

Mr Kumarasingham Dharmasingham

# Windermere Rest Home

## Inspection report

23-25 Windermere Road  
Southend On Sea  
Essex  
SS1 2RF

Tel: 01702303647

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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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Windermere Rest Home is a small privately-owned care home. The service can provide care and accommodation for up to ten older people. At the time of our visit nine people were being accommodated. People living in Windermere Rest Home may have care needs associated with living with dementia.

People's experience of using the service:

The service did not have robust infection control and cleaning procedures in place.

There were lapses in the documentation relating to the checking of equipment used to lift people.

Systems for governance and oversight were not sufficiently robust to address the issues highlighted at inspection.

Staff had been recruited safely with the appropriate recruitment checks. People spoke positively about the staff and registered manager. Staff had the appropriate training.

Medication was managed safely.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis.

The manager responded to complaints received in a timely manner. Support was given to people at the end of their life.

We recommend that the PRN protocols are kept with the medication administration charts for staff to follow and that the advice given in audits is followed.

We recommend the provider considers making the environment more dementia friendly when planning any refurbishment. For example, the use of brighter colours and changing door colours to help people living with

dementia navigate themselves around the service.

We recommend the registered manager reviews activities on offer and matches these with the needs of the people living at the service, while considering some people would benefit from one to one activities.

Rating at last inspection: Good (report published 4 October 2016)

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

Enforcement: We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment and good governance: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Windermere Rest Home

## Detailed findings

### Background to this inspection

#### The 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 was planned to check 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.

#### Inspection Team:

The inspection was carried out by one inspector.

#### Service and service type:

Windermere Rest Home provides care for up to 10 older people, some of whom may be living with dementia. The service had a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection took place on the 15 April 2019 and was unannounced.

#### What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). 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 previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with six people and observed interactions with staff. We spoke with the registered manager and two care workers. We reviewed two care files, two recruitment files and records held in relation to the running of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Some regulations may or may not have been met.

### Preventing and controlling infection

- There were not robust infection control procedures in place. We found visible dirt in places around the service. A door frame appeared to be smeared with faecal matter. A cleaner on duty did not identify this as needing to be cleaned nor did the staff address this. We showed this area of concern to the manager.
- A bedroom we entered had a strong odour of urine. The registered manager told us that the carpet needed replacing, however this had not been arranged at the time of inspection.
- Cleaning schedules were in place, however these appeared to cover basic cleaning tasks, there was no deep cleaning of rooms provided such as shampooing of carpets.
- The kitchen had received a four-star rating from the local council inspection. A recommendation from their report was for antibacterial hand wash to be available in the kitchen but this had not been actioned. The registered manager told us they only had the soap the provider supplied.

### Assessing risk, safety monitoring and management

- It is a requirement under Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) Regulation 9 that equipment used to lift people or an accessory is thoroughly examined every six months. We found a gap in the services records that some equipment had not been tested or examined for eight months. We also found records of testing had limited evidence available of equipment that was tested. Due to this we could not be reassured that regular checks and maintenance of equipment was happening.
- A care plan we reviewed did not contain sufficient information of how to support a person who required a hoist. For example, the documentation did not contain the information of type of hoist, type of sling, which loops to use. The registered manager agreed to add this to the care plan.
- When detailed information is not available to staff in care plans this places people at increased risk.

The above demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

- Staff had access to personal protective equipment (PPE) such as disposable aprons and gloves, and we saw that these were used by staff when supporting people with personal care.
- We saw regular checks were maintained of fire safety equipment.
- Risk assessments were in place to assess people's risks of falls; pressure area care and nutrition, where appropriate care plans were in place to support people.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "The staff are kind, I am looked after okay." Another person told us, "The staff are brilliant to me."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- Staff knew how to 'whistle blow' and raise concerns outside of the organisation. One member of staff told us, "I would report anything to my manager, if it was not dealt with I would go to outside organisations like the local authority."
- The manager clearly displayed guidance and posters external to the organisation that people or staff could contact if they had concerns about abuse.
- The manager knew how to raise concerns with the local safeguarding authority and would work with them to investigate these and ensure people were kept safe.

#### Staffing and recruitment

- The registered manager told us that they used a dependency tool to calculate staffing numbers. ● Due to a recent reduction in people using the service staffing numbers had been reduced. However, when more people had been admitted to the service staff numbers had not been increased immediately.
- People told us that the staff worked very hard and that, "They had a lot to do." Some people told us that they felt they needed more staff due to some people requiring more support. The registered manager told us that from next week staffing numbers were increasing.
- The registered manager completed the required recruitment checks on staff before they began working at the service including obtaining references and a Disclosure and Barring check.

#### Using medicines safely

- People received their medication safely and when they needed it. One person told us, "The staff give me my medication morning and night."
- PRN protocols were kept in people's care records, and not easily accessible for staff to refer to.
- We saw regular audits were completed of medication including from the pharmacy provider, however where actions had been identified, these had not been completed.

We recommend that the PRN protocols are kept with the medication administration charts for staff to follow and that the advice given in audits is followed.

#### Learning lessons when things go wrong

- The registered manager told us that they had a handover meeting every day to discuss any issues at the service or lessons learned.
- We reviewed the accident and incident book and saw no accidents had been recorded since last year. The registered manager told us there had not been any.





# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There were assessments of people's needs in place which included their likes dislikes and preferences. For example, it identified the gender a person preferred to receive support from.

Staff support: induction, training, skills and experience

- Staff told us they received support to obtain the skills they needed to provide care.
- One member of staff told us, "I have recently completed training on diabetes, food hygiene and dementia awareness."
- New staff to the service had a full induction including three to five days shadowing more experienced staff.
- Staff received supervision from the registered manager to provide support and had an annual appraisal of their performance.

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

- People were very complimentary of the food and told us they had enough to eat and drink.
- One person told us, "They always bring me a jug of juice when I want it and bring me cups of tea." Another person said, "I like all the food we get a choice and there is always plenty."
- Staff catered for people's likes and dislikes and specific dietary requirements. One person told us, "I have issues chewing so they make me food that is easy to eat."
- Staff completed nutritional assessments and monitored people's weight. Where necessary support and advice was sought from the GP.

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

- The service was provided over two floors in a converted house in the local community.
- Areas of the service needed redecoration, there was peeling and chipped paintwork on skirting boards and there was damp and peeling paint work in a downstairs communal toilet.
- The garden was small with bin bags piled next to a full bin and old equipment was stored that was no longer in use.
- The registered manager told us that the rubbish was due for collection, however this did not address that the storage container was too small. They said they would arrange for the old equipment to be collected.
- We asked the registered manager if there were any plans to redecorate and address the issues we had highlighted. We were informed the provider would be doing this work in the summer.
- The service was painted throughout in neutral colours of magnolia and all the doors were the same dark wood. Corridors were dark with dark pattern carpets throughout.

We recommend the provider considers making the environment more dementia friendly when planning any refurbishment. For example, the use of brighter colours and changing door colours to help people living with dementia navigate themselves around the service.

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

- People were registered with a GP and staff contacted the GP when people needed health reviews. One person told us, "The staff call the GP if we need them."
- The service had support from the district nurse service when needed, and the registered manager arranged for people to have optician, dentist and foot health appointments when required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS.
- Appropriate applications had been made to the local authority for DoLS assessments.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy living at the service. One person told us, "Staff treat me nicely with respect."
- Staff and people had good relationships and people were relaxed in the company of staff holding conversations with them.
- Staff took time to support people as individual's dependent on their needs. When people were anxious staff were quick to offer reassurance.
- Staff were respectful of people's individual equality and diversity requirements.

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

- Staff respected people as individuals and supported their decisions. One person told us, "I sometimes prefer to stay in my room it is my choice and the staff respect this."
- People told us that they had care plans and these had been discussed with the staff.
- We saw people and relatives were involved in discussions about their care and where necessary we saw advocates had been involved to support people. An advocate is an independent person who can support people with important decisions about their care and ensure that their best interest is being protected.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. People were supported as individuals one member of staff told us, "We give people time and do not rush them to complete their care needs as they like to maintain their independence."
- Some people were only at the service for short periods of respite following hospital care before they returned to their own homes.
- People were supported to remain in contact with friends and family using their own telephones, the service telephone and through use of the internet.
- Relatives were encouraged to visit outside of mealtimes, however the registered manager explained there were not any other restrictions.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Before people were admitted to the service a pre-admission assessment was completed to ensure their needs could be met.
- Full assessments and care plans were completed and reviewed every month to update them
- The registered manager had considered how to meet people's information and communication needs and was complying with the Accessible Information Standard. Staff could explain people's communication styles and we saw people were able to express their needs.
- Some people could follow their own interests at the service. One person told us, "I tend to spend my time watching films on my tablet." Another person told us, "I have the newspaper and I am happy reading that, sometimes I watch television."
- We saw there was limited activities provided for most people at the service. The registered manager told us they had a member of staff for an hour each morning to do activities as people tended to sleep after lunch.
- One person told us that they wished they could go out in a wheelchair as they could not walk.

We recommend the registered manager reviews activities on offer and matches these with the needs of the people living at the service, while considering some people would benefit from one to one activities.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place but told us they generally did not get any complaints. People we spoke with told us they would talk to the manager if they did have any complaints.

End of life care and support

- There was not any end of life care currently being provided at the service. The registered manager told us they would make links with the district nurse and palliative care team if this became a need.
- Some people's wishes for resuscitation had been discussed with them and where appropriate their wishes were recorded.

# 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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

### Continuous learning and improving care

- The registered manager did not work towards continually improving care. For example, an audit completed by a pharmacy provider had not been acted upon. It was recommended the service added covert medication to their medicine policies and kept PRN protocols with the medication charts, however this had not been done.
- Following the local council food hygiene inspection, it was recommended antibacterial hand wash be used in the kitchen, however this was not in place.
- Although audits were completed they did not identify the issues we found during inspection such as the incomplete care plan to safely use a hoist.
- The registered manager had not ensured equipment checks were completed within the correct timeframes as directed by LOLER regulations.
- The environment had not been well maintained for people with areas needing updating and redecorating.
- The registered manager sent out questionnaires to people, relatives, staff and other health professionals to gain their feedback. Although questionnaires were completed there was no overall analysis of these questionnaires.
- The registered manager needed to implement better systems to give them a clearer understanding and oversight of the service.

The above demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had continued to implement person centred risk assessments and care plans.
- People told us they were happy living at the service and had good relationships with the staff.
- The registered manager sent statutory notification as required of specific incidents.

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

- The registered manager and staff were clear about their roles to provide care and support to people.
- Staff felt supported by the registered manager who spent time working with staff to provide care.
- Staff shared the managers vision to provide good care. One member of staff said, "We want to provide a

homely atmosphere where people feel happy."

- The registered manager completed the PIR which provides information on the service to the CQC and displayed their latest report rating.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked in partnership with other health care professionals such as district nurses to ensure people's healthcare needs were met.
- The registered manager told us that they implemented any changes into people's care plans directly, and considered people's equality characteristics.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Improvements required with infection control procedures. Equipment for lifting must be tested every six months in line with regulations. Care plans must clearly document how to use lifting equipment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered manager did not have systems and processes in place that operated effectively to assess, monitor and improve the quality of the service.