Mr Ghulam Haider

Windsor House Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

Windsor House is a care home in the Standish area of Wigan, Greater Manchester. The home is registered with the Care Quality Commission (CQC) to provide personal care for up to 16 people. The home is located in a residential area and accommodation is provided over two floors. There were 12 people living at Windsor House on the day of our inspection.

We last visited the home on 13 August 2013 and found the home was meeting the requirements of the regulations, in all the areas we looked at.

Summary of findings

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 with regards to infection control. You can see what action we told the provider to take at the back of the full version of the report.

People told us they were happy living in the home and felt safe in the presence of staff. Whilst undertaking a tour of the building, we encountered several instances of uncleanliness and poor practice with regards to infection control within the home. This could affect people's safety.

The manager had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS are laws protecting people who are unable to make decisions for themselves. There were no DoLS currently in place at the home, however the manager knew the correct procedures to follow to ensure people's rights were protected. Staff had received training in the MCA and DoLS which was recorded on the training matrix.

On the day of our inspection the staffing team consisted of the registered manager, a senior carer, a care assistant, the chef and a domestic member of staff. This was to provide care and support to 12 people. The manager told us staffing levels would be increased when the home reached full occupancy or increased further.

Staff felt supported and understood the ethos and values of the home. They felt they could raise any issues and they would be dealt with. One staff member said, "We all work together as a team to give the best quality care possible. If we think we can improve it in any way we just say and they listen."

There were systems in place to monitor and review accidents, incidents and complaints. The manager told us they monitored staff training using a training matrix, which identified when updates were required for staff.

We saw the home followed safe recruitment practices which meant people were kept safe as suitable staff were employed, and appropriate checks undertaken.

People's care records showed their needs had been assessed and were regularly reviewed. They showed the support people needed and how they wished to be helped in their daily lives.

People we spoke with and their relatives said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon.

Leadership in the home was good. The manager worked alongside staff overseeing the care given and provided support and guidance where needed.

Summary of findings

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

Not all aspects of the service were safe. We found the home to be unclean in certain areas and some infection control procedures were poor.

All the people we spoke with told us they were well looked after and felt safe in the home. Relatives said their family members were kept safe and they were satisfied with the care provided.

Staff had received safeguarding training and had a good understanding of what abuse was and knew the correct action to take if they suspected abuse had taken place.

Is the service effective?

Good

The service was effective. People and their relatives told us they had been involved in decisions about their care and were kept informed. We found people's needs had been assessed and individual preferences and choices were recorded in their care plans. We saw people were supported to maintain good health and access healthcare services when required.

We saw staff involved people in decisions about their daily care, such as where they wanted to have their meals or if they wanted a bath or a shower.

We saw staff had access to sufficient training and received an induction when they first began working at the home. This enabled staff to meet people they were going to care for, undertake any necessary training and read various policies and procedures.

Is the service caring?

Good

The service was caring. We spent time in the communal areas and observed staff interactions with people who lived in the home. We saw staff were patient and considerate with people. They took time to explain things so people knew what was happening and enabled people to go at their own pace so they were not rushed.

We saw staff interacted with people during different parts of the day. For example, saying hello to people by name when they came into the room or walking with people in an unhurried manner chatting and often having a laugh and joke with them. People we spoke with told us the staff knew them well and gave them the support and care they needed.

We saw examples which showed staff respected people's privacy such as knocking on people's doors before entering rooms. Relatives said they felt their family member's privacy and dignity was respected.

Summary of findings

Is the service responsive?

Good

The service was responsive. We saw people were involved in decisions about their care, as were their relatives who could provide information about the person's history as they had often been the person's carer. This was reflected in the care records we saw and discussions we had with relatives.

Throughout our inspection we found people's preferences and personal choices were respected by staff.

People told us they knew how to make a complaint and were confident that any issues raised would be dealt with. We saw records of complaints that had been made. All had been thoroughly investigated and responded to with a written response given to the complainant.

Is the service well-led?

Good

The service was well-led.

We saw the manager worked with staff and provided support and guidance where needed. Relatives told us the home was well run and said the manager was approachable and listened to their views. One relative said, "The manager is good and keeps us up to date with things. I think they run a good home."

Staff, people who lived at the home and relatives we spoke with told us they felt supported by the manager and that they felt comfortable sharing any issues or concerns with them. They felt confident they would be listened to and action taken where necessary.

Windsor House Care Home

Detailed findings

Background to this inspection

We visited the home on 24 July 2014. Our inspection team was made up of an 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.

At the time of the inspection there were 12 people using the service. During the day we spoke with five people who lived at the home, four relatives and four members of staff. We were able to look around the building and viewed records relating to the running of the home and the care of people who lived there.

We were able to speak with people in communal areas and their personal rooms. Throughout the day we observed care provided in all areas of the home. We observed the main meal of the day in the main dining room of the home.

We carried out a Short Observational Framework for Inspection over the lunch time period in the nursing unit of the home. SOFI is a specific way of observing care to help us understand the experience of people using the service who could not express their views to us.

Before the inspection we reviewed all the information we held about the home. We also liaised with external providers including the safeguarding and commissioning at Wigan local authority.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. Comments from people and their relatives about their safety included; "I love it here. I feel very safe" and "My relatives safety is my main priority. I have no concerns about that" and "Staff always come quickly when I need them. That helps me feel safe".

Whilst undertaking a tour of the building, we encountered several instances of uncleanliness and poor practice with regards to infection control. We observed the down stairs toilet and bathroom to be dirty. There was dirt and dust on the staircase and windows sills on the stairway, which lead to the second floor of the home. We observed one foot operated bin for the disposal of paper towels was broken. We observed there was a lack of guidance for staff in toilets and bathrooms, with regards to using appropriate hand hygiene techniques. These issues presented the risk of infection to people living at the home. This meant there had been a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with the domestic member of staff during our inspection who was contracted to work 17 hours per week. We were told; "There is a lot to get through in such a short space of time. I must admit I am pushed. I can only do what I can do in the time I have". We raised our concerns with the manager who told us following our inspection, she would contact the infection control team at the local authority to undertake a full audit of the home, with additional training to be provided for all staff.

During our inspection we observed a safety gate in the lounge to be continuously left open by staff. The gate was there to prevent people potentially falling down the stairs. This posed a risk to people as they manoeuvred around the building, as there were three small steps on the other side which presented a hazard. The kitchen door, which was also a fire door, was also wedged open throughout the day. This meant it would not be able to close in the event of a fire. The manager told us this was due to the hot weather on the day of the inspection but would raise the issue with staff.

We observed that staff used safe moving and handling procedures when assisting people with poor mobility. One person chose to spend the majority of time in their bedroom and required hoisting by two members of staff. We observed this transfer taking place during our inspection. The transfer was carried out safely and sensitively with staff members ensuring the person was told what was happening throughout which appeared to keep them calm.

We saw risk assessments had been completed to make sure people were able to receive support and care with minimum risk to themselves and others. Some of the risk assessments held in people's files related to falls, nutrition, moving and handling and pressure sores. Where people were identified as 'at risk' there were guidelines for staff to follow to help keep people safe. For example, we read how one person needed support from staff when standing up to stop them from falling. We observed this was done by staff whenever this person moved from their chair.

On the day of our inspection the staffing team consisted of the registered manager, a senior carer, a care assistant, the chef and a domestic member of staff. This was to provide care and support to 12 people. The manager told us staffing levels would be increased when the home reached full occupancy or increased further. We spent time observing care during different parts of the day. We observed people being given their medication, assisted to the toilet, assisted to walk and transferred from their seat. We saw staff responded well when people required assistance and that people did not have to wait long. We spoke with the two members of care staff on the day of our inspection. One told us; "It's hectic at times I am answering the door, unblocking toilets and it can be mayhem". Another member of staff said "Throughout the day when we have only 12 residents in its ok, when the other four come back we will need more and the manager is aware of this".

Staff were clear about what could constitute abuse and how to report concerns. Staff were confident any allegations would be taken seriously and fully investigated to make sure people who lived at the home were protected. One member of staff told us; "I have not come across anything yet with regards to abuse. I am confident it would be dealt with and have the phone numbers of other parties if I ever need them".

Staff we spoke with were up to date with current good practice around safeguarding vulnerable adults and with reporting procedures. Staff told us they had received

Requires Improvement

Is the service safe?

training in recognising and reporting abuse. Records seen confirmed all staff received this training during their induction and also undertook a periodic refresher course to keep their knowledge updated.

The home had a robust recruitment procedure. During the inspection we looked at the personnel files for four members of staff including care staff, kitchen staff and domestic staff. We saw all potential employees completed an application form which gave details about the person and their previous employment. The home carried out interviews, sought references from previous employers and carried out DBS (Disclosure Barring Service) checks before people started work.

Staff had received training in the Mental Capacity Act 2005 and most staff had an understanding of people's legal rights. Training records seen showed staff had completed the appropriate training in line with this topic to ensure they had an understanding of people's rights and choices which effected their daily lives.

Good

Is the service effective?

Our findings

People we spoke with told us they had been involved in decisions about their care and were kept informed of any changes to their care. One person did not know about their care plan, but said staff talked with them about their care and always gave them full answers to any questions they had. Another person said to us; "My daughter takes care of that for me. She is very involved".

Relatives told us the home involved them in their family member's care and kept them informed of any changes such as the outcome of GP visits. Some described the assessment process they had taken part in which identified the person's needs before they moved into the home. Most of the relatives said they had been involved in developing their family member's care plan and we saw evidence of this in the care records we reviewed. One relative said, "I read the care plan and notes most days when I come in. I know her (family member) best and they involve me in everything. I only have praise for this home".

We reviewed three people's care records. We saw people's needs had been assessed and individual preferences and choices were recorded in their care plans. For example, one person's record about their personal hygiene routine stated they liked a shave every other day and a bath in the evening. Care plans clearly explained how people wanted staff to support them and the tasks they must undertake. The information was easy to access and well organised and staff told us they found the care plans gave them the information they needed to ensure people received the care in the way they preferred.

During our observations, we saw staff involved people in decisions about their daily care, such as where they wanted to have their meals or if they wanted to join in with the activities. One person was unable to communicate and staff described the different body language and signs they used to communicate their needs. Another person chose to eat in their bedroom and told us all they had to do was press the call bell, and staff brought them their meal.

The chef set the menus which were devised on a rota and offered a choice of meals to people. The menu for the week was displayed in the dining room. The chef said he spoke with each person daily to find out what they would like to eat for each meal and alternatives were offered. We observed this took place over the lunch period. The chef had a good knowledge of people's likes and dislikes and had developed a good rapport with people. People we spoke with praised the chef and the food. Comments included " I love my eggs on toast". Another person had eggs and bacon for breakfast and his favourite was fish fingers. A further person told us; "The chef always says to us that we can have whatever we want whilst living here".

Care records showed an assessment of people's nutrition and hydration needs was carried out, and dietetic advice was accessed when required. We observed the lunch time period at the home. We saw people were given the assistance they required with their meals such as prompting, or one-to-one support from staff if required. People were offered hot and cold drinks and asked if they wanted second helpings. Portion sizes were good and the meal provided looked tasty and hot. Staff encouraged people with their meals, but also promoted people's independence by giving them time to try and manage by themselves and by not intervening too quickly.

We saw people were supported to maintain good health and access healthcare services when required. Care records showed people received visits from a range of healthcare professionals such as GPs, district nurses, chiropodists, opticians and the memory clinic. In one of the care records we reviewed there was detailed information about a specific condition the person had that meant they were unable to communicate verbally. This included signs and symptoms which would indicate to staff that the person needed assistance. We saw from the records that when people's needs changed staff responded promptly and made appropriate referrals to health care services. For example, staff identified one person had swallowing difficulties. A speech and language therapy (SALT) referral was made and the person now had their food blended to ensure they were able to consume it safely. We observed this was carried out by staff at lunch time. This information was also clearly recorded in their care plan.

We saw people's bedrooms were comfortable and personalised with pictures and photographs of their loved ones. We observed the building had sufficient disabled access at the front of the building, with a passenger lift available to access the second floor. People we spoke with told us they liked their rooms and had brought in some of their own furniture to make their room more like it had been in their own home.

Good

Is the service effective?

People told us they received enough to eat and drink and we saw staff brought drinks for people throughout the day. We spoke with one person at approximately 9.30am who had not yet had their breakfast. We spoke with this person and they told us this was their choice and that they enjoyed the flexibility to get up when they chose and eat when they wanted. This person also preferred to stay in their bedroom and told us all they had to do was ring the call bell when they wanted their food bringing to their room by staff.

We spoke with staff during our inspection to ensure they received sufficient support to help them carry out their job role effectively. We looked at the staff induction which focussed on the principles of care, understanding the role and organisation, maintaining safety, effective communication and abuse/neglect. Each member of staff we spoke with confirmed they undertook the company induction when they first started working at the home. One member of staff commented; "You get a formal introduction when you start. You also get to go around and meet the residents and look at the important policies and procedures". The staff we spoke with confirmed they had access to regular supervision and appraisal from their manager. One member of staff said; "They always take place".

We looked at the training available to staff to support them in their job role. Training undertaken by staff included moving and handling, safeguarding, mental capacity act, DoLS, health and safety and dementia awareness. Each member of staff we spoke to was satisfied with the training and support on offer.

Good

Is the service caring?

Our findings

We saw staff were caring and treated people with compassion and kindness. We spent time in the communal areas and observed staff interactions with people who lived in the home. We saw staff were patient and considerate with people. They took time to explain things so people knew what was happening and enabled people to go at their own pace so they were not rushed. For example, we saw staff using the hoist for one person to ensure they were transferred safely. Staff spoke to each person throughout the procedure reassuring them and explaining what they needed to do to help, such as asking them to "hold onto the frame." The process was unhurried and staff made sure the person's dignity was preserved throughout the transfer by adjusting their clothing and using blankets to cover them.

We saw staff interacted with people when they had chance and spoke to them with courtesy. For example, saying hello to people by name when they came into the room or walking with people in an unhurried manner whilst chatting and often having a laugh and joke with them. We saw staff knelt or crouched down to talk with people so they were on the same level. One staff member spent time with a person who was not able to communicate. We read in this person's care plan that they must be prompted to go to the toilet due them being unaware of when they needed to go there. We observed a member of staff say to this person, in a calming voice; "Shall we go for a little walk to the toilet to make sure you are ok".

We saw staff respected people's privacy, for example by knocking on people's doors before entering rooms. People were well dressed and well groomed. We observed on person had food spilled on their clothing, however they told us it did not bother them. Staff ensured any personal care was discussed discreetly with people and carried out in private. For example, we saw staff approached one person and spoke quietly with them before assisting them to go to the bathroom. Another person told us they were asked for their choice of a male or female carer. This person said to us; " At first I did not want a male but he is very nice and very respectful".

Relatives we spoke with said they felt their family member's privacy and dignity was respected. One relative said this was in the way staff spoke with people as well as the way they treated them when they visited. Staff we spoke with provided good examples of how they ensured people's privacy and dignity was respected such as ensuring people were covered up when providing personal care or assisting them to the toilet when required.

Staff recognised the importance of maintaining people's independence and described how they did this. For example, not intervening straight away to provide personal care, and enabling people to try first. One relative told us they felt the home encouraged their family member to be independent but help was there if they needed it. They said, "My relative has improved a lot since living here. They have really persevered in order to improve their quality of life. My relative doesn't have the greatest mobility, but staff allow her to have a go and always walk alongside to ensure their safety".

We saw the manager and provider worked alongside staff in the home and knew people and their relatives well. Relatives we spoke with felt communication was good and that they could make their views known to the provider and manager at any time. We saw there were communication sheets in each person's care file where comments made by people or their relatives were recorded as well as any action taken in response.

The people we spoke with made comment about how they felt staff were caring. One person said "They are very kind they have a chat and ask how I am feeling" Another said "When my family come they are very kind to them they give them refreshments ". Another said "Staff have a very caring attitude".

Good

Is the service responsive?

Our findings

We looked at three people's care records and saw people's individual needs had been assessed and were regularly reviewed. Care plans were personalised and up to date.

They showed the support people needed and how they wished to be helped in carrying out their daily lives. Daily records showed the care people had received and how they had spent their days, which included activities they had been involved in and any visitors they had received.

Relatives we spoke with said the manager kept them informed about their relatives care and always discussed any issues or changes with them. We spoke with family members and asked if they felt the home was responsive to their relative's needs. One family member said to us; "I have no problems with the home. It's small and that makes it feel like home and more personal. They get my relative anything they need. My relative isn't the biggest eater but the staff are aware of that and take appropriate action to ensure they eat enough. Nothing is too much for the staff".

Throughout our inspection we found people were provided with choices and options which affected their lives, which staff responded to. One person who lived at the home said they could go to bed and get up when they wanted. Another person said they were able to have two eggs on toast every day as it was their favourite meal. A further person said they could decide whether or not they wanted to join in with the activities.

The home employed an activity co-ordinator who organised activities for people and visited the home three days a week. The other days were covered by care staff. Information about the daily activities was displayed on a board in the lounge. Some of the activities on offer included quizzes, exercises to music, dominoes and sing-alongs. The activity co-ordinator organised some board games for people in the afternoon and offered people the chance to sit in the garden. Other people who did not participate spent their time in other ways. We saw one person was reading a magazine and others were listening to music. A further person told us, "There's plenty going on." One relative told us their family member enjoyed joining in with the sing-alongs and looked forward to it. In addition, there were trips out which were arranged by the home. A visitor also told us how they liked to take there relative out for the day at the weekends when they got chance.

The relatives we spoke with told us they could visit at any time. Relatives said they were always made welcome. The manager told us the majority of people who lived in the home had friends or relatives who kept in touch. We saw information was available to people about the home and other services they may wish to access. For example, there was a copy of the last inspection report, the home's statement of purpose and leaflets and newsletters. This meant people were kept informed and could access information without having to request it.

People we spoke with and their relatives said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon. We looked at the complaints held on file which had been made against the home. The records showed the action that had been taken in response to the concerns raised and how the outcome had been fedback to the person who had raised the issue. This showed people's concerns were listened to, taken seriously and responded to promptly.

None of the relatives or people living at the home we spoke with had felt the need to complain or raise any formal concerns. They told us they were aware of how to make a complaint and felt confident these would be listened to and acted upon.

We found the home was responsive to the spiritual needs of people who lived at the home. Two female lay preachers visited the home from a nearby church every month to offer a service to those who wished to take part. A family member organised visits from a priest for those people who were Catholic.

Good

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager had been in place for two years and staff spoke very positively about their management and leadership of the home. The registered manager was also previously the deputy manager, and as a result had developed good relationships with staff and people who lived at Windsor House.

There were a range of audits and systems put in place in by the manager to monitor the quality of the service being provided. This enabled the management to continually develop the service and ensure quality care and support was being provided for people. We looked at a sample of these which covered areas such as care plans and medication. We saw action had been taken if any discrepancies were identified. For example, there had been signatures missing from a person's nutritional risk assessment and this had been addressed with the staff involved by the manager. During our inspection we did not see any infection control audits or any other systems to monitor the general cleanliness of the building. This could have highlighted the areas we found where cleanliness and infection control practice was poor.

There were systems in place to monitor and review accidents, incidents and complaints. The manager told us they monitored staff training using a training matrix, which identified when updates were required for staff. Where an accident had occurred, we found an action plan had then been created to prevent repeat incidents and keep people safe.

People who lived at the home and relatives we spoke with told us they felt supported by the manager and they felt confident to raise any issues they had with them. One relative said, "We can raise anything with the manager. Day to day issues get sorted quickly. The manager is very good".

Surveys/ questionnaires had been completed by relatives who visited the home. This was confirmed by talking with relatives during our inspection. The manager analysed any suggestions or negative comments and acted upon them to ensure the home continually developed to provide quality care for people. The manager told us they were currently in the process of developing a survey to send to people who lived at the home.

Staff told us they were supported and felt comfortable to approach the manager at any time if they wanted to discuss issues. One staff member said, "She is really good. I feel I could go and talk to her about anything at any time." Staff meetings were held every few months to involve, consult and include them and their ideas to develop to continually improve the care provided. We saw the manager worked with staff and provided support and guidance where needed. Relatives told us the home was well run and said the manager was approachable and listened to their views. One relative said, "The manager is good and keeps us up to date with things. I think they run a good home."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **We found the home did not protect people against the risks associated with cleanliness and infection control.**