Thurlestone Court Limited

Windward House

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?	Requires Improvement

Summary of findings

Overall summary

About the service:
Windward House is registered to provide accommodation and personal care for up to 42 older people. At the time of our inspection, 41 people were living at the home.

People's experience of using this service:
People told us they felt safe, supported and were happy living at Windward House. Staff were seen to be kind, caring and treated people with dignity and respect.

Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, we found the systems in place had not been undertaken robustly, therefore had not identified that some records were not complete or up to date. We have recommended the provider undertakes a review of the effectiveness of the systems and processes in place.

People were supported to have maximum choice and control of their lives; however, we have recommended the registered manager reviews staffs understanding of the principles of the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguarding (DoLS), and the records that need to be completed.

People were protected from the risk of avoidable harm. However, we found that some care records did not contain enough information of any action taken to mitigate known risks. Whilst there was no negative impact on people's safety, we have recommended the provider reviews care records to ensure these are accurate, complete and up to date.

Other risks were well managed. Risks had been identified, in relation to people's care needs such as mobility and skin care, and action had been taken to minimise these. Accidents and incidents were monitored to look for trends and identify whether changes were needed to reduce risks.

Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment, and fire safety systems were serviced and audited regularly.

People's medicines were managed, stored and administered safely and appropriately by staff who had been trained and assessed as competent to do so.

People had confidence in the registered manager and told us the home was well managed. There was an open culture where people, relatives and staff were encouraged to provide feedback. Staff felt they received a good level of support and could contribute to the running of the home. We have made a recommendation in relation to how the provider records staff supervision.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

There were sufficient numbers of staff employed to ensure people's needs were met. Staff had time to sit and engage people in conversation and to support people's involvement in social activities.

Windward House was clean, and people were protected from the risk and/or spread of infection as staff had access to personal protective equipment (PPE).

Rating at last inspection:
The last rating for this service was 'Good' (published on the 16 March 2017).

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

Follow up:
We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme.

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

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?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

Windward 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 Care Act 2014.

Inspection team:
The inspection team consisted of 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:
Windward House 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the previous inspection report and other information we had received about the service. We used all of this information to plan our inspection.

During the inspection:
We spoke with 11 people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. To help us assess and understand how people's care needs were being met we reviewed six people's care records. We also reviewed records relating to the running of the home. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems. 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.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management:
•People were protected from risks associated with their care needs.
•Assessments identified risks, in relation to people's health, mobility and nutrition. Management plans guided staff to support people in a way that mitigated those risks and specialist advice from healthcare professionals was sought where necessary and acted upon. However, where some risks had been identified, it was unclear what action had been taken to keep people safe. For example, we found four people's care records lacked detail of the action staff had taken to manage risks associated with people's life style choices (smoking). There was no negative impact on people safety. Following the inspection, the provider confirmed guidance for staff was now in place.

We recommend the provider reviews care records to ensure all risks related to people's health and care needs have been assessed and plans are in place to mitigate and manage those risks.

•The premises and equipment were well maintained, and regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. For example, water temperature testing, portable appliance testing and window restriction.
•Fire safety systems were serviced and audited regularly, and staff received training in fire awareness.
•People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe.

Systems and processes to safeguard people from the risk of abuse:
•People continued to be protected against the risk of abuse.
•People told us they felt safe living at Windward House. When we asked, one person said, "I feel very safe," another said, "I like living here, I have no concerns or worries about my safety."
•Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these.
•Staff were confident they would recognise abuse and understood how to report any concerns.
•The registered manager was aware of their responsibility to liaise with the local authority about safeguarding issues.

Staffing and recruitment:
•People continued to be protected by safe recruitment processes.
•Systems were in place to ensure staff were suitable to be supporting people who might potentially be vulnerable by their circumstances.

•There were enough staff available to support and meet people's assessed needs, staff were not rushed and had time to spend with people. One person said, "You never have to wait, there is always someone (staff member) around if you need them."

Using medicines safely:
•People's medicines continued to be stored, recorded and administered safely.
•Medicine Administration Records (MARs) were completed in line with best practice guidelines.
•Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow. This helped to ensure those medicines were administered in a consistent way.
•Staff had received training in the safe administration of medicines and were having their competency regularly assessed.

Preventing and controlling infection:
•Windward House was clean, tidy and fresh smelling.
•Systems were in place to prevent and control the risk of infection. Staff had received infection control training and were observed wearing appropriate personal protective equipment (PPE).

Learning lessons when things go wrong:
•The provider's governance system was effective in helping to highlight when action was required for improvement so learning could take place. For example, all accident and incident reports were reviewed by the registered manager to determine if there were any lessons to be learnt and shared with staff to prevent re-occurrences.

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 good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance:
People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the home 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.

•Where restrictions had been placed on people's liberty to keep them safe, the registered manager had worked with the local authority to seek authorisation to ensure this was lawful. However, we found these principles had not been applied consistently. For example, two people had been admitted to the home on a short stay basis (respite) and were subject to restrictions to keep them safe.
•Records showed staff had not applied for the required DoLS at the time of the inspection. We raised this with the deputy and registered manager who assured us they would take appropriate action to resolve the situation. Whilst we did not find these people had been placed at a disadvantage.

We recommend the provider ensures all staff have a thorough understanding of the principles of the MCA/DoLS and the records that need to be completed in relation to this

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.

•Some of the people living at Windward House did not have capacity to make their own decisions. Where people did not have capacity to make decisions, they were supported to have maximum choice and control over their lives. Staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

Staff support: induction, training, skills and experience:
•Staff told us, they felt supported by the home's management team. One staff member said, "I have always felt very supported." Another said, "If you need anything, all you have to do is ask."
•We looked at the supervision records for four staff. None of these staff files contained sufficient evidence to demonstrate staff were receiving regular supervision in line with the providers policy and expectations.

We spoke with the registered manager about what we had found, they gave us assurances the way supervision was currently being recorded would be reviewed and addressed.

We recommend the provider reviews the systems in place to ensure staff receive appropriate and ongoing supervision in their role to ensure their competencies are maintained.

•All staff completed an induction and did not work unsupervised until they had been assessed as competent to do so. Staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
•The homes training matrix showed staff had received training in a variety of subjects. For example, safeguarding adults, medication administration, first aid and infection control. Specialist training was also provided for people's specific care needs. For example, dementia, diabetes awareness and dysphagia.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Healthcare support:
•People's needs were assessed before they started using the service to help ensure their expectations and needs could be met.
•Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when people's needs changed.
•People were encouraged and supported to use a range of healthcare services and staff supported people to attend appointments. Referrals were made to the GP's, community nursing services when needed and people had opportunities to see a dentist, or optician regularly.

Supporting people to eat and drink enough to maintain a balanced diet:
•People continued to be supported to eat healthy and nutritious food. One person said, "The food is very good, you can't complain about it". Another said, "The kitchen staff come around with the following day's menu and a choice. If you don't like anything, they will offer you an alternative." A relative said, "Generally, the food is very good here and there is always a choice."
•People's likes, and dislikes, were known and staff worked with health professionals to ensure people were able to eat and drink safely. The cook had undertaken additional nutrition training to support people with dietary needs and swallowing difficulties.
•People at risk of not eating and drinking enough to maintain their health were provided with nutritionally enhanced food and drinks. Their intake was monitored, and professional guidance sought if necessary.

Adapting service, design, decoration to meet people's needs:
•Windward House was set over two floors and laid out into three specific zones.
•People were identified / assessed for each zone depending on the significance of their dementia or level of support. Each zone had its own lounge and dining room/ kitchenette were people were able to have their meals, make drinks / snacks or take part in activities.
•Zones were separately decorated which enabled and supported people to find their way around. Throughout the home there were places for people to sit and items for people to interact with, along with sensory equipment.
•Each person had their own bedroom which they had personalised with pictures and possessions that were important to them. Outside each person's room was a memory box which contained items that were important to the person's life such as what they had done for work, their hobbies and interests.

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 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 they were happy living at Windward House. Comments included; "I'm very happy living here," "I have no complaints the staff here are very kind." A relative said "They've been very good to my wife and she has been a resident here for a while."
•People who were not able to communicate with us verbally, looked comfortable with staff and showed in their expressions and behaviours that they enjoyed the company of staff.
•People were supported by staff who had a good understanding of their individual needs. Staff were seen to be friendly, respectful and attentive to people's needs.
• Care plans contained information about people's past, cultural and religious beliefs as well as their future wishes.
•Staff had received equality and diversity training and understood how to deliver care in a non-discriminatory way, ensuring the rights of people with a protected characteristic were respected

Supporting people to express their views and be involved in making decisions about their care:
•People and their relatives were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews, residents' meetings, and verbal and written feedback.
•People were encouraged to make decisions about day to day matters such as food and clothing. Staff offered people opportunities to spend time where and how they wished and staff respected people's choices about how and where they wanted to spend their time.
•Care plans included information 'About me' which ensured staff knew how to involve people, specifically those people who could not verbalise their views. For example, giving people time and space to complete tasks and activities.

Respecting and promoting people's privacy, dignity and independence:
•People told us staff understood the importance of treating people with dignity and compassion. One person said, "My dignity is always respected." Another said, "Staff always maintain my dignity when providing personal care."
•People told us staff respected their privacy and knocked on their door before coming in to their private space.
•Care plans contained clear information about what each person could do for themselves. Staff described how they encouraged people to be as independent as possible. For example, by encouraging and supporting people to make drinks for themselves.

•People were supported to maintain relationships with those close to them.
•People's personal records were kept secured and confidential and staff understood the need to respect people's privacy including information held about them.

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 good. At this inspection this key question remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
•People continued to receive person-centred care. Care plans were detailed and personalised. This information guided staff on how best to support people, recorded people's health needs and behaviours and how to work with people in a way that best suited them.
•People's needs were regularly assessed and monitored, and care plans amended when changes occurred or if new information came to light. Where a person's health had changed it was evident staff worked with other health professionals.
•People had opportunities to go out and to take part in activities of their choice. Regular in-house activities, such as music and arts and crafts, occurred spontaneously daily and people were supported to eat out or go shopping if they wished.
•People said their religious needs were met and they were supported to attend services of their faith and receive holy communion.

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 identified, recorded and highlighted in care plans.
●Care plans provided staff with detailed guidance on how to meet people's communication needs such as information on how to interpret signs and gestures to help people communicate and make choices.
●Staff used a variety of methods to support people to make decisions about their care, including photographs, pictures, symbols and objects of reference.
●Information such as people's care plans and complaints procedure were able to be made available in an accessible format depending on people's needs.

End of life care and support:
•Windward House was not supporting anyone at the end of their life at the time of the inspection. Where discussions had taken place with people regarding their end of life wishes, these were recorded.
•The registered manager told us that when required people were supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free.

•Care plans recorded if a person had a 'do not resuscitate' document in place. These were kept in the files, so they were accessible to emergency services.
•The provider ensured end of life training was available for staff.

Improving care quality in response to complaints or concerns:
•People and relatives knew how to make complaints. They said they felt confident they would be listened to. The registered manager told us they acted upon concerns in an open and transparent way and used them as an opportunity to improve the service.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
•Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, we found the systems in place had not been undertaken robustly and therefore had not identified that some records were not accurate, complete or up to date. For example, monthly care plan reviews had not identified that some care records did not contain enough information or guidance for staff to mitigate known risks; that records relating to DOLs had not been fully completed or that staff were receiving supervision in accordance with the providers policy.

We recommend the registered provider undertake a review of the effectiveness of the systems and processes in place to assess, monitor, and improve the quality and safety of the services provided.

•The management and staff structure provided clear lines of accountability and responsibility
• All accidents and incidents were monitored to look for trends and identify whether changes were needed to reduce risks.
•Concerns and complaints were listened to and used to help improve the services provided.
•The management team spoke openly and honestly throughout the inspection process.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
•The registered manager was a role model and ensured the culture of the service was based on the provider's values of providing a high standard of care in a way which respected people's dignity. The manager told us "Its important to me, that our high standards are maintained, and people are treated with dignity and respect."
•People had confidence in the registered manager and told us the home was well managed. One person said, "The home is very well run, the manager sets high standards." A relative said, "The registered manager is very approachable and robust."
•The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
•The provider displayed their CQC rating at the service and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others: Continuous learning and improving care:
•The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance.
•Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, were supported and had input into the running of the home.
•The registered manager and staff had good working relationships with partner agencies. This included working with commissioners, safeguarding teams and other health and social care professionals.