

Windmill Care Limited

# Windmill 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?	Good ●

# Summary of findings

## Overall summary

### About the service

Windmill House provides accommodation and personal care and support for up to 55 older people.

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

People continue to receive a safe service. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People received their medicines safely. However, we have made a recommendation for the registered manager to make improvements on how they support people with pain management.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including safe recruitment processes.

People continued to receive effective care. Staff had the skills and knowledge required to support them. Staff received training and support that was relevant to their roles. People's healthcare needs were monitored by the staff. Other health and social care professionals were involved in the care and support of the people living at Windmill House. Feedback from health and social care professionals was positive in respect of the care delivery, timely referrals and following their advice.

People and their relatives told us they had been involved in the planning of care delivery. Care was person centred and based on the wishes of the individual. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

There continued to be a strong emphasis on engagement with people to promote their well-being. Relatives and friends could visit and were made to feel welcome and part of Windmill House. There was a variety of activities planned based on people's hobbies and interests.

The service was well led. People, relatives and staff spoke positively about the commitment of the management and staff team. Systems were in place to monitor and make 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

Good (report published June 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

#### 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** ●

# Windmill 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

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

Windmill 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

The inspection was unannounced, so the provider, registered manager and staff team did not know we would be visiting. The inspection was completed on the 12 November 2019.

#### What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used this information to plan our inspection.

#### During the inspection

We spoke with 16 people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including care staff, the deputy manager, registered manager and the operations manager.

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.

We spoke with a visiting health professional who regularly visited the service.

We reviewed a range of records. This included three people's care records and medication records. We also looked at a variety of records relating to the management of the service, including training and support for staff and audits that check the quality of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 now remained the same.

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. Comments included, "All staff are absolutely brilliant, they are very patient. I have such confidence in them" and "We have no worries, Mum is in the right place. Everyone is so well cared for".
- Staff told us they would have no hesitation in reporting concerns or blowing the whistle on poor practice to the registered manager or the deputy managers.
- There were clear procedures for staff to follow if they had concerns which included the contact details for the local safeguarding team and the Care Quality Commission.
- Where safeguarding concerns had been raised with us and the local authority actions had been taken to address the concerns and reduce any further risks.

Assessing risk, safety monitoring and management

- People's support needs were assessed, and care plans provided staff with the information they needed to manage any identified risks. For example, people at risk of falls had plans in place to mitigate the risk, and equipment such as sensor mats were in place.
- Health professionals such as speech and language therapists and physiotherapists had been involved in advising on safe practices and any equipment required.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency.

Staffing and recruitment

- People were protected because safe recruitment processes were in place. The registered manager told us they used a values-based questionnaire as part of their interview process, to ensure staff shared a similar approach to care. A relative said, "All the staff are good including the newer staff". They told us the management employ the right kind of staff.
- The registered manager said they had fully recruited to the vacant posts and agency was rarely used. This ensured people were supported by staff they knew well.
- Sufficient staff supported people to ensure they were safe. Staff confirmed there were enough staff working to support people safely. Staff were observed spending time with people chatting or organising group activities. Call bells were answered promptly in most cases. This was monitored by the registered manager.

- The registered manager completed a dependency tool to ensure suitable numbers of staff were employed. Additional staff were available for health appointments or if a person was unwell, or end of life.

#### Using medicines safely

- People's medicines continued to be managed and administered safely. Only staff that had received training supported people with their medicines.
- Regular checks were completed on the medicines held in home by the staff and the registered manager. This ensured staff could act promptly if there was an error. There had been a recent pharmacy audit which had made a few recommendations, and these had all been addressed.
- We observed a person in pain when being transferred on three separate occasions. This person had been offered pain relief in the morning, which had been accepted. They had refused at lunchtime. This person could have had two lots of pain relief with an option of this being given covertly. Staff had not responded promptly to the person's changing needs. The registered manager told us they were meeting with the care home liaison team the day after the inspection and would explore how to improve the pain management plans for this person.

We recommend the provider consider current guidance on managing pain to ensure there is clear guidance for staff to follow in consultation with other professionals and take action to update their practice accordingly.

- After the inspection an email was received telling us about the new pain management assessment that would be introduced, which would potentially benefit everyone living at Windmill House.

#### Preventing and controlling infection

- The home was clean and free from odour. Cleaning schedules were in place. Domestic staff were employed to keep the home clean including completing laundry tasks.
- Staff were trained in the prevention and control of infections and had access to personal protective equipment. Staff were observed following good practice in respect of hand washing and wearing gloves and aprons when delivering personal care or handling food.
- People and their relatives spoke positively about the cleanliness of their bedrooms and communal areas. A relative said, "I visit most days and it is always spotless and never a bad odour".
- Improvements had been made to the way commodes were cleaned to prevent infection. A new head of house keeping had been employed since the last inspection. Daily meetings were held so they were aware of any concerns or where a person's bedroom may need more intense cleaning to prevent cross infection.
- The service was awarded the highest possible food hygiene rating in February 2019.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded. The registered manager and the deputy managers oversaw the monitoring of this information, completed internal investigations and implemented actions to reduce the risk of reoccurrence where applicable.
- The registered manager and the team reviewed all falls monthly. They looked for any themes to reduce risks to people. This included reviewing when the falls had taken place to ensure enough staff were around at the right times. This was then discussed at team meetings.
- Staff meetings and handovers were used to discuss learning points from incidents and plan changes and improvements, so that people were supported safely.



# 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 has now remained the same.

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 prior to moving to Windmill House. This was to ensure their needs could be fully met and staff had information to enable them to provide care that was effective and responsive.
- Assessment tools were used to identify people at risk of malnutrition and skin integrity problems and the support they required to remain healthy.
- Information from the assessment had informed the plan of care. Care plans were tailored to the individual enabling staff to provide consistent support to people.
- The service worked with the NHS and provided three short term care beds. This helped social care professionals plan the next steps for the person whether that was to return home or a move to another care setting. This helped in reducing bed blocking in hospitals. The registered manager completed their own assessment to ensure they could meet the person's needs and a temporary care plan and risk assessments were put in place.

Staff support: induction, training, skills and experience

- People were cared for by well trained, competent staff who had the skills and knowledge to provide the care people needed. Comments included, "Staff are all very good, cannot fault any of them", and, "The staff are good from the top down, and the young ones". A relative told us they felt this was because of the leadership in the home, the induction and the ongoing training.
- Staff confirmed they received the training they needed to support people effectively. Staff said this was updated regularly. A member of staff said there was always training that staff could request such as supporting people with dementia. Some staff had attended virtual dementia training which enabled them to experience what it may be like living with dementia.
- Staff received regular supervision and an annual appraisal. Staff told us they felt well supported in their roles. A member of staff said, "I have worked in care for many years, but Windmill House is one of the best. Everyone is so supportive".

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

- People were provided with meals and drinks they enjoyed. Records were completed of food and fluid intake where people were at risk.
- People's body weights were checked monthly, more often if necessary. Where people were at risk of weight loss staff developed a care plan which detailed action required.
- People spoke highly of the food that was available. The cook spent time with people trying to find out

what they would like on the menu. People were also consulted during resident meetings about what they would like to see on the menu.

- One person said, "Meals fine, no improvement. Top Class", and "I have extra snacks". Another person said, the food was "Out of this world". The registered manager said, "We work with the principles of food first so offer people snacks in between meals where there are risks in respect of weight loss". A relative said, "There is always plenty of food, snacks and fresh fruit that people can help themselves to". Relatives were invited for a meal if they were visiting during that time.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives

- People had access to health and social care professionals when they needed it. People were registered with a GP. One person told us, "They (staff) test my blood pressure, oxygen levels and blood sugar. Any problems they call a doctor".
- Staff worked with other health professionals to support people. This included the care home liaison team.
- The registered manager told us, they had read CQC's guidance on oral health. They said a big piece of work had been completed to ensure everyone was registered with a dentist and oral health care plans had been developed. They said several people were now receiving ongoing treatment.
- Feedback from health and social care professionals was positive and showed that the staff worked in partnership with other professionals to ensure people received good outcomes. Comments included, "Know their residents really well", "Responsive and will take on recommendations made by our service", and "Manage well with supporting complex needs".

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

- The design, layout and decoration of the home met people's needs. All areas of the home had been refurbished and redecorated to a high standard. A person told us, "I knew when I first visited that I would like the home."
- People were able to personalise their bedrooms with small items of furniture and pictures. This meant people were supported to recreate familiar surroundings for themselves. There were movement sensors in each bedroom that could be activated when a person was at risk of falls. There was a policy in place guiding staff when these should be used and that the person must be involved in the decision process.
- There were several lounges, a conservatory and dining areas where people could choose to spend their time if they wished. People had access to large, well-maintained garden.
- The registered manager had ensured the service was 'dementia friendly'. For example, there were pictures outside people's bedrooms to help them find their room and signs on bathrooms to indicate their purpose. Bathrooms and en-suites had sensor lights which meant people did not have to find the light switch meaning there were less falls.

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.

- Staff asked for consent from people when providing care and support. People were encouraged wherever possible to make their own decisions. Relatives confirmed they were involved in their care of their loved ones.
- Staff understood the importance of seeking consent and involving people in day to day decisions. They had received training in the Mental Capacity Act.
- The registered manager had made appropriate applications to the local authority for DoLS and had a system to monitor their progress and when an authorisation was due for renewal.

# 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 Outstanding. At this inspection this key question has now deteriorated to 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

- Our observations throughout the inspection was that staff were extremely caring and, knowledgeable about the people living at Windmill House. People were relaxed and comfortable with the staff that were supporting them. There was friendly banter between people and staff. One person told us, "It is like home from home and that is why I chose Windmill House".
- People and relatives were very positive about the caring approach of staff. Comments included, "Excellent, caring staff", "Never heard a bad word", and "The staff are very caring, a personalised approach" and "It has been a blessing finding Windmill House, I can be a daughter again" and "I am glad I am here. My children don't have to worry. They know I am being well looked after".
- Staff felt proud to work at Windmill House. They said they worked well as a team. Some of their comments included: "I love being here", "I think it's a great home, a lovely place to work, we always help each other", and "We all care and do our best by the people that live here". They gave examples where staff had gone the extra mile such as completing shopping for people who had no family, helping someone to move their furniture and belongings from their flat to Windmill House or small things such as buying someone chocolate because they knew it was their favourite.
- Staff had information about people such as previous employment, where they lived and important people in their life. This enabled staff to have meaningful conversations and build relationships with people.

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

- People told us they were asked about their preferences for example when they wanted to get up or go to bed. Some people preferred to spend time in their bedrooms whilst others enjoyed the communal lounges and activities. People's choices were respected.
- Each person had a key worker (named member of staff) who spent time with them on an individual basis to make sure they had what they needed. The name of the person's key worker was included in the memory box outside the person's bedroom. This meant relatives were aware of who the key worker was.
- The registered manager told us one person had organised a petition for a circular walkway to be put in the garden. Sadly, the person did not see the completed work. However, the home had an opening ceremony and named it after the person. Staff said this had improved the access to the garden for those people with mobility issues as it made the garden more wheelchair friendly.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as they wanted to be. There were small kitchenettes in the lounges, so people and their relatives can help themselves to tea and coffee. One person told us, "I like to wash up the cups as this can free up staff to care". Another person told us, they liked to pour their own tea as they liked it strong.
- One person told us they were independent with their personal care but were reassured that staff were available if they needed help.
- Staff treated people with dignity and respect. Staff received training in dignity, equalities and diversity. Staff were observed addressing people by their preferred name and in a professional but friendly manner. Staff were observed knocking on doors and waiting for permission to enter.

# 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 has now remained the same.

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

- Feedback from health professionals was very positive. A professional stated, "The individual management plans for residents seem to be communicated and disseminated to all staff and I have found the continuity of care to be excellent".
- People's care was person centred. Care Plans were held electronically and kept under review as their needs changed. People were consulted on how they would like to be supported.
- There were many examples where the service had responded to people's changing needs. This included examples where people who were unwell or at high risk of falls had moved bedrooms to be closer to the nurse station or the office. For one person a move to a bedroom upstairs had helped in reducing their anxieties of wanting to leave. Their relative had highly praised the management in their approach, which in turn had meant the person was more settled.

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 helped to pursue their hobbies and interests. The registered manager had created a culture whereby all staff engaged with people to provide meaningful activities.
- People's views on the activities was sought through resident meetings and acted on such as what people wanted to do in respect of Christmas activities.
- Staff were seen completing quizzes and spending time with people. People told us about other activities that they took part including entertainers, a silent disco, arts and crafts, bingo and gentle exercise. We heard about how the local nursery visited. Staff said it brought lots of smiles from many of the people living in Windmill House. In the spring people had helped raise some ducklings.
- Relatives told us they were always welcomed into the home, offered refreshments or a meal. We saw a relative actively involved in an activity that was taking place involving not only their loved one but other people in the home. People were actively engaged. A visiting entertainer had commended the staff in their involvement and helping people to participate.
- Staff went the extra mile to ensure people were supported to avoid social isolation and recognised the importance of keeping in contact with families and friends. For example, one person had been supported to keep in contact with family including their grandchild via video calling. The registered manager said this had been really positive and really lifted the person's spirits because their family lived overseas and this enabled them to be part of their lives. Another person had been part of the local bowling team and staff had supported the person to attend a reunion. Staff said this had been really positive and helped the person to

settle into life at Windmill House. A thank you card from family praised the staff in helping organise a special wedding anniversary with 'champagne'.

- Relatives had sent thank you cards in respect of a social event held in the summer. There were entertainers, face painting and a barbeque. This meant that it was inclusive of all family members including grandchildren. A relative stated, "Really good atmosphere, with lots of planning. People, family and the staff were all engaged".
- There were various events planned during the month of December 2019 where people could ask their friends and family to join in. There were visiting choirs from the local church and school, visits to the local pub for a Christmas meal and lots of arts and crafts and cooking sessions.

Improving care quality in response to complaints or concerns

- The provider and registered manager took complaints seriously completing a thorough investigation. Action was taken to put things right not just for the complainant but the service as a whole. Learning from complaints was shared with the team so the necessary improvements could be embedded.

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 the support people needed was recorded. For example, information about people with hearing loss and the importance of ensuring their hearing aids were available. Staff were observed giving people the time to respond.
- The provider could provide information in a range of formats, such as documentation in a larger font.

End of life care and support

- A professional said, "Staff are particularly compassionate in dealing with end of life care. Relatives of deceased patients have expressed to me their appreciation of the care that they have received at Windmill House." This was supported by the compliment letters and cards they had received from relatives.
- Care plans showed that people and relatives were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes.
- The staff had recently supported a person with one to one care when they were at the end of life. This was important as their partner also lived in Windmill House and enabled them to spend time together and not be separated. The staff organised the funeral wake which was held in Windmill House. This meant the partner could be part of the occasion as at the time they were reluctant to leave the building.

# 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 remained the same.

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

- People, their relatives and staff spoke extremely positively about the management of the service. Comments included, "The manager is always around, the office door is always open, you can go in", and "(The manager) is fantastic, listens, explains and provides reassurance". A member of staff said, "(The manager) listens and solves problems straight away", another said, "All three are really approachable".
- The organisation had won an award as the Best Employer in October 2019 from Care and Support West. Staff feedback was that they felt extremely well supported in their roles, development and were passionate about the care and support they delivered to people.

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 was clear about her responsibilities for reporting to the CQC and the regulatory requirements of her role. The rating of the service was clearly displayed within the home and on the provider's web page
- Complaints, accidents, incidents and risks were clearly identified, and action taken to keep people safe. These were routinely reviewed to look for any themes.
- Relatives confirmed they were kept informed about any changes or concerns about their loved ones.

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

- Since the last inspection there had been some changes to the management of the service. This included a new registered manager and another deputy manager being employed.
- Management roles were clear to ensure accountability and to avoid duplication. As part of their role they took it in turns to attend handovers to ensure continuity. There was a strong management presence within the home.
- Quality audits were in place to check medicines management, infection control, the environment and maintenance and care planning.
- Management oversight was evident with regular meetings exploring ways to drive improvement. There was a system to review accidents, incidents, complaints and safeguarding referrals for any themes and drive improvement.



- Feedback from professionals was positive regarding the management of the service.

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

- People were able to maintain contact with family and friends. There was an open visiting arrangement. A newsletter was sent to families about life at Windmill House.
- There were opportunities for people, to share their views about the quality of the service provided. People told us there were regular meetings at the home where managers as well as staff attended.
- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.
- Strong links had been developed with five local churches with religious services being offered in the home. Bible readings were organised for people. One person said, "I wouldn't be without this, I love the Christian group".
- Pastoral care was offered with people being supported on a one to one basis. The chaplain said, "It is good, I speak with most people on an individual basis and not just about religion". It was evident they worked in partnership with the staff and the management of the service.

Continuous learning and improving care

- Effective systems were in place to monitor the quality of the service and the care provided. A range of audits were completed by the registered manager and provider. Improvements were discussed at management meetings and then cascaded to the staff.
- Team meetings and daily handovers were used to communicate updates keeping staff informed about any changes to people's care. Improvements had been made to the handover process to ensure all relevant information was shared.
- Continuous learning and development opportunities was very much part of the service. Staff had opportunities to complete recognised care and management qualifications. A member of staff told us, "There is always training going on".

Working in partnership with others

- The registered manager and the team were aware of the need to work closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals.
- The registered manager attended regular care home provider meetings organised by the local council to enable them to network with other providers and to keep up to date.