Windmill Hill Consultants Limited

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Inspection report

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22 June 2022

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Windmill Hill Consultants Limited (also known as Windmill Hill Care) is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to younger adults and older people. At the time of our inspection the service was supporting 16 people who were receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
People and their relatives were satisfied with the care and support they received and shared positive feedback about staff and managers.

However, we found improvements were needed. Some quality checks were undertaken but were not always effective in identifying where improvements were needed. Other quality checks either took place informally and were not recorded or did not take place.

Some practices related to the handling of medicines were not safe. Immediate action was taken by the registered manager to ensure medicine practices were in line with best practice guidance and the medication policy.

Staff did not always have the skills or knowledge they needed for safe moving and handling techniques. Immediate action was taken by the registered manager to arrange for practical training sessions for staff.

Whilst risks were identified, the information available to staff was basic and did not always tell them how to reduce risks of harm or injury.

People had individual plans of care and these gave staff basic information. However, some people's individual needs had no plan of care in place for staff to refer to.

People were supported by consistent staff who knew people well. There had been no missed care calls. Staff and managers had a caring approach toward people, showing kindness in the hands-on day to day care. People and their relatives felt safe with staff in their homes and protected from the risks of abuse.

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.

Pre-employment checks were undertaken on staff to ensure they were suitable. Staff received an induction which included shadowing shifts so they could get to know people they supported.

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

Rating at last inspection
The last rating for this service was Good and the report was published on 22 December 2017.

Why we inspected
This was a planned inspection.

Enforcement
We identified a breach in relation to the governance of the service.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will 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?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always 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.

Windmill Hill Consultants Limited

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 completed by two inspectors.

Service and service type
This is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service had a manager registered with the Care Quality Commission.

Notice of inspection
This inspection was announced. This was to ensure the registered manager was available to support the inspection.

We gave short notice on 13 June 2022 to the registered manager and arranged a video meeting with them for 14 June 2022. A further feedback video meeting took place with them on 20 June 2022. We visited the registered manager's office on 22 June 2022.

Inspection activity started on 13 June 2022 and ended on 22 June 2022.

What we did before the inspection
We reviewed the information we had received about the service since registration. We contacted the Local Authority and asked for feedback from them. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We used technology such as video calls and telephone calls to enable us to engage with people using the service and staff. We used electronic file sharing to enable us to review documentation.

During this time, we spoke with the registered manager – who is the director of the business and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. In this report, we refer to this person as the registered manager.

We also spoke with the finance manager and administration manager. We spoke and gained feedback from seven staff and seven people and relatives.

We reviewed a range of records. This included three care plans and medication administering information, risk and health management records and daily notes. We reviewed four staff's employment records and staff training and competency assessments. We reviewed policies and procedures and quality monitoring records the registered manager used to assure themselves people received a safe service.

Requires Improvement

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 Good. At this inspection this has deteriorated to Requires Improvement. This meant people were not consistently safe and protected from avoidable harm.

Using medicines safely

● Improvements were needed to ensure staff supported people to take their prescribed medicines in line with best practices issued by the National Institute for Clinical Excellence (NICE). Trained staff supported most people with their medicines using pharmacy labelled packs or pharmacy prepared Monitored Dosage Systems (which included 'blister packs'). However, a few people's medicines had been 'secondary dispensed' into multi-compartment aids, which had no pharmacy label. This meant staff were not taking medicines from pharmacy labelled packs and were unable to check what they were administering against the medication administration record (MAR) they were signing. This posed potential risks to people because staff could not be assured of what they were administering to people.

● We discussed the potential risks of the 'secondary dispensing' practices with the registered manager who took immediate action. They assured us they would have discussions with relatives and going forward staff would only administer people's medicines from pharmacy labelled packages.

● People's MARs did not always contain information to support the safe administration of medicine by staff. For example, MARs did not always list the medication name and / or dosage to be given. Whilst there was no evidence that people had been given the wrong medicine, this was not in line with safe administration or the provider's own medication policy. The registered manager took immediate action to ensure MARs contained the information required.

● Where medicine was prescribed 'when required' or a variable dosage was prescribed we found no protocol with the medication administration information to guide staff. For example, when the medicine should be administered or how to determine what variable dosage should be administered. Best practice is to have protocols in place so guidance is available to staff to ensure consistency and where people cannot inform staff.

Assessing risk, safety monitoring and management

● People and their relatives felt staff had the skills they needed to support them safely. Overall, our findings supported this. However, we identified some areas where improvements were needed.

● Moving and handling training did not consistently give staff the skills or knowledge they needed to keep people safe. One staff member told us they had physically lifted a person, using an underarm lift, from the floor. This posed risks of avoidable harm and is a condemned lifting technique not supported by recognised moving and handling trainers.

● Most staff told us they had completed an 'online moving and handling' training session but none had received any practical training in the use of using equipment in their current job. One staff member told us, "I started my job about five months ago, and I am new to care work. I've not done any online moving and handling training or any practical training. Another care worker just showed me how to move a person I support who is bed bound using equipment."

● During our inspection we discussed our concerns about moving and handling practices with the registered manager. They took immediate action to arrange taught knowledge and practical training sessions for all their staff. The registered manager told us, "Going forward, myself and two other staff will complete the moving and handling train the trainer qualification and be able to train and competency assess staff."
● Staff knew people they supported well and managed identified risks. However, improvements were needed to the information in risk management in people's plans of care. Whilst risks were listed and assessed as low, medium or high, there was no further information to inform staff about the actions they should take to reduce risks of harm or injury. For example, where a person was described as having unsteady mobility no further guidance was in place for staff to follow.

Preventing and controlling infection
● People and relatives spoken with were satisfied with the cleanliness of staff and their use of personal protective equipment (PPE). One person told us, "Staff look clean and tidy, they wear overshoes in my house which I like." Staff had access to PPE.
● People and relatives told us staff wore face masks, to reduce the risks of cross infection related to COVID-19, if this was their wish. The registered manager told us staff were guided by people and relatives and followed their wishes. However, this was not recorded in people's plans of care and there was no risk assessment in place where face masks were not worn by staff.
● There was an infection prevention and control policy available to staff and staff had completed infection prevention training. However, this did not include information specifically related to COVID-19. Staff had not received training, or competency assessments, in Coronavirus or 'donning and doffing' PPE.
● The registered manager acknowledged they did not currently undertake best practice donning and doffing competency assessments on staff, but assured us they had shared government guidance with staff during the pandemic, which staff confirmed.

Staffing and recruitment
● Overall, records showed staff had been recruited in a safe way. For example, Disclosure and Barring Services (DBS), identity checks and references had been undertaken by the registered manager, which enabled them to make informed choices in staff recruitment.
● Some employment records had gaps in information. This included whether DBS checks had been enhanced so as to reveal full information as required when working in health and social care. Where references had been verbally obtained by the registered manager these were not always recorded. Gaps in employment records had not always been recorded.
● Two staff told us they had undertaken 'shadowing shifts' prior to starting employment with the service. We looked to check dates but found no evidence of staff having contracts of employment. The registered manager told us staff had 'Care Worker Agreements' in place instead. 'Care Worker Agreements' were not always dated or signed and it was therefore unclear when some staff had commenced their employment. The registered manager assured us staff only undertook shadowing shifts after starting employment with them.

Systems and processes to safeguard people from the risk of abuse
● People felt safe and protected from the risks of abuse when their care calls took place. One person told us, "I feel safe with the girls (staff)." And one relative told us, "We feel safe with them in our relation's home."
● The provider had a safeguarding people from abuse policy which informed staff what actions they should take if abuse was suspected. One staff member told us, "I would report any concerns to my manager."
● The registered manager told us they understood their responsibilities to notify external agencies including the local authority and Care Quality Commission (CQC) of certain events, which included allegations of abuse. The registered manager told us there had been no safeguarding concerns to report.

Learning lessons when things go wrong

● The registered manager had a system to review accidents and incidents so lessons could be learned. However, we found one fall we were told about was not recorded which meant the opportunity to learn lessons and mitigate reoccurrence was missed.

● The registered manager told us that in growing their business they increasingly recognised the importance of robust initial assessments. They explained initially they had wanted to take all requests for their services but recognised the importance of ensuring they had the staff with the necessary skills to meet people's needs. They did not take accept people with needs outside of their areas of expertise.

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 Good and has remained Good at this inspection. This meant people's outcomes were good, and people's feedback confirmed this, the information available to staff about people was effective.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law
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. 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 from the Court of Protection.
- People were supported in their own homes and they were not restricted by staff in how they lived their lives.
- People and their relatives confirmed staff gained their consent before supporting them with personal care or administering prescribed medicines to them.
- Staff understood the importance of gaining consent and one staff member told us, "I always gain consent before starting my tasks."
- Within people's initial assessment of needs, mental capacity assessments had been completed by the registered manager. Of the four reviewed, one person's assessment described them as having 'varying capacity' but did not give further information to staff to guide them. The registered manager assured us this would be added.

Staff support: induction, training, skills and experience
- Staff completed an induction which included shadowing shifts with experienced staff. One staff member told us, "The shadowing shifts were really useful in getting to know what to do."
- Staff had access to complete online training which included the care certificate. The care certificate is a nationally recognised qualification in health and social care.
- People and staff felt they had the skills they needed for their role, but we found some gaps in staff's knowledge and skills. Following our feedback about this, immediate action was taken by the registered manager and we have further reported on this in our safe and well led section of this report.
- The registered manager undertook competency assessment checks on staff skills. We have further reported on this in our well led sections of this report.
- Staff felt supported in their role. One staff member told us, "This is the best care job I've had. The

managers are very supportive."

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

● People were supported with meals and drinks when this was a part of their agreed care. One person told us, "Staff get my breakfast for me and help with drinks, I am happy with what they do."

● Dietary intake records were kept when needed. Where concerns had been identified about people's low food or fluid intake, staff recorded information on this.

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

● The registered manager and staff worked within guidance from other healthcare professionals including GPs and the community nursing team.

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 Good and has remained Good at this inspection. 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; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives consistently gave positive feedback about the service they received. One person told us, "I've had experience with other care companies which enables me to compare. I'd say, without a doubt, these staff are very caring, they come with a positive attitude and are happy which makes a big difference when receiving care."
- Staff demonstrated a caring approach. One staff member told us, "In my time with Windmill Hill Care, I have seen the team go above and beyond to help the clients and their families, and each other. It is a happy and friendly place to work, we have great leadership, wonderful clients and I for one would never work for anyone else." Another staff member told us, "I always make sure the people I support have what they need."
- People and their relatives were involved in making decisions about their care. One person told us, "The manager came to my house to discuss my needs, and then they came with the staff to show them exactly what to do."
- The registered manager had a caring approach toward people's care. They told us, "I don't feel it is fair to send new staff to people and expect the person to keep telling them where things are or how to do things. So, I make sure staff work alongside other staff or myself getting to know people before working alone."
- Compliments about the services had been made by people and relatives. One person told us, "This is the best caring company I've experienced."

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy. One staff member told us, "When supporting a person with personal care, we would always cover them with a towel, not leaving them naked. Make sure the curtains are pulled across and always talk with the person telling them what is happening."
- People confirmed they felt staff respected their privacy and dignity. One person told us, "I feel happy with them, they give me the help needed with washing."
- People's independence was promoted. Staff told us they encouraged people to make decisions about their day to day care. One staff member told us, "Encourage the client to do as much as they can themselves and that they have any equipment that will help them to be as independent as possible."

Requires Improvement

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 Good. At this inspection this has deteriorated to Requires Improvement. This meant people's needs were not consistently met through good organisation and delivery.

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 their can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and were documented in their plans of care. However, these did not always contain detailed and up to date guidance for staff to refer to if needed to enable them to communicate effectively with a person if they had a sensory impairment. For example, one person's 'communication' section described them as having 'no needs' but a later section about 'mobility' described this person as sometimes not understanding instructions due to their healthcare condition. Whilst staff spoken with could tell us they used slow and clear speech with this person and met their communication needs, the plan of care did not detail this as needed.
- Another person who had sensory impairments was described as enjoying conversation. However, their plan of care did not inform staff how best to achieve effective communication given this person's visual and hearing impairments.

End of life care and support

- End of life care and palliative care and support was offered by the provider. The registered manager told us no one was currently receiving end of life care, but palliative care was being provided. Palliative care is given where a person may have a life-limiting health condition.
- End of life care and palliative care planning was not in place. We reviewed one person's care plan who we had been told was receiving palliative care. We found there was no palliative care plan to inform staff of this person's wishes. A section of their care plan called 'death and dying' recorded this person's current needs as 'none'. There were no objectives and no actions for staff to refer to.
- Other care plans reviewed did not include any information about advance plans for end of life care. There was no information recorded to tell staff whether or not people had valid ReSPECT forms in place and where these were located in case needed urgently. A ReSPECT form is a legal document containing details about advance care planning. The registered manager told us families often found this a difficult area to discuss and it was something they intended to work on.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Initial assessments of people's care and support needs took place. The registered manager and

administration manager told us they recognised the importance of initial assessments. The administration manager was responsible for planning staff undertaking care calls. They told us they understood the importance of having consistent staff available to people and to meet people's preferences shared during their initial assessment.

● People and their relatives felt involved in the ongoing planning their care. People's day to day care and support met their individual needs and preferences. One relative told us, "Staff sometimes arrive at my relative's house and they don't want to get up immediately. Instead of rushing my mother, they make her a cup of tea in bed, tidy around, then she is ready to get up after her cup of tea. We are so lucky to have this care company."

● People had an individual plan of care, health assessment and an 'overview' of care tasks available to staff. These gave staff basic information on the tasks they needed to support people with. Consistent staff knew people they supported well, and this enabled them to be responsive to their needs.

● Collaborative working between the registered manager and community nurse team had led to positive outcomes. For example, one person's risk of falls had been reduced by them accessing a new healthcare product, which meant they did not have to get out of bed during the night-time.

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's plans of care gave details about their hobbies and interests. One person's plan of care informed staff about their love of cricket and staff were aware of this.

● As well as the regulated activity of personal care and support, people, or their relatives, could purchase other services from the provider if they wished to. For example, shopping and household tasks such as cleaning were offered.

Improving care quality in response to complaints or concerns

● People and their relatives told us they had no current complaints or concerns about the services they received. They were complimentary about the staff and management.

● The provider had a complaints policy which was made available to people and their relatives. The registered manager told us they had not received any complaints.

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 Good. At this inspection this has deteriorated to Requires Improvement. This meant the service was not consistently managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

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

- Some quality checks were in place and were recorded. However, these had not identified issues we found where improvement was needed. For example, where staff administered people's medicines and recorded this on a medication administration record (MAR), the MAR did not always list the medication name or dosage to be administered.
- Medication audits had not identified the potential risks related to 'secondary dispensing'. This is where medicine is taken from a labelled pharmacy pack and 'secondary dispensed' into an unlabelled 'pill pot'. Staff were not following the provider's medication policy in checking medicines being administered to people were those listed on their medication administration record. This was not in line with safe practices related to the safe handling of medication ad outlined by the National Institute of Clinical Excellence (NICE).

- The registered manager's quality assurance systems were not always robust in ensuring lessons were learned. For example, accidents and incidents were recorded and analysis took place. However, one incident involving an unsafe moving and handling practice could not be recalled by the registered manager and meant risks of reoccurrence were not mitigated because action had not been taken.
- Other quality checks completed by the registered manager were informal and not recorded. For example, no formal recorded audits took place to ensure care plans contained all the current information needed for staff to refer to.
- Governance systems required improvement to ensure care records were kept up to date. For example, some people's plans of care referred to them self-administering their medication, but staff were administering to them and not always in line with safe practice. Another person's plan of care referred to a moving and handling piece of equipment in place but not being needed by them. Their daily notes referred to staff using this equipment and a staff member spoken with during our inspection confirmed this.
- Improvements were needed by the registered manager in their competency assessment of staff's skills to ensure training staff completed gave them the skills and knowledge they needed. Competency assessment records were basic and did not detail tasks observed or what knowledge had been checked. For example, one member of staff told us they had completed an online first aid course but when we asked what action they would take for a scald they described action that could increase skin damage.

Whilst we found no evidence to suggest people had been harmed in any way by the issues we identified, we found they posed potential risks of avoidable harm.
This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014

● People and their relatives told us they had not experienced any missed care calls or late care calls outside of their agreed slot times. The registered manager told us they had no care call monitoring system and said people they currently supported, or the person they lived with, would be able to contact the office if needed. The office manager added that going forward they were looking to implement an 'app' that would enable care call monitoring.

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 aware of their legal responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives told us they were asked for feedback and shared consistently positive feedback with us about the service they received.
● The registered manager had sent surveys to people for their feedback on the service. However, overall analysis of feedback did not take place. The registered manager told us this was because if they received anything that needed attention, it would be dealt with by them immediately.

Continuous learning and improving care; Working in partnership with others
● The registered manager had recently 're-validated' their registration as a nurse. As a part of their re-validation, they had worked with community nurses and for example, had updated their skills and knowledge, on continence care.
● The registered manager worked in partnership with other healthcare professionals involved in people's care. This included GPs and local community nurses.
● The administration manager had started their Level 5 Care Leadership and Management Diploma with a view to having greater future governance involvement in the family business in the future. This is a standard aimed at managers working in health and social care. It guides and assesses development of knowledge, understanding and skills in management practice within health and social care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not always been established or operated effectively to assess, monitor or improve the quality and safety of the services provided in the carrying on of the regulated activity. Risks to the health, safety and welfare of service users were not always assessed, recorded or mitigated.