

Windyedge Care Home Care Home Service

Windyedge Cottage Residential Home
55a Strathmore Avenue
Forfar
DD8 1ND

Telephone: 01307 468425

Type of inspection:
Unannounced

Completed on:
13 December 2024

Service provided by:
Windyedge Cottage Limited

Service provider number:
SP2023000426

Service no:
CS2023000422

About the service

Windyedge Care Home provides support and care for up to fifteen older people. The home is situated in a residential area within the Angus town of Forfar. The home is close to local amenities and public transport.

The service is in a single-storey property with a purpose-built extension. All bedrooms have an en-suite toilet and wash hand basin. There is a communal lounge and dining room within the home with access to well-maintained garden areas. The service benefits from a summerhouse situated in the car park of the property. There were 14 people living in the home at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 10 and 11 December 2024. One inspector carried out the inspection from the Care Inspectorate.

To prepare for the inspection we viewed information about this service. This included registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- Reviewed online surveys sent out prior to the inspection. We received feedback from nine people using the service, four family members, four staff members and two stakeholders.
- Spoke with eight people using the service.
- Spoke with seven families.
- Spoke with seven staff and management.
- Walked round the building.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- Staff were respectful, patient and kind in their interactions with people.
- Improvements were required to the administration of 'as required' medication.
- Some infection control and prevention practices needed to improve.
- The service was well led.
- Staffing arrangements for the service were working well.
- People benefitted from a warm, clean and comfortable living environment.
- Work was being undertaken to ensure people's personal plans were detailed and person centred.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff were respectful, patient and kind in their interactions with people. This helped people feel valued and at ease. People told us they were well looked after. There was a good rapport between staff and the people they support with lots of fun and appropriate use of humour. One person told us "staff are nice to me, not any bother, very helpful at times" and another person told us they were "very happy with the care and support" they received. Care was being given in accordance with the core values of dignity and respect.

There was a range of activities and social opportunities for people to participate in if they wished. This included arts and crafts, visits from a local nursery and entertainment. The service had access to a shared minibus on a fortnightly basis. We heard examples of several outings people had undertaken such as visits to garden centres and the countryside. People had started to access a community music cafe group. These opportunities enriched people's lives. One visiting professional told us people "always appear happy, entertained and well cared for".

People had been consulted on what their dreams and wishes were. As a result, one person had enjoyed a trip in a vintage car and another person had attended a shopping trip. This contributed positively to people receiving person-centred care.

Staff knew people well and were alert to any changes in people's conditions. As a result, people received interventions quickly, reducing the likelihood of any decline. Families told us communication was good, and they were informed immediately of any changes.

People's health was regularly monitored. This included people's skin condition, weight, oral health, and mobility. This kind of monitoring promoted people's health and ensured that any changes to people's health were identified and responded to quickly. However, we found one person where there had been concerns regarding weight loss, had not been weighed within their recommended timescales. This could lead to a delay in recognising any changes or deterioration of their condition.

The service used a risk assessment to minimise the risk of falls. People could be confident that the service had good management oversight of reducing the risk of falls and that measures were in place to protect them. Where there were restrictions of a person's movement put in place, for example, bed rails or a sensor mat there should be written consent from the person, or their relative/representative. We brought this to the manager's attention and had confidence that this would be addressed.

We observed a mealtime experience. This was positive and people reported that they enjoyed their food. People's dietary likes and dislikes were known and documented within their personal plans. During the meal staff were visible and attentive to people's needs. Snacks and fluids were available for people to freely access, and we saw people were regularly offered fluids and home baking throughout the day. This meant people's dietary and hydration needs were being met.

The service had a medication policy in place and medication audits were carried out. We examined a sample of medication administration records and found areas where improvements were needed. Some medications which were prescribed on an 'as required' basis did not have protocols in place to guide staff

on when and how these are to be used. When 'as required medications' were administered, the record should include the date, time and quantity given, the reason for administration and the result of the outcome. Medication records did not always include this detail. The manager started to address these areas at the time of our inspection, and we had confidence that these would be taken forward. We will follow this up at our next inspection.

We found some infection control processes were not being adhered to. For example, we saw poor practice in relation to spray bottles being reused and some cleaning and laundry practices were not in line with best practice. This put people at risk of infection. This was brought to the manager's attention, who took immediate action.

How good is our leadership? **5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service was well led and benefited from a committed and experienced manager who was focused on supporting the team to deliver good care. One family member told us the manager "really cares that the residents are well cared for and are happy" and another told us "leadership at Windyedge is first class". The manager had a clear understanding of what was working well in the service, and where improvements were needed. The appointment of a Deputy Manager to the home has increased the leadership within the service and will assist the day-to-day management of the service.

Managers were accessible to residents, staff, and visitors. Relatives and staff told us they felt able to raise any issues or concerns with the manager and had confidence that this would be acted on. One family member told us "any concerns or questions I have are addressed quickly and without hesitation". This contributed to people feeling valued and listened to.

The service had an improvement plan in place which gave us confidence that they were committed to continuous improvement for people. A range of quality assurance approaches helped identify service strengths and respond to areas where the service could improve. Plans were in place to introduce a new suite of quality assurance tools and audits to further enhance these processes.

The manager undertook regular informal observations of staff practice; however, they should consider undertaking these more formally. By recording observations, it gives an opportunity to build on staff development and support good outcomes for people. The manager had identified this as an area of development and had plans in place to address this.

Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and learn from events. This supported good outcomes for people and reduced the likelihood of repeat occurrences.

The service regularly evaluated people's experiences of care. People's views about the service were considered during resident and relatives' meetings with a survey. This meant that the service was working in partnership with people to drive forward change and improvement. To make this process more meaningful and drive improvement in the service, we recommended this feedback is incorporated into the service's improvement plan.

A regular newsletter shared relevant and valuable information with families on activities and developments in the home. This helped keep families informed and updated.

Systems were in place to safeguard people's finances and people had access to their money when needed. This promoted choice and a sense of wellbeing for people.

We found the management team responsive, and they effectively addressed issues raised by us during the inspection.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were being cared for by a regular, consistent staff team. This meant people received support and care from people they knew well, which was consistent. Staff were welcoming, warm, and working hard to support people. We observed staff working well together in a supportive and respectful manner.

Staff retention was good, and staff reported feeling valued and were happy working in the service. Some minor team dynamics were evident, but the manager was aware of this and was working to address these. The service should consider how staff can be supported to understand each other's roles.

Staffing levels appeared appropriate at the time of our inspection. Staff were visible and responsive to people's needs. People were not rushed, and staff took time to support people. We saw buzzers were answered quickly and people told us they did not wait long if they needed help. A dependency tool helped to inform the staffing arrangements for the service. This meant staff had time to provide care and support and engage in meaningful interactions with people.

Staff told us they felt supported in their roles and had opportunities for professional development. The service had a training matrix and good overview of staff training. Records were in place evidencing staff had accessed a range of training appropriate to their role. Opportunities for staff to complete professional development awards and SVQ qualifications were available. This meant that people experiencing care could be confident that staff were trained and competent. One visiting professional told us "Staff engage in any training sessions I deliver and show that they are keen and willing".

Systems were in place to support staff development which included access to one-to-one supervision sessions. This helped ensure a competent and confident workforce.

Team meetings and daily staff handovers took place. A wide variety of topics were discussed and captured in meeting minutes. This meant staff were provided with the opportunity to share any ideas or concerns that they had.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People benefitted from a warm, comfortable home. One family told us the home was a "lovely small facility with homely atmosphere" and another told us it was "homely and cosy".

People had a choice of where they wanted to spend their time. Some people enjoyed company in communal areas, whilst others preferred to be in their own rooms.

People's rooms were personalised and homely which promoted each person's experience, dignity, and respect.

Equipment was maintained well, with safety checks being carried out at planned intervals. Cleaning schedules were in place which were regularly audited by the manager. This helped to ensure people were safe and enjoyed a pleasant home environment.

We observed one area of uneven flooring in the hallway which could pose a trip hazard to people. The service had plans in place to replace this.

People benefitted from a well-maintained secure garden which was easily accessible to enjoy in the better weather. There was also a summerhouse at the front of the home.

An environmental improvement plan was in place as part of the service's registration conditions.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Everyone had a personal plan in place with some guidance around the care and support they required. The manager recognised these continued to need further development to ensure they were detailed and personal to the person. We found some plans were detailed with good, personalised information which reflected people's personalities, support needs and preferences however, some plans lacked this level of detail. The management team were actively taking this forward. We reminded the manager of the importance of ensuring documents contained the date of completion to evidence that they were up to date. The provider planned to move to an electronic care plan system

People's care was being reviewed with the regulatory timescales. Families told us that they had been involved in the development and review of their relatives' care and support. One family told us their relative "is always included" and "is respected". This contributed positively to people receiving care and support that was right for them. We found some review meeting minutes to be brief and lacked detail. We brought this to the manager's attention and had confidence that this would be addressed. We will follow this up at our next inspection.

People had anticipatory care plans in place. This ensured people's specific wishes and preferences regarding their care were known should their condition deteriorate.

Daily recordings of care and support were of varying quality, however, we found them to be mostly task orientated and did not reflect people's views or feedback. This had been identified by the management

team who were actively working to address this. We will follow this up at our next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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