Runwood Homes Limited

Windle Court

Inspection report

The Withywindle
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Windle Court is a residential care home and provides accommodation and personal care for up to 76 older people, including people living with dementia. At the time of the inspection, 68 people were living at the service.

The service accommodates people across three separate units: Jasmine, Poppy and Sunflower. Both Poppy and Sunflower units are located within the main building. Jasmine unit is a three-storey building adjacent to the main building.

People's experience of using this service and what we found
People told us they felt safe living at Windle Court. Staff had been recruited following relevant checks being completed, and there were enough staff to provide safe care. Staff had completed safeguarding training and understood their responsibilities to report any concerns to protect people from harm and abuse. Risk assessments were completed to identify and mitigate risks to people. The management of medicines was safe, and people received their medicines as prescribed.

Staff received on-going training, supervision and appraisal to enable them to fulfil their role and responsibilities and meet people's care and support needs. 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. People were supported with their dietary needs and were supported, where required, to access health care professionals.

Staff knew people well and were kind and sensitive to their needs. They treated people with dignity and respect and promoted their independence. A holistic approach was taken to assessing, planning and delivering care and support, and people were fully involved in how their care was to be provided.

People knew how to raise a complaint and felt confident any issues would be addressed. Where there had been incidents or complaints, these had been responded to appropriately and the provider had systems to monitor and learn from these.

The culture of the service was person-centred, open and transparent. The registered manager was visible around the home and staff had a clear understanding of their roles and responsibilities. People were encouraged to express their views on the service they received and to be involved in the running of the service. There were effective quality assurance systems in place to drive continuous improvement.

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

Rating at last inspection
The last rating for this service was requires improvement (published 25 September 2018).

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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Windle Court

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 Care Act 2014.

Inspection team
The inspection team consisted of two inspectors, one assistant 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
Windle Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 and sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-
We spoke with 10 people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, senior team leaders, care workers, well-being lead, cook and regional operations director. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We reviewed and evaluated evidence which was sent to us by email following our inspection.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● People felt safe living at Windle Court and repeatedly told us they believed staff to be honest and trustworthy. One person told us, "I'd recommend this home, they keep us all safe, and I feel safe living here." Another person said, "Nothing's ever gone missing that hasn't been found. I trust the staff implicitly." A relative told us, "I feel my [person] is safe here, and well cared for. It's a relief for me."
● Staff received safeguarding training and understood their responsibilities to report concerns. Information regarding safeguarding and reporting any concerns were displayed throughout the home.
● The registered manager was aware of their responsibilities to report concerns to the local authority's safeguarding team and to the CQC. A copy of up to date local safeguarding protocols was available to staff.

Assessing risk, safety monitoring and management
● Support was delivered in ways that supported people's safety and welfare.
● Systems were in place to identify, manage and review risks, including any healthcare conditions people were being supported with.
● Any changes in people's needs were uploaded onto the service's electronic systems. This ensured any new care instructions/updates on people's health were immediately available.
● Accidents and incidents were recorded. These were discussed at management meetings to identify any actions required to ensure the safety of people and staff.
● Individual personal emergency evacuation plans were in place. These described the support people required in the event of a fire or other emergency evacuation of the building.

Staffing and recruitment
● There were enough numbers of staff who had been recruited safely. This included checks in line with current guidance before they started work at the service.
● The registered manager used a dependency tool to calculate the numbers of staff required to ensure people's needs were met safely and effectively.
● People told us there was enough staff. They said staff ensured call bells were within reach and these were answered promptly and courteously. Feedback included, "They always make sure I've got my buzzer here. It varies how quickly they come, often within a couple of minutes, but if they're busy it might be a bit longer, not a very long time though." And, "I pressed mine today, I wasn't sure if I'd had breakfast or not. They don't usually make me wait very long."
● During our inspection, we observed enough staff on duty to help keep people safe and ensuring their care

and support needs were met.

Using medicines safely

● People received their prescribed medicines by staff who had received relevant training, and had their on-going competency to administer medicines assessed

● Where people had been prescribed medicines on an 'as required' basis, for example pain relief, protocols were in place for staff to follow.

● Medicines were stored correctly in line with best practice.

● We observed medicines being administered to people by staff who knew people well and was respectful and sensitive to individuals' needs.

● We looked at a sample of people's medicines administration records (MAR). We found these to be in good order with no gaps.

Preventing and controlling infection

● People were protected from the risk of infection. Staff had received training and provided with personal protective equipment (PPE) such as gloves and aprons.

● The home was clean and had good housekeeping and laundry facilities.

● People repeatedly told us the home was always kept clean. One person said, "They clean my bathroom every day, and they ask if they can come in to clean my room. If I didn't want them they'd leave it, I'm sure." A relative told us, "I'm amazed that it always smells nice in here."

Learning lessons when things go wrong

● Lessons were learned when things went wrong. The registered manager and provider monitored incidents and accidents. This helped them to identify themes and, where necessary, put actions in place to mitigate reoccurrence.

● The registered manager told us lessons learned were shared with staff and we saw evidence of this. For example, staff had access to a safeguarding incidents folder which provided information on lessons learned from each incident.

Good

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 the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed prior to them using the service to ensure their care and support needs could be met.
● Information from the pre-assessment process was used to developed people's care plans. People and their relatives were involved in this process.
● Staff had access to a range of guidance documents to ensure care was delivered in line with best practice.

Staff support: induction, training, skills and experience
● New staff received an induction which included shadowing experienced staff. They were also required to complete the Care Certificate. The care certificate is a nationally recognised course in induction for care workers.
● Staff received on-going training, supervision and appraisal to ensure the individual care and support needs of people were effectively met.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to maintain a balanced and healthy diet. Snacks and drinks were available to people throughout the day.
● People were generally complimentary about the meals and repeatedly told us they always had plenty to eat and drink. Where people required assistance with their meals, this was done sensitively, and staff engaged with people well.
● Where required, people had their fluid intake monitored. We saw one member of staff reminding a person of their need to drink plenty following advice from their GP. The person told us, "They're always reminding me, I do try."
● Where people required specialised diets, the service worked alongside the speech and language team (SALT).□
● The cook was aware of people's specialist dietary needs however this information was not easily accessible and was not in line with current best practice guidance. We discussed this with the registered manager who took immediate action to address this.
● The regional operations director informed us all cooks across the provider's services would be attending a six-week training course which was being rolled out in September 2019. They confirmed the training covered dysphasia and dietetics, stages of food presentation and ensuring equal choice for people with swallowing

difficulties and religious and cultural diversity.

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

● The service worked in partnership with other healthcare professionals, for example, GPs, district nurses and social workers to achieve good outcomes for people. One person told us, "If I was unwell I've got every confidence that they'd look after me." Another person told us how they had developed a sore on their foot which had caused them to limp as they walked. They said, "Staff noticed and asked what was wrong. They called the district nurse in this morning, and they've put a dressing on it. If I'm not good, they'll suggest calling in the doctor, but it's always my choice." They went on to say they appreciated staff listened to their requests.

● A visiting health care professional told us staff always followed their advice and recommendations.

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

● People were able to access all areas of the home. This included access to communal lounges, dining rooms and garden.

● The home was bright and tidy. Objects of interest were sited around the home to support people to orientate around the building and generate conversations.

● People's bedrooms were spacious and personalised according to their taste and choices, such as family photos.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff obtained consent for people's care and support. Staff understood the principles of the MCA and people were supported wherever possible to make their own decisions.

● People reported to us their choices were always respected by staff. When people could not make a decision, staff completed mental capacity assessments and the best interest decision making process was followed and documented.

● Appropriate applications had been made to the local authority for DoLS assessments. This meant people's rights were being protected. Where conditions had been in place, these were being met.

● The service used an electronic care planning system. People's consent to care had been signed on their behalf by staff. We discussed this with the registered manager who advised us the system could not facilitate people 'signing' their consent. They took immediate action and drafted a consent form for people to sign which confirmed and clearly evidenced their consent.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that staff were kind, caring and treated them well. One person told us, "[Staff] are very kind to me, always happy to help me in any way." Another said, "On the whole they're pretty good I'd say, they have the utmost patience and they're always kind and thoughtful."
- Relatives also spoke positively about the caring attitude of staff. One relative told us, "We are more than satisfied with the way the staff treat mum. They understand her, and she seems happy with them."
- People's diverse needs were respected, and care plans identified people's religious, cultural and spiritual needs. We noted care planning documentation did not always contain information about people's sexual orientation, for example if they were heterosexual, gay or lesbian. To address this, the regional operations director told us they were in the process of developing guidance to support staff to care for, and deliver, a responsive and inclusive service for people.

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

- People told us they were able to choose how and where they spent their day and staff respected their choices.
- Where possible, people were involved with their care planning. Care plans contained information on people's backgrounds, family lives and preferences; these were regularly reviewed.
- People were given the opportunity to provide feedback about the service and the care they received through a variety of formal and informal forums. For example, questionnaires, resident meetings and day to day conversations.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. Care plans reflected people's strengths and described tasks they liked to do themselves. Several people told us they tried to live as independently as possible. One person told us, "I get myself up and dressed, put myself to bed etc., I only need help when I have a bath." Another said, "I only need help with the shower, and I've only got to ask them, they don't limit the number of showers." A member of staff told us, "It's hard because as much as you know some people can do things, they want help, so it's showing that you're there, giving reassurance, and encouraging them to do as much as they can on their own."
- People were treated with dignity and their privacy respected. For example, staff could tell us how they protected people's dignity by closing doors and curtains and gave examples how they respected people's

need for privacy whilst ensuring their continued safety.

● People were supported to maintain their personal appearance to ensure their self-esteem and self-worth. We observed people smartly dressed in clean coordinated clothing. A relative said, "Mum always looks good, she has her hair done regularly, and look at her lovely painted nails, she never had painted nails before, but she loves it now."

● People's confidentiality was respected, and care records were stored securely.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has now improved to 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; 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

- People's care and support needs were holistically assessed prior to them moving into the service. From this assessment, care plans had been developed to make sure these needs were met.
- Care plans were person centred and provided information and guidance to staff. This included people's preferences on how they wished to be cared for and how staff could best support them. Where possible, people were involved in the care planning process. Care plans were reviewed monthly or sooner if people's needs changed.
- The provider had developed a wellbeing strategy. This focussed on how activity, occupations and connections with others improved well-being for people. A well-being lead had been recruited to support this strategy. At the time of our inspection, they had been in post for three weeks. The aim of the well-being lead's role was to place emphasis on leading the engagement agenda within the home rather than simply providing a range of traditional 'care home type' activities.
- Although a weekly programme of activities was available for people to participate in, the well-being lead was working with people, relatives and staff to develop a list of activities people liked to do, ensuring people received a responsive service. A member of staff told us, "Since [well-being lead] has taken over it has got a lot better than what it was, more active stuff." During our inspection we observed a music and movement activity. People joined in playing instruments, dressing up, and singing along, whilst others swayed along in time with the music.
- The well-being lead had organised a 'Wishing washing line'. This encouraged people to write down their wishes which were then hung on the line. The well-being lead told us their aim was to make these wishes come true for every person. One person had expressed a wish to be a nurse again. A uniform had been sourced for them and arrangements had been made for them to accompany a district nurse for a day, helping to take blood pressures.
- To reduce the risk of isolation, 'Forget me Not' books were in place. These recorded times and the activities undertaken by all staff for people who were cared for or choose to stay in their rooms. A relative told us, "That book in my mum's room is lovely, I know staff are speaking with her."

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 complied with AIS. For example, information was available in accessible formats to support people's understanding such as pictorial and easy read format. The registered manager assured us no one would be discriminated from accessing the service and information would be made available to ensure people's communication needs were met.

Improving care quality in response to complaints or concerns
● There were effective systems in place to deal with concerns and complaints.
● People and relatives were confident any concerns would be listened to and acted upon. One person told us, "If I ever had a problem I feel I could talk to any of the staff, they'd sort it out for me." Another said, "I feel I could talk to [registered manager] if I needed something sorted out." Relatives' feedback included, "I've never had a complaint, but any problems I go to the office and they put it right." And, "I reported [concern] to the office. This was taken very seriously and dealt with to my satisfaction."
● Records showed there had been one formal complaint since our last inspection. This had been investigated and responded to in a timely manner.

End of life care and support
● The registered manager was in the process of getting people and relatives to complete preferred priorities of care (PPC) documentation. PPC enables people to prepare for the future and record their preferences and priorities for care at the end of their life. The registered manager had also introduced 'comfort baskets' to support people and their families. These included items which were meaningful and important to people; for example, scented candles, bibles, music CDs and teddy bears.
● Where people had disclosed their wishes in relation to their end of life care and funeral, these were recorded in people's care plans.
● Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.

Good

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 the last inspection this key question was rated as requires improvement. At this inspection, this key question has now improved to good.

This meant the service was consistently managed and well-led. 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; 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 registered manager and staff demonstrated a commitment to providing good quality care.
- A clear management structure was in place and management and staff were aware of their roles and responsibilities.
- There was a clear vision to deliver safe and effective care and support which promoted a positive culture and person-centred service which was open and inclusive, empowering people to lead fulfilling lives and achieve their goals and aspirations. It was clear staff knew people well and put these values into practice.
- Staff felt supported and valued by the registered manager. One member of staff said, "New managers come in and think of these great ideas that don't work but [registered manager] does listen. When we've been short she's done nights and been a domestic. She's all 'hands-on deck' and is the best manager we've had." One person told us, "It is so much better here now. [Registered manager] has made the home feel so much better. They are approachable, and you can go to them for anything, they have gained the trust of the staff and now it seems everyone is happy in the home."
- The registered manager understood their responsibility of duty of candour.

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

- People, relatives and staff were encouraged to contribute their views on an ongoing basis informally and through questionnaires and meetings. One person told us, "I see [registered manager] every day at least once. We have a chat most days, and she actually listens, that's very important to us." They added, "The staff seem more stable at the moment, more relaxed."
- The registered manager's office was located within the main reception area which people, relatives and staff could access whenever they wished. There was also senior staff presence on each unit as well as an administrator who people and relatives could raise any issues with.
- People and relatives were extremely complimentary of the registered manager and we observed the registered manager interacting warmly with people and their relatives throughout our visit. One relative told us, "'This home is sprinkled with fairy dust in my opinion. I think [registered manager] is doing a very good

job, we can go into their office anytime. They are very 'on the ball', you don't need to keep reminding them of things." Another said, "[Registered manager] always says to us they like to 'nip things in the bud'. They don't leave things to get bad before they act." They went on to say, "There's a different atmosphere here now, it was always very 'penny pinching' before, I'd say the home is 'on the up' now."

Continuous learning and improving care; Working in partnership with others

- Management promoted person-centred, high-quality care and good outcomes for people, by working in partnership with others to make sure they were following current practice. This ensured people were supported to access the right support to meet their needs.
- The registered manager attended local care forums and internal management meetings. This provided them with the opportunity to keep up to date with good practice and guidance and drive improvements.