected from the risk of abuse and report safeguarding incidents to the relevant authorities. Regulation 13(1)(2)(5)

The enforcement action we took:

We issued a warning notice requiring the provider to meet the regulation by a specified time.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement and operate effective systems to maintain the safety and the quality of the service. Regulation 17(1)(2)

The enforcement action we took:

We issued a warning notice requiring the provider to meet the regulation by a specified time.