Windsar Care Limited

# Windsor Care Centre

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Windsor Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

Windsor Care Centre can accommodate up to 72 people across two floors, each of which has separate adapted facilities. The service provides care to older adults. People live in their own bedrooms and have access to communal facilities such as a bathrooms, lounges and activities areas.

Windsor Care Centre is also part of the 'Trusted Assessor' scheme. The scheme aims to reduce the numbers and waiting times of people awaiting discharge from hospital and help them to move from hospital back home or to another setting speedily, effectively and safely. At the time of our inspection, there were 42 people living at the service.

The provider is required to have a registered manager as part of their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, there was a registered manager in post.

This is our first inspection of the service since the provider registered with us on 6 March 2017.

People and relatives told us staff were caring, kind and compassionate. Some of the comments included, "Staff are kind, considerate, helpful and usually cheerful" and "So far they (staff) have been very good, kind and understanding."

Staff had good knowledge of people's care and support needs. People were treated with dignity; respect and their privacy was protected. People's independence was promoted and their family and friends told us they had free access to them with no restrictions.

People and relatives felt they were kept safe from abuse. Staff were aware of their responsibilities to keep people safe from harm and abuse. People's personal safety had been assessed and plans were in place to minimise them. There were sufficient numbers of suitable staff to support people to stay safe and robust recruitment practices were in place. Medicines were administered safely by competent staff and people were kept safe from infection.

People were supported to have maximum choice and control of their lives. The service was compliant with Mental Capacity Act and its codes of practice.

People's needs and choices were assessed and care; treatment and support delivered to achieve effective

outcomes. Staff respected people's religious and cultural beliefs to ensure they did not discriminate against them when making care and support decisions. We have made a recommendation for the service to seek current guidance in relation to protected characteristics under the Equality Act 2010.

People and relatives felt staff were skilled and experienced. Staff were appropriately inducted; trained and supervised. However, we have made a recommendation for the service to seek current guidance and best practice in relation to dementia training for staff. The service worked pro-actively with other health and social care professionals to ensure people's nutritional and health needs were met.

Most people felt they were supported to follow their interests and take in social activities. However, we have made recommendation for the service to seek current guidance and best practice on the provision of activities for people living with and without dementia. People or those who represented them could contribute to the planning of care, treatment and support. This ensured people's plans of care were developed to meet their specific care and support needs. We saw plans of care and identified risks were regularly reviewed for their effectiveness.

People and relatives knew how to raise concerns and complaints were responded to appropriately. The service was compliant with the accessible information but this did not occur on a consistent basis. We have made a recommendation for the service to seek current guidance on meeting all aspects of the accessible information standard (AIS). To enable them to meet the communication needs of people with disability or sensory impairments.

People, relatives and staff spoke positively about the management of the service. We observed management were visible and easily accessible to people, relatives and staff during our visit. There were effective quality assurance systems in place to monitor the safety and quality of the service provided. People were given the opportunity to express their opinions about different aspects of the service. A joined-up approach by all key agencies to ensure people who came to the service from hospital under the 'Trusted Assessor' scheme received safe, effective, caring, responsive and well-managed care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People said they felt safe and staff knew how to keep them safe.

People's personal safety had been assessed and plans were in place to minimise identified risks.

There were sufficient numbers of suitable staff to support people to stay safe and robust recruitment practices were in place. Medicines were administered safely.

### Is the service effective?

Good

The service was effective.

The service complied with the Mental Capacity Act 2005 and its codes of practice.

Staff were appropriately inducted; trained and supervised.

People's needs and choices were assessed and staff respected people's religious and cultural beliefs to ensure they did not discriminate against them.

The service worked pro-actively with other health and social care professionals to ensure people's nutritional and health needs were met.

### Is the service caring?

Good

The service was caring.

People and relatives told us staff were caring, kind and compassionate.

Staff had good knowledge of people's care and support needs.

People were treated with dignity; respect and their privacy was protected.

People's independence was promoted and their family and

friends had free access to visit them with no restrictions.

## Is the service responsive?

Good

The service was responsive.

Most people felt they were supported to follow their interests and take in social activities.

People received person-centred care and knew how to raise concerns.

The service was compliant with parts of the accessible information standard. We have made a recommendation.

## Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke positively about the management of the service.

There were effective quality assurance systems in place to monitor the safety and quality of the service provided.

People were given the opportunity to express their opinions about different aspects of the service.

A joined-up approach by all key agencies ensured people who came to the service from hospital received safe, effective, caring, responsive and well-managed care.

# Windsor Care Centre

**Detailed findings**

## Background to this inspection

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

The inspection was unannounced and took place on 5 and 6 April 2018. The inspection team consisted of one inspector, a specialist advisor whose specialism was in dementia care and one 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.

We used information the provider sent us in the Provider Information Return. Providers are requested to complete a provider information return (PIR) form. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it. We contacted community health professionals, local authority commissioners and clinical commissioning groups to seek their views about people's care. The feedback received is reflected in this report.

During our inspection we spoke with five people; two relatives; the chef; two care workers; two registered nurses, the deputy manager and registered manager. We reviewed five care records; 10 medicine administration records; four staff records and records relating to the management of the service.

Good

# Is the service safe?

## Our findings

People and relatives felt they were kept safe from abuse. Comments included, "Yes, why shouldn't I be (safe from abuse). I would speak to a member of staff", "Yes, I have no problems", "Oh yes! I haven't had any problems where I didn't feel safe." A relative commented, "Yes, it is quite safe, although staff are a bit light on the ground. If I had a problem with mum's care I would speak to the registered manager or the deputy manager."

Staff were aware of their responsibilities to keep people safe from harm and abuse. They demonstrated a good understanding of what to do in the event there were allegations of abuse and how to report them. Training records confirmed staff had received the relevant training. A safeguarding policy was in place to ensure staff were aware of the correct procedures to follow when dealing with allegations of abuse. The service's whistleblowing policy was in place to guide staff on what they should do if they wanted to report poor work practices. We noted both these policies were up to date and easily accessible to staff. The provider reported all safeguarding incidents to the relevant local authority and to us. We found appropriate action was taken when alleged safeguarding incidents had occurred. This showed people were protected from abuse and avoidable harm.

People felt risks with their care and support were managed positively. Comments included, "I am still in a lot of pain. They (staff) assist me to move from bed to chair and to bathroom. I take it very easy", "I have this frame which is quite stable and I can sit as well as walk. I use to use a stick but this is better" and "I'm not very mobile at present. They (staff) check often to see I'm ok."

Risks to people's personal safety had been assessed and plans were in place to minimise them. A registered nurse commented, "From hospital assessments we will identify risks and put management plans in place. We review care plans and risk assessments once a month." This was confirmed by our view of care records which showed risk assessments covered various areas such as falls; moving and handling; malnutrition and skin integrity. We found these were person-centred; proportionate and regularly reviewed.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. For example, people had personal emergency evacuation plans (PEEPs) for emergency use. These were placed in a fire safety folder; easily accessible and detailed important information staff should be aware of in the event people needed to be evacuated.

People and their relatives gave feedback on whether there were sufficient staffing numbers to meet their care and support needs. Comments included, "Regular staff?  In a fashion yes. There are staff around to help me, it all depends on who you get. Most are pleasant and helpful", "Yes. I know most of the people (staff) who come into my room", "Yes, very few changes", "Staff are very nice. Lots of students come in." A relative commented, "There are regular staff most of the time. Weekends, not so much."

The service made sure there were sufficient numbers of suitable staff to support people to stay safe and meet their needs. This was confirmed by our view of the staff rosters for both the ground and first floor. Care

records showed the service regularly reviewed the staffing levels and adapted them to people's changing needs.

Recruitment systems in place made sure the right staff were recruited to support people to stay safe. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. This was carried out as standard practice.

People and their relatives gave feedback about medicine administration. Comments included, "Yes, all explained (what their medicines were for). I haven't had any for a couple of days. When relief staff come in its not so good", "Yes, I have an inhaler and tablets which they (staff) bring to me. They ask regularly if I need pain killers", "I don't take much medication, just when needed", "They (staff) bring my medication (we observed this during our conversation with the person)", "They (staff) do handle my medication and I am quite happy." Relatives told us they had no concerns with their family members' medicines.

Peoples' medicines were managed and administered safely. There was a clear process for the prescription, ordering, receiving and disposal of medications. Staff managed medicines consistently and safely and kept accurate medicines records. A registered nurse commented, "I have to make sure medicines are given to the right person; at the right time and respect people's right to refuse."

The service recognised when people were able to manage their own prescribed medicines or over the counter medicines. We saw that appropriate protocols were in place in this respect. If medicines were required the GP was contacted and the script produced and medicines were obtained so that people were not disadvantaged. A 'medication systems audit' was undertaken on 12 January 2018. The provider had completed an action plan in response to the issues that had been identified. We noted these had now been addressed. We saw there were no medicine incidents in the last five months. Training records confirmed staff had attended the relevant training and their competency to administer medicines was regularly checked.

People and their relatives gave their thoughts on the cleanliness of the home. Comments included, "Everywhere is kept clean. Yes, they (staff) do wash their hands and wear aprons and gloves", "Everywhere is kept clean. When they change my pads or help me wash", "I haven't noticed. I don't use the bath, my choice", "Spotless! They (staff) wear gloves and aprons", "I can't criticise that. I see them (staff) wash their hands often", "The home is kept quite clean."

People were protected by the prevention and control of infection. Staff were aware of their responsibilities to maintain cleanliness and hygiene. A registered nurse told us care workers were not allowed to wear gloves and aprons whilst walking along the corridors. This was supported by a care worker who commented, "After patient care, all gloves and aprons are disposed of. No gloves and aprons are allowed on the corridors." We observed the home was clean and kept tidy throughout our visit.

Good

# Is the service effective?

## Our findings

Windsor Care Centre (WCC) was funded by a local commissioning group (CCG) to carry out assessments under a 'trusted assessor' scheme. The aim of the scheme was to reduce the numbers and waiting times of people awaiting discharge from hospital and help them to move from hospital back home or to another setting speedily, effectively and safely. The home worked in partnership the CCG, a local hospital; health and social care professionals and the wider intermediate care teams to provide care with nursing for individuals (including those living with dementia) and people who required 24 hour overview by a registered nurse during their
multi-agency assessment. This included the delivery of individually tailored rehabilitation; re-enablement or maintenance programmes. For instance, people who were unable to weight bear for extended periods.

We saw assessments of needs were comprehensive and expected outcomes were identified with care being regularly reviewed and updated. The trusted assessor responsible for assessing people at the local hospital and referring them to WCC commented, "I have a very good relationship between the staff at WCC, they do trust my assessment and we have honest discussions about patients, there have been issues where patients have arrived late from hospital without medication and together we have tried to resolve this." This meant people's needs and choices were assessed and care; treatment and support delivered to achieve effective outcomes.

Staff told us they respected people's religious and cultural beliefs to ensure they did not discriminate against them when making care and support decisions. A staff member commented, "I treat them (people) the way I want someone to treat me, that's what I am always thinking when I'm working." Whilst another staff member commented, "We have received relevant training. We have residents from different cultures. We respect their food choices and religious beliefs." Staff training records confirmed they had attended equality and diversity training. However; we found no work had been undertaken with staff in regards to providing care to people whose sexual attraction was towards their own sex, the opposite sex or more than one sex. This was acknowledged by the registered manager.

We recommend the service seek current guidance in relation to protected characteristics under the Equality Act 2010.

People and their relatives felt staff were skilled and experienced. Comments included, "They (staff) are quite experienced from what I've observed", "I suppose so. I haven't given it much thought, I'm well looked after", "I often help them (staff). They are quite experienced in general", "Very skilled and whenever I need them (staff), they will come" and "I would describe them (staff) as conscientious. If I was in a pickle I would trust all of them."

Staff spoke positively about their induction; training and supervision. A review of staff files showed inductions were completed before staff could work independently with people. Training records confirmed staff received training that was either up to date; in the process of being refreshed and covered a range of topics. However, we saw some practice which showed further dementia training was required. For instance,

we observed staff on the dementia unit approaching people from behind and pulling them away in another direction from where they were walking.

We recommend the service seek best practice and current guidance in relation to dementia training for staff.

Supervision records showed staff attended regular meetings with their line manager that enabled them to discuss any training needs or concerns. This showed people received supported from staff were appropriately supported.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the service worked within the principles of the MCA. Staff were knowledgeable about how to provide care to people who lacked capacity to make specific decisions. For instance a care worker when referring to what the MCA was commented, "Its protection for people with dementia or those who lack ability to make decisions for themselves, so that carers won't do anything against their will." We saw appropriate DoLS applications were applied for; awaiting authorisation or were approved. Any conditions on authorisations to deprive a person of their liberty were met.

People and their relatives confirmed their permission was sought before care was carried out. Comments included. "They (staff) always ask, staff are very good", "They (staff) explain what they are doing and make sure I'm happy", "They (staff) ask permission before doing anything" and "Usually they ask permission." Care records showed people's consent was sought for various aspects of care. Where people lacked capacity to give consent, care records documented who had legal powers to act on their behalf. As well as best interest decision meetings took place where people's relatives did not have legal powers. This meant people's human rights were respected and taken into consideration.

People were supported to eat and drink enough to maintain a balance diet. We heard various comments from people and their relatives such as, "Quite good (the food). I wouldn't say its extra special, there's plenty to drink. I am on no special diet", "There are choices, meals are good but I don't have much of an appetite. Oh yes, drinks are available at all times", "I can't say its wonderful. It's not home cooking but its served very nicely. Drinks are brought around and a jug of water put in my room", "The food is reasonable. I have (food supplement) as I have a small appetite but food is available most of the time. They (staff) replenish drinks regularly", "Unfortunately mostly soft drinks, no gin and tonic. The food is pretty good, if anything to lavish in quantity and snacks are available" and "Tea and biscuits are brought around. The water jug in her room is filled daily and there are drinks in the lounge area. The food is not up to much and I am not sure about snacks."

Care records detailed interventions that were required for people who required their food and fluid intake to be monitored. Where people were on specific diets or had allergies these were clearly documented. A health professional when commenting about people's nutritional needs told us, "They (staff) also advocate healthy eating and make nutritional meal plans for the residents." This meant people were supported to have

adequate nutrition and hydration.

The service worked pro-actively with other health and social care professionals to ensure people's health needs were met. This included amongst others, weekly GP visits; dentist visits; physiotherapists; occupational therapists and speech and language therapist input. Care records documented their involvement and work undertaken to ensure people received good health outcomes.

Good

# Is the service caring?

## Our findings

People and relatives told us staff were caring, kind and compassionate. Comments included, "Staff are kind, considerate, helpful and usually cheerful", "So far they (staff) have been very good, kind and understanding", "They are very kind", "(Staff) Friendly, helpful and kind. How they keep so cheerful I don't know", "Oh yes! Nothing is too much trouble for them" and "On the whole staff are okay."

Staff interacted and supported people with care and due diligence. We heard one person telling a care worker that they were like family even though there was a little language barrier between them.

Staff spoke with knowledge about the people they provided care and support to. They told us about people's medical conditions; preferences; and family backgrounds which was supported by our view of care records. A relative who commented, "They (staff) have an understanding of (family member's) likes and dislikes." This meant people received care and support from staff who had got to know them well.

People and relatives told us staff made them feel like they mattered. Comments included, "Everyone (staff) is very friendly, you don't feel like you're not welcome", "They (staff) are very good with my visitors and offer them a cup of tea", "They (staff) are welcoming and friendly. When they bring in tea they ask my visitors if they would like one too" and "You only have to watch them (staff) to see how attentive they are." This was supported by staff comments which included, "I always talk to them (people) and enjoy listening to their memories about certain events" and "We reassure them (people and their relatives) that their opinions matter. We explain what we are going to do and check to see if they are happy."

People and their relatives confirmed staff protected they dignity and treated them with respect. Comments included, "I can manage my own personal care. They (staff) will knock before coming in", "They (staff) knock and call out before coming in saying, 'Hello X can I come and change your water' and 'Is there anything you need?'", "I don't need personal care. Yes, they (staff) knock before coming in", "They always close doors and call me by name. Lovely people" and "They (staff) close the doors and curtains and knock and wait to be asked in."

The relationships between staff and people who received care and support demonstrated people were treated with dignity and respect. A staff member told us, "Personal care is carried out protecting people's privacy. We make sure residents are comfortable and ask them what they want, shower or bath and what clothes they want to wear." Staff explained that information about people were kept confidential and discussions about people were held discreetly and in closed environments. We noted care records and other documents relating to people's care were kept in line with the Data Protection Act.

People said they were supported to be independent. Comments include, "I can do a few more things for myself now, I am getting stronger" and "As much as I can be (independent) now." This was supported in the care records viewed and by what staff had told us.

People stated they had free access to their relatives and friends. Comments included, "They never restrict

what I want to do. My relatives come often and are always made welcome" and "My friends come in often. They can come in whenever they want."

Good

# Is the service responsive?

## Our findings

Most people felt they were supported to follow their interests and take part in social activities. Comments included, "I did have my hair done yesterday. I do some of the activities but mostly prefer my own space", "I love dancing and walking. I go outside, usually with a friend", "They (staff) have offered to take me into the lounge but I am still in pain, so prefer to stay in my room. I have friends who come in every day" and "I take her (family member) out in her wheelchair, she enjoys the dancing and singing." However, some people expressed their dissatisfaction with some aspects of the activities on offer. Comments received included, "I don't like the endless music, it can be very noisy. There are activities but not really aimed at people with no mind problems. For example, skittles?" and "Sometimes the activities can be quite noisy, so I spend time in my room. The activities can be quite basic. I have family who take me out."

We observed the activity sessions during the day and saw that although some people were enjoying the sessions, there was little stimulation for people who had capacity and the noise levels during the sessions were also very high. This meant anyone who just wanted to relax in the lounge wouldn't have been comfortable. During the afternoon people were seated in the garden. The activities co-ordinator was using a microphone to communicate which again was very loud and distressing to those people who wanted to stay in the lounge. We fed this back to the registered manager who took on board our feedback and informed us they had recently recruited a second activity co-ordinator. We noted regular church services were held and there were visits from entertainers.

We recommend the service seek current guidance and best practice on the provision of activities for people living with and without dementia.

People had their needs assessed before they joined the service. Information was sought from the person, their relatives and other professionals involved in their care. Information from assessments informed the plan of care and covered people's physical; mental; personal histories; preferences and social needs. People felt involved in this process for instance one person commented, "I came in on my own back. Everything was covered such as my preferences." This was confirmed by our view of care records which documented amongst others, what people preferences were for meals and drink; bed times; whether they liked to have a bath or shower and whether they liked to join in the activities on offer. This ensured the service could be responsive to their care and support needs.

People and their relatives felt the service met their specific needs. Comments included, "Yes, everyone (staff) is very helpful and attentive" and "If my health got worse, I am sure they would respond."

People's needs and identified risks were regularly reviewed unless there were significant changes in their care, treatment and support needs. A registered nurse commented, "We have meetings with families and sometimes social workers are present. We ask for their views and listen to their concerns." This meant people or those who represented them could contribute to the planning of care, treatment and support.

Handover between staff at the start of each shift ensured that important information was shared, acted

upon where necessary and recorded to ensure people's progress was monitored.

We looked to see if the service acted in accordance with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. In the provider information return form submitted to us, we asked the provider to give examples of how they met the AIS. The registered manager responded that the AIS was not applicable to the service because they 'did not have clients with special needs now'. However, the service did provide care to people who had physical disabilities such as hearing impairments or who were blind and partially sighted. One person told us, "I am blind which is why curtains are drawn because the light affects me." Care records viewed showed the service did document people's communication needs. However, it was did not consistently document how they should be supported; how the relevant information should be flagged, shared with relevant staff and health and social care professionals.

We recommend the provider seek current guidance on meeting all aspects of the accessible information standard.

People and relatives knew how to raise concerns and felt that the service would take their concerns seriously and respond appropriately. The service's complaint's policy was visibly displayed throughout the home and was also available in different languages. We viewed complaints received and saw appropriate action was taken.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. A registered nurse explained how they supported people who were at the end stages of life. They commented, "We respect their end of life wishes. We speak to the GP to see how we can minimise their pain. We spend time with them and reassure them as their emotional, psychological support is important."

Good

# Is the service well-led?

## Our findings

People and relatives spoke positively about the leadership of the service. Comments included, "I have no complaints. They (management) do a good job and staff get on well together", "I am not sure (about how well the service was managed). I know who is who, all (management and staff) work well together and all are very nice to me", "Management are lovely. It's a good establishment. I never want for anything", "There have been a few people (management) around. I am not sure who they are but it seems to be well run" and "Reasonably well run. Staff get on well together."

Staff felt supported by management and said they worked well as a team. Comments included, "We are supported by management (registered manager and deputy manager). All staff work well as a team and support each other" and "They (registered manager and deputy manager) are good managers and respond quickly to problems." Staff told us they felt comfortable to discuss any concerns with management and would not hesitate to report poor work practices.

During our visit we observed management were visible and accessible to staff, people who used the service and their relatives. Monthly audits were completed that covered areas such as, care plans; falls and accidents; hospital admissions; fire safety; infection control; nutrition; medicines; staff training and supervision; staffing; recruitment and complaints. Where issues were identified appropriate actions were taken. This meant systems and processes in place helped the service identify where quality and safety was being compromised.

Staff told us team meetings enabled them to be kept up to date with any changes and were aware of their roles and responsibilities. We viewed minutes of meetings which confirmed this.

The service had a statement of purpose (SOP). This described what the service did; where they did it and who they did it for.

There is a legal requirement for providers to be open and transparent. We call this duty of candour (DoC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers must undertake a number of actions. We checked if the service was meeting the requirements of this regulation. We found where there were notifiable incidents the registered manager met the conditions of the DoC.

As part of the 'Trusted Assessor' scheme the service worked in partnership with key organisations including, local authorities; safeguarding teams; and clinical commissioning groups and multidisciplinary teams, to support care provision and provide joined up care. Weekly multi-disciplinary meetings covered quality standards, performance and contract monitoring. These highlighted any required actions and the persons responsible to address them. A report to evaluate the commissioned service dated September 2017 showed positive outcomes were achieved for people who were discharged from hospital to the service. It stated, "Windsor Care Centre gave feedback questionnaires to all patients and their family, these reports were shared with the CCG on the quality visits to the home. Generally, the reports showed very favourable

outcomes with patients and families being very happy at the level of care that they received."

Where there were further areas for improvement we saw a joined-up approach by all key agencies to ensure people who came to the service from hospital under the 'Trusted Assessor' scheme received safe, effective, caring, responsive and well-managed care.

People and those important to them had opportunities to feedback their views about the service and quality of the service they received. Completed family satisfaction surveys dated May 2017 showed relatives felt their family members were treated good. One relative commented, "Everything for mum was perfect!" Residents Survey dated June 2017 showed people's views about the service was regularly sought. We saw action plans put in in place in response to areas people thought needed further improvement and explanations to clarify services on offer. This meant people were given the opportunity to express their opinions about different aspects of the service.