

Athena Healthcare (LSA One) Limited

Windmill Lodge

Inspection report

Wildings Lane
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Windmill Lodge is registered to provide nursing and residential care for up to 100 people. People may require support with residential care needs and or/ nursing care needs and may be living with dementia. It is a purpose built home which is divided into four separate areas. At the time of the inspection 43 people were receiving care and support at the home.

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

Staff did not always follow agreed processes to report incidents to senior management. Safeguarding notifications were not always made to local safeguarding authorities. Processes to help ensure suitable staff were employed to work at the home were in place and the home was clean and hygienic. People's medicines were managed safely. We recommend the provider reviews the recording of patch applications to ensure they are applied as per manufacturer's guidelines.

People were supported by staff who had not always had training to enable them to meet people's needs. Staff were effectively deployed. Nutritional risk assessments were carried out and care plans recorded the needs of people in relation to their nutrition and hydration needs. People were referred to external health professionals if this was required.

People's privacy and dignity was not always protected. One communal area of the home did not have window and a door covering. The environment did not always support the needs of people who lived with dementia. We have made a recommendation about this. People were supported by staff who were kind and patient in their approach and people told us they could make decisions about their care.

Checks and audits were carried out but these did not always drive improvement. The interim manager and nominated individual said when things could have been done differently, they would act openly and transparently. Staff said they felt the interim manager was making positive changes and they were committed to making improvements.

People could take part in a programme of activities if they wished to do so, and care records contained person centred information about people's histories and personal routines. People's communication needs were considered and documented to support people to communicate their needs and wishes. There was a complaints policy to support people to raise concerns or make complaints.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

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

Rating at last inspection

This service was registered with us on 26 April 2023 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about such as the admissions process, medicines, staffing and staff training. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

The provider increased staffing and ensured staff completed training during the inspection process. This minimised associated risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring and well-led sections of the full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safeguarding people who may be vulnerable, staff training, dignity, and good governance. We have made recommendations about the safe management of medicines, and signage within the home.

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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Windmill Lodge

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was carried out by 2 inspectors, 2 medicines inspectors and a specialist advisor.

Service and service type

Windmill Lodge is a 'care home' with nursing care. 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. 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. An interim manager was in place until a new manager who would apply to be registered with the CQC, was recruited.

Notice of inspection

The first day of the inspection was unannounced. The second and third days of the inspection were

announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including information from the public. We sought feedback from the local authority and professionals who work with the service. 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 5 people who used the service about their experience of the care provided, in addition we spoke with 6 relatives. We spoke with 16 members of staff including the interim manager, 3 members of the senior management team, 1 qualified nurse, 7 care staff, one cook, a member of the day centre staff, a well-being co-ordinator and 1 member of the administration team responsible for recruitment. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spent time in each area of the home that was in use, carrying out observations and speaking with people, staff and relatives. We reviewed a range of documentation relating to the management of the home and 4 staff personnel records. During the inspection process we continued to review records sent to us by the interim manager and also reviewed parts of 14 people's electronic care records using a remote log in to a secure system.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- People were not consistently safeguarded from the risk of abuse. Care staff recorded incidents of potential abuse in care records. However, these were not always highlighted on the electronic system in accordance with the providers processes in place. Senior management were not aware of all incidents of potential abuse and did not therefore review them to assess if the incidents required notification to the local safeguarding authorities. This meant the local safeguarding authority was unable to consider and investigate any allegations of abuse, to help ensure people's safety was maintained. During the inspection process the management team reviewed written records to identify incidents of potential abuse. We were provided with documentation which showed the manager had made referrals to the safeguarding authorities for 4 people.

This was a breach of regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems were not always operated effectively to prevent abuse of people who used the service.

The interim manager and senior management team took immediate action. Daily reviews of care records were introduced to identify any potential abuse so action could be taken. This minimised associated risks.

- Staff told us they had received safeguarding training and were confident any concerns they shared would be addressed.
- People told us they felt safe at the service, one person said, "This home is a safe haven for me."

Using medicines safely

- Staff had completed medicines training and had been recently assessed to ensure that they gave medicines safely.
- Information to support staff to safely give 'when required' medicines was in place and were person centred.
- We saw documentation to show that medicines that were required to be given at a specific time or required specific time intervals between doses were given correctly.
- Correct processes were followed for people who were having their medicines given covertly, hidden in food or drink.
- There were body maps in place so that staff could record the application of topical preparations. There were multiple locations to document application of creams which we raised with the provider who immediately amended their system so that staff would only document this in one place. However, we found

that a patch rotation chart was not fully completed so that we could not be sure that they had been applied as per manufacturer's guidance.

- Risk assessments and regular checks were in place to enable people to take their medicines themselves.
- When people were prescribed a medicine with a variable dose, the amount given to the person was documented.

We recommend that the provider reviews the recording of patch applications to ensure they are applied as per manufacturer's guidelines.

Staffing and recruitment

- There were 3 staff allocated to an area of the home during the day, plus a fourth staff member who could attend the area if requested to do so when people required extra support. Some staff shared that additional staff were sometimes required to allow people's needs to be met quickly. We discussed this with the senior management team who increased the number of staff available to support people in that area of the home.
- People who lived in the other 3 areas of the home raised no concerns with the staffing arrangements. One person commented, "Whenever I need help, they're there."
- We reviewed four recruitment records and found criminal record checks with the Disclosure and Barring Service were carried out and appropriate references were sought. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Employment histories were obtained prior to prospective employees starting work at the service.

Assessing risk, safety monitoring and management

- The provider ensured appropriate individual health risk assessments were carried out to help maintain people's safety in relation to their care. Risk assessments in nutrition, skin integrity, falls and the use of equipment were completed and reviewed. Guidance for staff to follow was available with the risk assessments.
- Emergency information was available if people had to leave the home in an emergency.
- Scheduled checks and servicing was carried out on equipment to help ensure it was safe for use.

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.
- The provider supported people to have visitors in line with current guidance.

Learning lessons when things go wrong

- Reviews of incidents had not always taken place as these were not always highlighted to the management team.
- Incidents that were highlighted to the management team were investigated and action taken to minimise

recurrence. For example, following incidents, reviews of moving and handling or falls management took place and action was taken to minimise the risk of reoccurrence.

- Staff had referred people to health professionals if analysis of risk indicated specialist advice was required.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured staff received sufficient training to enable them to meet people's needs. The provider had written to staff informing them of the need to complete training, however two staff had not received relevant training and were working with people who displayed stress/distress behaviours. One staff member told us they had not received relevant training and wouldn't know what to do if a person at the home displayed stress/distress behaviours.

This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff had not always completed training to help ensure they were able to respond to people's needs.

The interim manager and senior management team took immediate action. Staff who had not completed relevant training were relocated to another area of the home. We were shown evidence that 2 staff members had completed the required training prior to the inspection concluding.

- The provider had an induction in place to help staff who were new to the service, gain skills and knowledge relevant to their role. This included an agency induction for staff who were employed on a temporary basis.
- Staff said they had the opportunity to discuss concerns and seek guidance through meetings, one to one conversations and by approaching the interim manager. One staff member shared how they were in the process of changing their role and this had been discussed in a one to one meeting with their manager.

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

- The home was bright and well-lit; people could personalise their rooms with their own belongings if they wished to do so.
- There were outside areas where people could choose to spend time if this was their wish.
- Mobility aids were available to help people safely maintain their independence.
- We noted there was no dementia friendly signage in the areas we visited. Dementia friendly signage can help orientate a person living with dementia and allow them to maintain their independence.

We recommend the provider seeks and implements best practice guidance from a reputable source on the resources to support independent living for people who live with dementia.

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

- Staff supported people to choose what they wanted to eat, and this was provided for them.
- People told us they were happy with the food, and they could ask for an alternative if they wanted. One person said, "The food is amazing, lots of choice."
- People were assessed for the risk of malnutrition and the outcome was recorded within care records.
- Staff offered people regular drinks and snacks throughout the day. Hot and cold drinks, biscuits and snacks were available between meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information was available to share with other agencies and records of health professionals' involvement were up to date and accessible.
- Staff referred people to specialist professionals for support and guidance. One person shared how they believed they could now walk again as they had received specialist guidance and staff had supported them to regain their independence.
- Care documentation reflected the advice of medical professionals.
- In the case of an emergency, person centred records were in place which were provided to health professionals to support decision making.

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.

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.

- The provider was working within the principles of the MCA. Assessments of people's mental capacity were undertaken for specific decisions and records of these were kept.
- Staff had completed training on the MCA and DoLS. They understood their responsibilities in relation to these and how it affected the people they supported.
- Staff asked people for consent prior to supporting them. We saw people were asked to consent before care was given, for example, when helping people to mobilise or eat.
- There was a system in place to ensure if changes were made to people's restrictions, this information was shared with other relevant agencies.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was not always maintained. We were told people sometimes displayed stress and distress behaviours. In one communal area in which they lived, there were no window coverings and no covering on a partially glazed door. People could be viewed from the carpark and the adjoining day centre by visitors and members of the public.
- Access to one part of the home was through other living areas, several bedroom doors were open. This meant people's privacy and dignity was compromised as visitors could observe people as they went through the home.
- During the inspection we observed and heard a private meeting between a person living at the home and a health professional taking place in a communal area. This meant the person's privacy and dignity was compromised as confidential information could be heard by other people in the vicinity.

This was a breach of regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's privacy and dignity was not consistently protected.

The interim manager and senior management team took immediate action. They ensured appropriate glass coverings were installed and said that the meeting should have taken place in a private area. They also reviewed visitors access to areas of the home, to help protect people's privacy and dignity.

- Records were stored securely to protect personal and private information.
- People were supported to maintain their independence. For example, people were given choices and encouraged to make their own decisions.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people with dignity and respect and had a caring approach. Staff initiated appropriate contact and conversation with people and were gentle in their manner.
- People told us staff were caring. One person said of staff, "The staff are wonderful here."
- Staff said they supported people's rights to live individual lives and people told us they were supported to follow their own preferred routines.
- Care records recorded people's preferences and wishes, and staff told us they respected these.

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

- People were supported to decide their care needs and when appropriate, relatives were engaged in the

care planning process.

- Staff asked people their opinions and views. One person shared how they had decided how their care should be arranged.
- The interim manager said they would support people to engage with the local advocacy services if people needed help to express their views or make decisions.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual needs were assessed prior to admission to the service and care plans were developed to meet their needs. Admissions were planned in advance and staff had information on the needs and wishes of people prior to admission. People told us they were able to influence their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. These were considered and documented to ensure staff could meet people's needs and preferences. People were supported to use their aids if they had sensory loss and staff interacted with people in a way that met their individual needs.

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

- Staff supported people to engage in meaningful activities. There was an events programme at the home and people told us they enjoyed the activities, and they were encouraged to attend. A second member of staff had been employed to support the delivery of activities. The interim manager said this would support the delivery of more activities.

- Staff supported people to maintain and develop relationships that were important to them. We saw people could spend time together if they wanted to and arrangements were in place to enable people to have visitors.

Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly.
- People we spoke with told us they were happy with the service provided and they would speak to the management team if they had any concerns. One person commented, "I've had no reason to complain about anything."

End of life care and support

- The service supported people to have a dignified and pain-free death. At the time of the inspection there was no one was receiving this area of care. However, plans were developed to document people's individual

wishes and spiritual needs.

Is the service well-led?

Our findings

Leaders and the culture they created promoted high-quality, person-centred care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits and checks had not identified all areas where improvement was needed and failed to consistently drive improvement. It had been identified by management that window coverings were required in a communal area of the home. However, no action had been taken to protect the dignity and privacy of people who lived there, and the windows remained uncovered. A previous audit identified that care staff were not always escalating incidents. At this inspection, staff were still not sharing incidents with senior management. The processes to drive improvement had not identified staff who had not had relevant training were supporting people who displayed stress/distress behaviours.

This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 audits and processes had not consistently identified and driven improvement.

The interim manager and senior management team took immediate action and introduced a daily check on care records to ensure all incidents were captured and responded to. They informed us they would review rotas to ensure sufficient and suitably trained staff were deployed. This minimised associated risks.

- The interim manager understood their regulatory responsibilities to report certain events to the CQC.
- Staff understood their roles to deliver personalised and safe care and told us they were able to approach the interim manager and senior management team if they needed clarity or guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider worked openly and transparently, and supported people and staff to raise compliments, concerns and their views with them.
- Relatives spoken with said they were able to contact the manager and discuss any concerns they had, one relative shared they were having a meeting at the home to discuss their views. A further relative said they felt the interim manager was making improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people and others acting on their behalf to enable them to influence the service provided. Documentation showed people and relatives were involved in decision making about the care provided. Overall, relatives said they were kept up to date with changes. One relative said they had not been informed when their family members needs had changed.
- The interim manager was arranging 'residents and relatives' meetings so people and relatives could share their views and learn about any changes at the home.
- Documentation showed staff and the management team worked with a range of other health

professionals to help ensure people received support that met their needs.

- Meetings were held with staff and people who lived at the home to share information and seek feedback. There was also a process to gather people's views through surveys and we were informed this was in the process of being implemented.

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 10 HSCA RA Regulations 2014 Dignity and respect People's privacy and dignity was not consistently protected. Regulation 10 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems were not always operated effectively to prevent abuse of people who used the service. Regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Audits and processes had not consistently identified and driven improvement. Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not always completed training to help ensure they were able to respond to

people's needs. Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014