

# Ideal Carehomes (Number One) Limited

# Windsor Court

## Inspection report

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Date of inspection visit:  
22 January 2020  
04 February 2020

Date of publication:  
18 March 2020

## 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

Windsor Court is a residential care home providing personal care to 43 people aged 65 and over at the time of the inspection. The service can support up to 66 people. It is a new purpose-built home with accommodation provided in four units across two floors.

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

People were protected from the risk of harm. There were enough suitably trained staff to meet people's needs. Robust recruitment procedures were followed. Risks to people's safety and welfare were identified and managed. People's medicines were managed safely.

The home was clean and well maintained. The design and décor of the building took account of people's needs. People had access to a secure garden.

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 offered a balanced diet which catered for their needs and preferences.

The service worked well with other agencies to make sure people experienced safe and effective care.

People's needs were assessed, and care plans included information about their needs and preferences. Staff knew people well and knew how they liked their care to be delivered. Staff treated people well, they were kind and compassionate. People's privacy and dignity were respected, and people were supported to be as independent as possible.

People were offered the opportunity to take part in a range of social activities in the home and in the local community.

The management team were open and clearly committed to the continuous improvement of the service. People were listened to and complaints were taken seriously.

The provider had system in place to monitor the quality and safety of the service. We saw these were effective in making improvements to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 28 January 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration.

### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Windsor 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 was carried out by one inspector and an Expert by Experience on the first day and one inspector on the second day. 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 Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 on both days.

#### What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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.

During the inspection

We spoke with 19 people who lived at the home, two visitors, five care workers, the deputy manager, the manager and the area manager. We observed people being supported in communal rooms and looked around the home.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe. One person said, "I feel it's safe and I have a key to my room." Another person said, "I'm settled, feel safe and they look after me well."
- The provider had systems in place to protect people from harm. The registered manager understood their responsibilities. Any concerns raised were acted on and reported to the relevant authorities.
- Staff received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and managed.
- Care records included up to date risk assessments relating to areas such as falls, pressure ulcers and nutrition. Staff knew what they needed to do to manage risks, for example, we saw them gently reminding people about using their walking aids.
- Action was taken to manage identified risks, for example people who were at risk of falling had motion sensors in their rooms. The sensors let staff know when the person was moving around so they could go and offer support.
- Care records contained detailed, personalised evacuation plans (PEEPs) which showed what support people would need to remain safe in an emergency such as a fire in the home.
- The premises were maintained safely. Records showed all installations and equipment were checked, maintained and serviced. A sprinkler system was installed to reduce the risk of fire spreading.

Staffing and recruitment

- There were enough suitably trained and competent staff to keep people safe and meet their needs.
- Staffing levels were monitored and adjusted to take account of changes in people's needs.
- Staff were visible in the communal rooms and were attentive to people's needs. People told us they didn't have to wait long when they needed help.
- Recruitment of new staff was done safely. All the required checks were completed before new staff started work.

Using medicines safely

- People's medicines were managed safely.
- The provider followed national guidance and had systems in place to make sure people's medicines were managed safely. For example, staff who supported people with their medicines were trained and checks

were carried out to make sure they were following the correct procedures.

- People were supported to look after their own medicines when it was safe for them to do so.
- Medicines were stored securely. People told us they received their medicines as prescribed and this was confirmed by the records.

#### Preventing and controlling infection

- The home was clean and there were no unpleasant odours.
- Staff were provided with and used personal protective equipment such as gloves and aprons.
- People told us the home was always clean. One person said, "It's very clean, they are always hoovering and doing the carpets."

#### Learning lessons when things go wrong

- The provider had systems in place to support the learning of lessons when things went wrong.
- Accidents and incidents were recorded and reviewed to look for trends or patterns. This included looking at actions to reduce the risk of recurrence.
- Information was shared across the organisation and discussed in staff meetings to support learning and promote good practice.



# 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 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 before they started using the service.
- People who used the service, their relatives and other professionals were involved in the assessments to ensure they fully reflected people's needs.
- Protected characteristics under the Equality Act 2010, such as religion, culture and sexual orientation were considered during the assessment process. This helped to ensure the service had the right resources to meet the person's needs.
- Care was delivered in line with standards and guidance. For example, people's oral health care needs were assessed and where necessary care plans were in place to support people to maintain good oral health.

Staff support: induction, training, skills and experience

- Staff were trained and supported in their roles.
- New staff had induction training which included shadowing more experienced care workers until they were assessed as competent to work alone.
- Training was provided in face to face sessions and by e-learning and covered safe working practices and topics related to the needs of people who used the service. Topics included moving and handling, infection control, safeguarding, fire safety, equality and diversity, dementia and person-centred care.
- Staff told us they had access to all the training they needed and said they felt very well supported. One staff member said, "I've worked in care for six years and this is the best place I've worked in, the management are great."
- Regular one to one supervision meetings and annual appraisals provided staff with the opportunity to discuss their support, training and development needs.

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

- People were supported to eat and drink a balanced diet which took account of their needs and preferences.
- People's dietary preferences were recorded. People told us they enjoyed the food and were always offered a choice. For example, one person said, "The food is absolutely great, you get a choice."
- When people were at risk of poor nutrition their weights and dietary intake was monitored. Where necessary they were referred to external professionals such as GPs.
- Meal times were relaxed, staff sat and ate with people to support interaction, observe people's dietary intake and provide support and encouragement where needed.

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 with other agencies to ensure people received effective and consistent care. Care records included information about the involvement of a range of professionals such as GPs, district nurses, community mental health teams, physiotherapists and occupational therapists.
- People were supported to access healthcare services. For example, one person had been referred for physiotherapy to help with their mobility following recent falls.

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

- The building was designed and decorated to meet people's needs.
- The corridors were wide to make it easy for people to move around. There were lots of communal rooms and quiet areas where people could sit on their own or with visitors. Other facilities included a library, a cinema and a hairdressing salon. The home had a large garden which was secure and easily accessible.
- People's bedrooms were spacious and had en-suite facilities. Communal bathrooms and toilets were spacious and well equipped.

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.

- The service was working within the principles of the MCA.
- Appropriate applications for DoLS authorisations had been made. One person had a DoLS authorisation in place. This had been granted with conditions and the conditions were being complied with.
- People's capacity to make decisions was assessed and recorded. When people lacked capacity to make decisions best interest decisions made on the behalf were recorded.
- Where appropriate information about Lasting Power of Attorney (LPA) was recorded. LPA gives legal power to a nominated person to make decisions on behalf of a person who is unable to make decisions for themselves. It can be granted for property and financial affairs, health and welfare or both.

# 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 good. 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

- Staff treated people well and respected their equality and diversity.
- Staff were kind, considerate and patient in their interactions with people. They spoke gently to people, there was lots of banter and laughter; the atmosphere was calm and unhurried.
- People were very complimentary about the staff. Comments included, "I'm happy with my relationship with the staff, they are kind." And "It feels like home, there are so many pleasant staff here."
- People were supported to follow their chosen faith. Christian services were held in the home and people attended places of worship in the local community.
- Information about people's life history, family, interests and things that were important to them was recorded. Staff knew people well and knew how people liked to be supported.

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

- People were supported to express their views and make decisions about their care.
- Staff were encouraging and supported people to make decisions by explaining what was happening and giving people time. One person told us, "They are very friendly, they will take time to explain things to you." A relative commented, "It was marvellous how [staff member] took the time to explain it to [family member], so kind and reassuring, it gave me peace of mind."
- Records showed people and/or their relatives were involved in decisions about their care and treatment. Meetings were held where people had the opportunity to say what they thought about the service and make suggestions for improvement. One person told us, "There are residents' meetings where issues can be raised, and they are prepared to listen." Action was taken in response to people's feedback. For example, people had asked for fried bread with breakfast and this was now offered.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted, and people were supported to maintain their independence.
- Staff respected people's privacy and dignity for example, by knocking on bedroom doors and speaking to people before they entered.
- Staff told us how they prompted people to help them keep their independence. For example, by suggesting someone might like to have a bath, running the bath for them and laying out a change of clothing.
- People were valued as individuals and encouraged to share their skills and knowledge. For example, one person prepared and led quizzes for people who used the service. Another person had prepared and delivered language classes to people at Windsor Court and at another home operated by the provider.

# 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; End of life care and support

- People experienced personalised care which met their needs and preferences.
- People told us the service was very responsive to their needs. One person told us, "I had an infection, the night staff took a sample and got me antibiotics from the doctor very quickly." Another person told us they had been unwell during the night, they said, "The staff were very responsive, they had me sorted out in no time." A third person said, "The staff are very approachable, they will get you anything if you ask."
- Care plans were person centred, detailed and for the most part up to date. They included information about people's needs, preferences and strengths.
- Some people's records included information about their end of life care wishes, others did not. The management team had already identified this as an area for development. They had appointed end of life champions who would lead the training and development of the staff team in this area.
- The service had supported some people with end of life care. The feedback from relatives had been positive. For example, one had commented, "Thanks to all the staff at Windsor Court. [Family member's] last months were vastly improved due to your excellent 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.

- People's communication needs were assessed and where needed appropriate support was provided.
- Information was available in alternative formats.

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 were supported to take part in a range of social activities in the home and in the local community.
- Activities offered included outings to the town for market day, quizzes, films, flower arranging, bingo, bowls and keep fit classes. We saw people playing scrabble, taking part in a quiz and enjoying a visit from a petting zoo which had brought a selection of reptiles including lizards and snakes.
- The home had established links with a local social club and people regularly attended events there. One person told us, "I like the activities, you get plenty of carer support."
- The home celebrated events and special occasions. Staff put a lot of effort into these events, supporting people with fancy dress costumes and face painting. There were lots of photographs which showed people and staff enjoying these parties.

Improving care quality in response to complaints or concerns

- Complaints were taken seriously and acted on.
- The registered manager viewed complaints in a positive way, seeing them as an opportunity for improvement. People told us they would not hesitate to talk to the manager if they had any concerns. One person said, "I know the manager, she listens, she is good."
- Records showed complaints were investigated and responded to in a timely way.
- Complaints were analysed to look for trends and patterns and this information was shared with staff and other services operated by the provider. Where appropriate action was taken to improve the service. For example, changes had been made to the laundry service in response to concerns raised.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The service promoted a person-centred culture which was inclusive and empowering.
- Interactions between people, managers and staff were open and empowering. There was a clear focus on promoting people's independence. This had positive outcomes for people who were living active and fulfilling lives. Everyone we spoke with said they would recommend the service.
- The provider was committed to improving people's experiences through continuous learning and development. For example, the provider had started a training academy and was developing leadership training for senior staff.

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

- There was a clearly defined management structure in place. Managers and staff understood their roles and responsibilities. Information about significant events in the service was sent to the CQC as required by law.
- People and staff spoke positively about the way the service was managed. For example, one person said, "I find the manager is very caring and helpful."
- Regular audits were carried out covering areas such as medication, care records and staff files. Action plans were in place and monitored for any areas where improvements were needed.

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

- Discussions with the management team and records relating to accidents, incidents and complaints showed the provider understood and complied with their duty of candour responsibilities.

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

- The provider engaged with people in a variety of ways which included residents' meetings, individual care reviews and surveys. Action was taken in response to people's feedback and this was shared with people.
- The provider engaged with staff through regular staff meetings, one to one supervision and surveys. Staff told us they enjoyed working at Windsor Court, one said, "I look forward to coming to work."
- The service worked in partnership with other agencies to ensure people experienced good outcomes. These included health and social care professionals, commissioners of services and local schools.

