HC-One Limited

Windsor Court

Inspection report

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17 October 2018

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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

This inspection took place on 10 and 17 October 2018 and was unannounced.

Windsor Court is a purpose-built care home within the town of Goole. It provides accommodation and care for up to 77 older people, people with a physical disability and people who have a dementia related condition. The home is divide into four units across two floors which are accessible by stairs or a lift. At the time of our inspection there were 72 people living at the home and receiving a regulated service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered manager was clear about their role and responsibilities and had submitted the required notifications to the CQC about important events.

Systems and processes were maintained and staff had received appropriate training to ensure people were protected from avoidable harm and abuse.

Assessments of risks associated with people's care and support and for their environment had been completed. Support plans provided information for staff and other health professionals to ensure people received safe care and support without undue restrictions in place.

Staff recruitment included pre-employment checks that meant only suitable employees were recruited to work in the home.

Systems and processes ensured safe management of medicines and infection control.

People received appropriate care and support to meet their individual needs because staff were supported to have the skills, knowledge and supervision they needed to carry out their roles.

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

The registered provider was committed to providing people with a positive caring partnership with staff who were clear about the importance of paying attention to people's well-being, privacy, dignity and independence.

The provider ensured everybody received care and support that reflected their wishes and preferences and this information was recorded.

People continued to be involved in shaping their care and support. Records were evaluated for their effectiveness and amended to ensure they were up to date and reflective of the person's current needs. Support plans continued to be person-centred.

Staff supported people to live as they choose and to enjoy a variety of meaningful activities.

Systems and processes were in place to support people should they need to raise a complaint.

A quality assurance system remained effective. Oversight by the registered manager ensured outcomes were evaluated for their effectiveness with timely action implemented where improvements were required.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service has improved to Good.	**Good**

Windsor Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 10 and 17 October 2018 and was unannounced.

On the first day the inspection team consisted of two adult social care inspectors' and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of older people and people with dementia. On the second day, one adult social care inspector attended the home.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

We sought feedback from local authority commissioning teams and Healthwatch. Healthwatch is the consumer champion for health and social care.

During the inspection, we spoke with the registered manager, two members of the senior management team, the cook and seven members of staff. We spoke with a visiting health professional. We spoke with eighteen people in receipt of a service and five visiting family members to seek their views. We had a look around the home and looked in people's rooms with their permission.

We observed staff administering people's medicine and completed observations of staff interactions with people throughout the day including observations of people's meal time experience.

We reviewed a range of records which included; seven people's care records containing care planning documentation and daily records, five staff files relating to their recruitment, supervision and appraisal. Other records we reviewed included the process used to manage staff training, and documents relating to the management of the service, (including audit checks, surveys and quality assurance) and the provider's policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who worked there. One person said, "I feel very safe because the staff look after me really well." Staff had completed safeguarding training and were able to discuss the types of abuse to look out for and how to raise any concerns for investigation. Where any concerns were raised, resulting actions had been implemented to help keep people safe.

Staff had received fire safety training and told us they would be confident in an emergency. Information was recorded so staff were aware of the level of support people required, should they need to be evacuated in an emergency. We reviewed checks that had been completed that evidenced equipment used, was certified as safe. Systems and processes were in place to maintain the home and to implement any actions where they were required.

People had risk assessments in place to ensure staff had up to date information to support them safely without unnecessary restrictive practices. People told us their freedom was respected. One person said, "I please myself where I want to be and what I do; it's up to me." Assessments identified types, and severity of risks. Examples included hazards within the home, and areas of risks associated with abuse, medication and skin integrity. Information was evaluated for effectiveness and updated annually or as people's needs or circumstances changed.

Staff had access to relevant information to support people safely. Where necessary care plans included a positive behaviour support (PBS) plan. Behaviour that challenges usually happens for a reason and may be the person's only way of communicating an unmet need. PBS helps providers understand the reason for the behaviour so they can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.

Accidents and incidents had been recorded and investigated in line with the provider's policy and procedures. Associated records were submitted to the provider for further evaluation to identify any recurring trends so actions could be implemented to prevent the situation re-occurring.

The home was observed to be clean and free from any lingering unpleasant odours. The registered provider maintained good infection control practices. Cleaning rotas and schedules were in place and up to date.

The provider followed safe practices when recruiting new staff. Staff files recorded pre-employment checks had been completed before they commenced their duties working with people.

There were sufficient staff on duty to respond to, and meet people's individual needs. Communal areas were not left unattended for long periods and call bells were responded to without undue delay. One relative said, "They are not short staffed; at least from what I've seen.

People were supported as assessed to take their medicines. Systems were in place for the safe management and administration of medicines. Staff had received up to date training and followed best practice. People

received their medicines as prescribed.

Good

Is the service effective?

Our findings

People and their relatives told us they thought staff were well trained and had the skills needed to provide effective care and support. One relative told us, "My relative is very safe here and the staff are brilliant. I work in care myself, so I know what to look for. He is safer here than where he was before because he had several falls in that home. He hasn't had any falls at all since he's been here." One person said, "The staff are very good. They help me to get dressed and they are very gentle."

Staff told us they completed an induction to the service which covered their role and the people who lived there prior to commencing independent duties. A training matrix ensured staff training remained up to date and that staff had the appropriate skills and knowledge to carry out their roles. Staff told us they would benefit from further training where people showed behaviour that challenged. The registered manager confirmed additional training in this area was being reviewed to ensure it was fit for the purpose before implementation.

Staff were supported with regular documented supervisions and annual appraisals. One staff member said, "I feel very well supported, we have regular communication with seniors and the manager if we need it. We have regular supervisions when we can discuss our work, and we can request any training we might need."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records included assessments of people's capacity to agree and consent to their care. Where assessments confirmed people did not have capacity, the provider had followed legislation and guidance to ensure care and support was in people's best interest and the least restrictive option agreed. Where people had capacity, their involvement had been recorded and they had signed their consent.

Families told us that people were supported with good access to a GP or health professionals when required. We saw evidence recorded of involvement from people's GP, community nurse, chiropodists and community mental health workers.

Care plans included information to help staff provide people with healthy eating options and provided guidance where people had any food preferences. For example, because they were a diabetic or due to their religion. Where assessments identified concerns regarding people's weight, monitoring tools were used and where appropriate referrals made to other health professionals. People were supported as required during meal times. One person said, "There are a few different things at lunchtime. Staff ask what you want.'

The home had an accessible entrance and a layout that had considered people's mobility needs. Adaptions were in place to minimise the risk of slips, trips and falls. People could independently access permitted areas of the home. They enjoyed the outdoor area which included access to a very pleasant large secure garden area with a variety of seating and pathways.

Good

Is the service caring?

Our findings

People told us that staff were kind and friendly and we observed caring interactions. People received care and support from consistent staff who had built close working relations with them and their families. One person said, "I'd say they're all very good. I get a bit low sometimes and if I'm feeling down, one of the girls will always come and have a chat with me. They listen to me and we talk about anything." Another person said, "It's their job to look after us, but they are smashing." A relative told us, "The staff are fantastic. I come every other day and I've seen nothing but kindness towards people here."
Staff had completed training in equality and diversity which meant people were assured staff who supported them were well trained and understood the importance of compassionate and effective care without discrimination.

Care plans recorded information to ensure people were supported equally but accordingly with any diverse needs. Where people had religious preferences, discussions with people had been held and there was provision in care plans to record this information. One person told us, "I went through everything with them. They know all my preferences and they know what things I like and don't like." Relatives were keen to provide their feedback about the home and how they also felt supported. One relative said, "It's been very hard because I never wanted [relative] to come into a home at all, but the manager here has been very good. She is really kind and reassuring and has made sure that I have been involved from the word go in the care plan."

Staff received training in, and understood the importance of maintaining people's dignity and privacy. People told us that staff respected their privacy and dignity and we saw staff knocked on bedrooms doors and waited for a response before entering. Our observations confirmed staff ensured that wherever possible, they promoted people's independence. One staff member told us, "I always ask people what they want to wear, I encourage them to participate and to do as much for themselves so they don't become over dependant on us doing it for them. It keeps their minds active and keeps them independent."

People's records were stored securely and access was limited to staff who required the information to carry out their roles. Staff understood the need to maintain people's confidentiality and told us they would only share information discussed if the person was at risk of harm, abuse or required medical attention.

Staff described how they understood some people may need reassurance and emotional support. Our observations confirmed staff had built good relations with people who were at ease discussing daily events and responded without prompt where people required assistance.

Where people required support to communicate and to understand information, this was recorded and staff understood when people required assistance and how to support them.

Where people required further independent guidance and support to make informed decisions the provider engaged the use of advocates. Advocates can help people with independent support and advice and can speak on the person's behalf on a range of decisions, including the person's home, relationships, finances

and health.

Good

Is the service responsive?

Our findings

Care plans for people's care and support were centred on the person and provided information to enable staff to provide holistic care. Records included a pre-assessment to ensure the service was appropriate for the person's individual needs, and a personal profile which provided information on people's background. People were supported to maintain loving relationships and were supported to spend time with their relatives. A member of staff said, "Relatives are encouraged to visit and to be part of the home and their relatives lives. They are welcome to enjoy meals, attend events and just spend time here."

Care plans were person-centred and contained information, which informed staff on how best to meet people's individual needs. This included assessments of daily living and need, risk assessments, activity plans and menu preferences. Where people had agreed information was available to support them with any end of life wishes or preferences. A daily record was completed by staff and this was used to ensure care records remained up to date. Information was reviewed and evaluated which meant staff had information to provide people with responsive care and support.

Guidance information, for example, to support people with diabetes or other diagnosed needs was available for staff to reference. Whilst staff told us the information was beneficial, they told us care records would benefit from personalisation of the information to tailor the support to the individual. The registered manager was responsive to our feedback about this and told us, "We have dedicated staff who are responsible for reviewing guidance and support to ensure it provides the best information to support the individual."

Staff told us they had received training in equality and diversity and understood the importance of ensuring everyone had access to the same levels of service whatever their needs or preferences. One staff member said, "Some people choose to have only a male or female care worker to support them with any personal needs. That's fine, if they want to they can go to church and we cater for any special diets such as vegetarian. We record it and it is provided, without question." Staff had access to a policy and procedure that provided further guidance. This ensured staff fully understood the nine characteristics protected under the Equality Act 2010.

People were supported to enjoy activities of their choosing and to live fulfilled lives. The home employed an activities co-ordinator who told us, "I try to give different things to people depending on what they like. Some like colouring and some like puzzles. Most people like group activities but there are others who don't like to join in. I try to encourage them but if they really don't want to do things in a group, then I do one to ones with people and they like to talk about their schooldays; that sort of thing." One person said, "'I can do what I want. I love reading and I have my paper every day." A relative said, "They are brilliant here with activities. My relative wouldn't really join in for a long time but the activities coordinator spent a lot of time encouraging them and they have never looked back. They have had hand massages as well which I know they enjoy."

Systems and processes were in place to ensure people were supported to raise any concerns and

complaints. Along with compliments, all feedback was evaluated and where appropriate the registered manager completed duty of candour; providing feedback to individuals after ensuring a thorough investigation.

Good

Is the service well-led?

Our findings

There was a manager on duty on the day of our inspection who was registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was responsible for the day to day running of the home and received comprehensive support from the provider to record and drive improvements forward.

As part of the legal requirements of their registration, providers must notify us about certain changes, events and incidents that affect their service or the people who use it. At our previous inspection we found the provider had not always submitted all the notifications they are required to. At this inspection we found the provider had submitted the appropriate notifications which meant we could check appropriate action had been taken.

During our inspection we were able to raise any concerns or queries with the registered manager who investigated and responded without hesitation. Where any actions were required these were implemented without delay. This was possible due to the robust systems and processes in place which were followed to maintain and improve standards of the service provided.

We were shown a range of quality assurance and audits that were completed to help people achieve good outcomes. Systems and processes to check the service provided, remained at a high standard included oversight of medicines management and administration, daily checks on the environment and meal time experiences. The provider had oversight of the service. For example, incidents, accidents, falls, and deaths were recorded and oversight was completed to identify any opportunity for the implementation of actions to reduce the likelihood of similar events.

Staff told us the registered manager was approachable and that they received good support when they required it. It was clear the registered manager was caring and understood people's individual needs. During our inspection, we observed the registered manager was visible in and around the home and along with staff, took time out to engage in conversations, provide people with re-assurances and answer any questions or concerns. We received positive feedback about the manager, staff and the service throughout our inspection. A staff member said, "Everybody is caring, the manager, staff and the higher managers who visit make time to have a chat." People knew who the manager was. One person who was pointing towards the manager said, "I've seen that lady a lot and I think she might be in charge. She is very kind."

The provider had completed consultations with people living at the home, staff and other stakeholders. Staff told us they attended regular staff meetings. On staff member said, "Everybody has a voice. We can all feedback ideas and we can contribute ideas to improve people's lives."

The provider maintained positive links with other health professionals and the community. Systems and processes were in place to enable important information to be shared with other health professionals to

ensure people continued to receive consistent care and support should they transfer to another health service. For example, an admission to a hospital.