

Buckingham (Malvern OPCO) Limited

# Windsor Court Care Home

## Inspection report

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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

Windsor Court Care Home is a residential care home providing personal and nursing care for up to 51 people. The service provides support to younger adults, older adults, people living with dementia, physical disabilities and sensory impairments. The home is purpose built and has three floors. At the time of our inspection there were 30 people using the service.

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

People were supported by staff who understood how to keep them safe. Safeguarding procedures were in place and staff had been trained to protect people from abuse. People's needs had been assessed and there were care plans and risk assessments in place to help staff support people safely. Environmental risks had been assessed and there was an effective audit system in place in relation to these. Medicines were managed effectively. People were administered medicines by trained staff who regularly had their competency to administer medicines checked. Staff were recruited safely. The provider had robust recruitment procedures in place which included undertaking background checks on potential new staff before they started working for the service.

People were supported by trained staff that were knowledgeable and understood people's needs. People were supported to access health care professionals to ensure their needs were met. People's nutritional and hydration needs were met. People told us they had a choice and there was a good range of alternatives from the menu they could choose from.

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 cared for by staff who were kind, caring and showed them respect and dignity.

People were supported to maintain relationships with those important to them. Relatives told us they were made to feel welcome at the home. People and their relatives knew how to complain and were confident they would be listened to, and actions taken, if any concerns were raised.

The registered manager had audit systems in place to maintain standards in the service and drive through any improvements identified.

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 16 July 2021 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### 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?

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 Care Home

## 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.

#### Inspection team

The inspection was carried out by 1 inspector, a nurse specialist advisor 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 Court Care Home 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 Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### 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. 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 spoke with 4 people using the service, observed the care provided, and spoke with 5 family members of people using the service.

We spoke with 8 staff which including the registered manager, deputy manager and regional director.

We reviewed a range of records. This included 2 people's care records and multiple medicine administration records. We looked at 5 staff files in relation to recruitment. We looked at quality assurance audits, training records, meeting minutes, policies and procedures, environmental safety and information related to the governance of the service 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 of this 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 and their relatives told us they felt safe at Windsor Court Care Home. One person stated, "I feel safe, I have an emergency bell, the whole property is safe." A family member said, "[Person's name] is safer here than in hospital, the staff are attentive, they look after [person's name], it is second best to being at home, comfort [person's name] being here."
- Systems and processes were in place to protect people from the risk of abuse. Staff had received training and understood how to report safeguarding concerns. Staff knew how to recognise the signs and symptoms of abuse and who they would report their concerns to.

Assessing risk, safety monitoring and management

- People's needs were assessed and managed. Risk assessments were robust, individualised and reviewed regularly. These were updated as and when people's needs changed.
- There were personal emergency evacuation plans in place which outlined people's specific support needs in an emergency and how they required to be supported.
- Audits and checks of the environment were carried out as part of the provider's ongoing quality assurance processes. This included checks and tests of equipment and systems such as fire alarms, emergency lighting, fire extinguishers, lifts and hoists.

Staffing and recruitment

- Relatives told us there were sufficient numbers of staff to meet people's needs. One relative said, "There is always staff available." Another relative said, "There is always staff about, there is never a situation when there is no one about, they are excellent (staff) who do a great job."
- The provider carried out robust pre-employment checks prior to staff working at the home. This included identity checks, previous employment, references, their right to work in the UK and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was ongoing recruitment at the home to recruit into vacancies. This meant there was some reliance on using agency staff. Regular agency staff were used and booked in advance to ensure consistency of care.

Using medicines safely

- People received their medicines by trained and competent staff. Annual staff competency checks were carried out to ensure they continued to administer people's medicines safely.
- Where people were prescribed time critical medicines such as for Parkinson's, records showed these were being administered at the specified times and were within the 30-minute therapeutic window.

- Records included protocols for 'as and when' [PRN] medicines. These included the maximum dosage in a 24-hour period, indications and frequency of dosage.
- Staff knew what to do in the event of a medicine error and had access to the policies and procedures required for the safe management of medicines. Medication errors were thoroughly investigated, and appropriate action taken.
- Processes were in place for auditing of medicines monthly. Audits showed that medicine management had considerably improved since early September 2022. An external audit carried out by the pharmacy also confirmed that medicine management had improved.

#### 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

Processes were in place to facilitate safe visiting. Relatives we spoke with confirmed they were able to visit their loved ones.

#### Learning lessons when things go wrong

- Systems were in place to ensure lessons were learned when things went wrong.
- Accidents and incidents were recorded, investigated and measures put in place. Any lessons learned were shared with the staff team to reduce the risk of them happening again.



# 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 of this 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 moved into the home. This ensured the provider could meet their care and support needs, preferences and lifestyle choices.
- Care plans included people's like and dislikes and provided staff with relevant guidance to support people safely.

Staff support: induction, training, skills and experience

- Staff completed training which included; safeguarding, dementia awareness, infection control, moving and handling, fire awareness and first aid. A relative told us, "[Person's name] is hoisted, staff have knowledge and skills to use this, and there is always 2 of them [staff]."
- There was a process in place to monitor the training staff had received and the registered manager ensured refresher training was completed.
- Staff told us they were supported by the management team. One staff member said, "The manager is very visible approachable and supportive. There are regular staff meetings and a daily flash meeting attended by all heads of departments." Another staff member said, "We have one to one supervisions and regular staff meetings."

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

- Staff knew people well and those people who required assistance with food. For example, people who needed their food to be cut up and people who required textured meals such as pureed.
- People were offered choices of meals and staff were observed being very patient with people who had difficulty making choices.
- People could choose where they ate their meals. Some people chose to eat in the dining room and socialise with others and other people ate in their rooms.
- People were generally happy with the food. One person said, "Meals are usually very good, better than my previous care home, I can recognise what I am eating." Another person told us, "Food is fine, I can't complain."
- People were offered hot drinks and snacks throughout the day and people had water jugs in their rooms.

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

- Staff worked with health and social care professionals to improve people's quality of life.
- People were supported to access healthcare services to ensure their needs were met. One person said, "I

tell the nurse if I want doctor and they [nurse] ring them."

- Staff knew people's healthcare needs, associated risks and how to manage them.

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

- The home was purpose built and provided a pleasant, welcoming and well-maintained environment for people. There were pleasant secure courtyards. Some people's bedrooms had patio doors to enable them to freely make the most of the pleasant outside spaces.
- There were communal areas available to people, including lounges, choice of restaurants, bistro and bar which allowed people the choice and freedom of where they wished to spend their time. A relative said, "[Person's name] likes the bistro and can chat with other people." Another relative also told us, "[Person's name] loves coming down to the bistro."
- In addition, people had access to a cinema room for film nights, a fully equipped hair salon and nail station which was open twice weekly, and people could book the "fine dining" facility for special occasions such as birthdays. We were told training in silver service waitressing/waiters was currently being organised. A relative spoke of having used the "fine dining" room and told us, "It was lovely, and I would use it again."
- People and relatives spoke positively about the home. One relative described the home as, "It's nice and relaxed and, doesn't feel like a care home. There is an open spacious ambiance. I know the staff, the agency staff are regular ones, can chat to other residents and there is a community spirit." Another relative described the home as, "Friendly, welcoming, nice, and staff use first names, it is like my second community after where I live, it is pleasant to come in."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where applicable, people had the appropriate legal authorisations in place when they were not able to consent to their care and treatment. Any conditions in authorisations were recorded, being met and kept under review. The registered manager had a DoLS tracker in place which monitored if and when renewals were required.
- Staff understood the principles of the MCA and had received training.
- Where required MCA assessments had been completed in relation to specific decisions and best interest decisions had been made in people's best interests.
- Throughout the inspection we observed staff providing choices, listening and respecting people's choices. A relative said, "Staff are excellent, they do a great job, they tell [person's name] what they are going to do next, and chat with them."

# 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 of this 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

- People and relatives were positive about staff. One person described staff as, "Helpful, kind, and considerate." They said, "Every last one of the staff, always greet you. They are excellent carers." A relative described staff as, "Very kind and cheerful."
- People were provided support from staff who treated them in a respectful, kind and caring way. One person said, "I'm treated with dignity and respect as I wouldn't accept anything else." A relative said, "[Person's name] is definitely treated with dignity and respect, I can't fault the care, [Relative] is happy with staff here, they are endlessly patient with [person]; the staff are very good."
- The provider and registered manager had a proactive approach to promote diversity to ensure the local community see the home as a safe environment for the LGBT community to reside and work in. Staff had supported people to visit a local pride event.
- Staff had completed equality, diversity and inclusion training.

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

- People and those important to them were involved in making decisions about their care.
- People were actively encouraged to express their choices. For example, how and where they wished to spend their time. Some people chose to spend time in their bedrooms where other people chose to spend time in communal areas and people were given choice about which activities they wanted to join in with.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff promoted independence. One person told us, "I do what I can for myself." A relative said, "[Person's name] is independent as can be."
- Staff respected people's privacy and dignity. We observed staff knocking on people's doors before entering their rooms.

# 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 of this 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

- Care plans were developed with people and where appropriate, their relatives.
- Care plans were person centred and contained people's likes, dislikes and wishes.
- Care plans were regularly reviewed and updated as and when people's needs changed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed, recorded and were known to staff.
- The registered manager told us if needed information could be provided in other formats, for example, large print, use of flash cards or audio services. They said they would source external services, such as interpreters if required, to ensure people using the service feel heard and their communicational needs met.

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

- There were activity co-ordinators which covered 7 days a week. There were weekly lifestyle programme people could choose to get involved with. Activities were planned around people's interests and hobbies as well as new experiences.
- People were able to put forward new ideas and suggestions. For example, 'residents' meetings minutes from December 2022 highlighted people had said they were looking forward to going out in the minibus and suggested garden centres and theatre trips.
- One relative told us, "[Person's name] enjoys musical entertainment and animals, there is a good range of things to do." Another relative also shared how their family member enjoyed the musicians that come into the home and exercises classes and said, "[Family member] wouldn't have got that at home, [family member] is brighter due to social interaction."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. People and their relatives knew how to make complaints should they need to. One person provided an example of where they had made a complaint in the past and told us, "I received a written response in which all concerns were addressed." A relative told us,

"I have no complaints or concerns but would go to [manager's name] if I did have any."

- The management team investigated any complaints received within the timescales set out in the complaints policy and provided people and relatives with an outcome for their complaint.

End of life care and support

- When people were receiving end of life care they were supported in a person-centred manner in line with their wishes and preferences.
- The staff team worked with health care professionals to ensure individuals were supported to be pain free.

# 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 of this 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

- The registered manager and staff promoted a positive culture in the home. People and relatives spoke positively about the care and support they received. One relative said, "I feel the home is well run and organised, I like how they run it, I speak with [deputy manager's name] most times I come in."
- Staff told us the management team were approachable and supportive. One staff member said, "I love my job, it's a nice place to work, it is a good team, I like it here." Another member of staff said, "Staff are amazing, they know people well, any queries or concerns I can approach the management team, they are so supportive."

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 understood duty of candour and the need to be open and transparent when things go wrong.
- The registered manager understood their responsibilities for reporting events and incidents that were legally required to be reported to the Care Quality Commission [CQC].

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

- The registered manager was skilled and knowledgeable in their role. They carried out regular audits and checks to monitor the quality of the service to ensure they delivered a high standard of care and to drive improvement. A relative said, "The current manager knows what they're doing."
- Staff were clear about their roles and responsibilities and received regular supervisions, staff told us the office had an open-door policy and they could speak with managers at any time.

Where changes were needed these were communicated to staff effectively. For example, any quality issues or new risks within the service.

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

- People's views were sought to develop and improve the service. This was in the form of 'resident's' meetings. People were able to discuss and share their thoughts on food, activities, staffing and care provision.
- Relatives meetings were also held to give them an opportunity to share any questions or concerns they

had.

- Staff told us they felt supported and listened to. One staff member said, "[Registered manager name] is very supportive, I cannot find fault." Another staff member said, "[Registered manager] is lovely, I can approach any of the management team." A further member of staff said, "I feel listened to and valued in my role, ideas for service improvement is actively encouraged."

#### Continuous learning and improving care

- An effective and robust system of quality assurances checks, and audits were in place. This enabled the registered manager and seniors to monitor the service and drive improvements. Where improvements were identified actions were put in place to address any issues and make changes where necessary.

#### Working in partnership with others

- The registered manager and staff team worked with people, relatives and healthcare professionals such as GPs, chiropractors and opticians to provide the best outcomes for people.