

Saivan Care Services Limited

Windsor House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Windsor House is a residential care home providing personal care for up to 17 people in one adapted building. The service provides support to older people. At the time of our inspection there were 16 people using the service.

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

People told us that Windsor House was a good place to live. One person said, "I would recommend it, would say you would be looked after alright, I cannot fault them."

The service had appropriate policies, procedures and risk assessments in place to keep people safe and these were followed by staff. Care plans reflected the care and support people required to keep them safe and meet their preferences.

A system was in place to monitor the quality and safety of the service, this was effective in identifying and driving improvement. Safety checks of the premises and equipment were routinely carried out.

Staff had positive links with healthcare professionals which promoted people's wellbeing. Records confirmed the manager worked in partnership with stakeholders.

Mental Capacity Act all reports were covered in the scope of the inspection

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

The last rating for this service was good (published 14 July 2018)

Why we inspected

We received concerns in relation to the care people received. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

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

Follow up

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?

Good ●

The service was safe.

Is the service well-led?

Good ●

The service was well-led.

Windsor 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

This inspection was carried out by one 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

Windsor 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. Windsor 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed the care and support provided in communal areas. We spoke with 10 people receiving support and two visiting relatives. We also spoke with the registered manager, the operations manager, three care staff and a visiting healthcare professional. We asked the registered manager to send us documents after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection. We reviewed three people's care records, records and audits relating to the management of the service. We received electronic feedback from one member of staff and two relatives.

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 Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because the registered manager and staff understood how to protect them from abuse. One person living in the service said, "Am safe, got people around to call on, not found a nasty one yet."
- We observed staff supporting people in caring and respectful manner. Interactions demonstrated that staff and people had developed meaningful relationships. One person told us, "I would recommend it, staff are all very good to you, give them 10 out of 10."
- Staff received safeguarding training on how to recognise and report abuse and knew how to apply it.

Assessing risk, safety monitoring and management

- People's care records and associated risk assessments were clearly documented. Staff could access the records which considered risks of health conditions as well as providing information on people's needs and preferences.
- The home environment had been assessed for potential risks. People had personal emergency evacuation plans (PEEP's) in place in the event of a major emergency requiring evacuation. Records showed fire drills were routinely completed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations had been applied for to deprive a person of their liberty.

Staffing and recruitment

- Most people told us that there were enough staff to meet their needs. One person said, "I never wait a long time."
- The registered manager told us that they had recently reviewed staffing levels and increased the number of staff at night to meet people's needs.
- Employment checks were carried out on new staff to ensure they were suitable and had the right

character and experience for their roles. This included checks with the Disclosure and Barring Service (DBS), which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People told us they received their medicines as prescribed. One person said, "Get meds twice a day, they never forget."
- Staff told us and records demonstrated that staff received training in how to administer medicines safely.
- The service had appropriate policies in place for the administration and storage of medicines.

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

- No visiting restrictions were in place, a relative spoke of how staff always made them feel welcome when they visited.

Learning lessons when things go wrong

- Systems were in place to record and monitor accidents, incidents and safeguarding concerns. The registered manager regularly reviewed these and took action where appropriate.

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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Conversations with the people, staff, relatives and the registered manager showed Windsor House was a welcoming and homely environment. A relative told us, "It is really pleasant, she is looked after and enjoys it here, the girls give attention to detail."
- People were supported to be independent. One person said, "I do my own clothes, strip wash myself. I might be [age] but am pretty independent, if they told me what to do, I would not do it."
- People and staff were positive about the registered manager. One person told us, "The manager is a lovely person, quite jolly with a sense of humour." Another person said, "Complaints I would go straight to the manager, she would listen to me, but got no complaints."

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 worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

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

- Policies and procedures were in place to ensure effective running of the service. Systems were in place to monitor the quality and standards of the service. This included routine audits and meetings between the registered manager and area manager to discuss the needs of the service.
- The registered manager had effective oversight of all areas of the service and the regulatory requirements and responsibilities were met.
- The registered manager submitted statutory notifications to CQC when required.

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

- The registered manager and staff worked in partnership with health and social care professionals involved in the care and treatment of people using the service. A visiting healthcare professional gave us examples of how they had worked with the service to provide effective care.
- A relative who lived abroad told us how the service supported them to have regular contact with their family member.

- Feedback from people and their relatives was sought and acted upon. The registered manager gave us an example that the last survey had shown people wanted more activities and a new activities co-ordinator had been appointed.

Continuous learning and improving care

- The registered manager ensured they kept updated on best practice to continually drive improvement at the service.
- The registered manager was aware that some areas of the service were looking tired and had an improvement plan to address these.