

Christopher James Webb

Ingleside Residential Care Home

Inspection report

648 Dorchester Road
Weymouth
Dorset
DT3 5LG

Tel: 01305812667

Website: www.inglesideresidentialhome.com

Date of inspection visit:
17 April 2018

Date of publication:
15 May 2018

Ratings

Overall rating for this service

Good ●

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

This unannounced comprehensive inspection took place on 17 April 2018. We last inspected this home on 2 and 4 February 2016 when it was rated as 'Good' overall. It was rated 'Requires Improvement' in Safe and the provider sent us an action plan detailing how they would bring this key question up to 'Good'.

Ingleside Residential Care Home (referred to in this report as Ingleside) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to accommodate up to 17 older people in one adapted building. Nursing care is not provided by staff at Ingleside. This is provided by the community nursing service. At the time of this inspection in April 2018 there were 15 people living in the home.

Ingleside had a registered manager. 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 our last inspection on 2 and 4 February 2016 we rated this service good overall and requires improvement in Safe. At this inspection on 17 April 2018 we found the evidence continued to support the rating of good overall and the rating in Safe had improved to good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Ingleside provided elderly people living with dementia and other health conditions with accommodation, care and support. People were protected from risks relating to their health, their dementia related behaviours, mobility, medicines, nutrition and possible abuse. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Staff knew how to recognise possible signs of abuse.

Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staffs' knowledge relating to the administration of medicines were regularly checked. Staff told us they felt comfortable raising concerns.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work.

Staffing numbers at the home were sufficient to meet people's needs. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as supervision and appraisal.

People's individual care needs were identified and plans were put in place to guide staff on how to meet these. People's care plans contained detailed person centred information about their needs, histories, preferences and communication styles. People were supported to have enough to eat and drink in ways that met their needs and preferences.

Staff treated people with respect and kindness. There was a warm and pleasant atmosphere at the home where people and staff shared jokes and laughter. Staff knew people and their preferences well. People spoke highly of the care and support they received at Ingleside and the caring nature of the staff. Comments included, "Staff are friendly, kind and caring", "I get a good level of support here, and all staff are kind, caring and respectful" and "The attitudes of staff are caring, friendly and kind. It's never too much trouble when I need help."

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered. The registered manager was working on ways to improve the collection of feedback from people, relatives and staff.

Further information is in the detailed findings below

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 has improved to Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Ingleside Residential Care Home

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 was planned to check whether the provider was 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.

This comprehensive inspection took place on 17 April 2018 and was unannounced. One adult social care inspector carried out this inspection with an expert by experience. An expert by experience is a person who has personal experience of using services or caring for a person who uses services. In this case the expert by experience had experience in caring for a person living with dementia. Prior to the inspection, we reviewed the information we had about the home, including notifications of events the service is required by law to send us.

Some people who lived in Ingleside were able to talk to us about their experience and we therefore spent time speaking with them. We did not conduct a SOFI during this inspection for those who were unable to talk to us. SOFI (Short Observational Framework for Inspection) is a specific way of observing care to help us understand the experience of people who are unable to talk to us. We did, however, use the principles of SOFI when conducting observations around the home.

We looked around the home, spent time with people in the lounges, the dining room and in their bedrooms. We observed how staff interacted with people throughout the inspection and spent time with people over the breakfast, lunchtime and evening meal periods. We spoke with six people and observed the other people who lived in the home being supported by staff. We spoke with one relative, three members of staff, the administrator, the registered manager and the provider. We received feedback from one external healthcare professional.

We looked at the ways in which medicines were recorded, stored and administered to people. We also

looked at the way in which meals were prepared and served. We reviewed in detail the care provided to three people, looking at their files and other records. We reviewed the recruitment files for three staff members and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

Is the service safe?

Our findings

The home continued to provide safe care.

People told us they felt safe. Comments from people included, "Yes I feel safe living here now, as I have had several falls. Staff are always walking past my room making sure I am ok or need any help" and "Living at home was unsafe for me because I had many falls and I could not summon help. Here if I have a fall, staff are here to help me within minutes."

At our previous inspection in February 2016 concerns had been identified with regards to the fire evacuation procedures. Following our inspection an external fire assessment had taken place and the provider had actioned all recommended changes. This ensured people at Ingleside were safe from risks associated with fire safety.

People who lived in Ingleside had a variety of needs relating to their mobility, their dementia related behaviours, their skin integrity, health conditions, nutrition and hydration. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified and staff had used specialist guidance to ensure these risks were minimised. For example, where people posed a risk to themselves and others due to their behaviours, staff had sought specialist guidance. From this, plans and risk assessments had been created and staff had been provided with clear guidance to follow in order to protect people from those risks.

People were protected from risks relating to the management of medicines. All of the people living in Ingleside required support from staff to take their medicines. Where people were able to manage their medicines themselves they were supported to do this. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor. Staff and management carried out regular medicine audits and checked the records daily. This was to ensure people had received their medicines and any potential errors were picked up without delay. Staff had received training in medicines management and had their competencies checked regularly.

People were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns. Staff had received training in this area and had access to information they required should they need it.

Staffing numbers were suitable to meet people's needs and recruitment practices at the home helped ensure that as far as possible, only suitable staff were employed. Staff files showed relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories. This helped protect people from the risks associated with employing unsuitable staff. Staff numbers were sufficient to ensure people were safe from risks and their needs were met.

Accidents and incidents were recorded and where these had taken place the management and staff had discussed these and taken action in order to ensure they did not reoccur.

The home was clean and pleasant. Staff were aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. Training records showed staff had received training in infection control. The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. Each person had a completed personal emergency evacuation plan which detailed how people needed to be supported in the event of an emergency evacuation from the building.

Is the service effective?

Our findings

The home continued to provide people with effective care and support.

People were supported by staff who knew them well and had the skills to meet their needs. One person said "Care staff are good at what they do, are well trained and my healthcare needs are being met daily." Staff had undertaken training in areas which included dementia, Mental Capacity Act 2005, safeguarding, medicine management, health and safety, infection control, food hygiene, first aid and fire safety. Staff training needs were regularly reviewed. Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted.

Staff received supervisions and appraisals. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs.

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. We checked whether the service was working within the principles of the MCA.

The registered manager and staff had undertaken training in the MCA and displayed an understanding of its principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA. They had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. For example, where people required staff to help them administer their medicines and could not make the decision to allow them to do this, best interest decisions had been made. This had been identified as the least restrictive option to ensure the person was safe whilst also respecting their rights where they were unable to make a decision for themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made where applicable, authorisations had been implemented and staff understood these.

People were supported to have enough to eat and drink in ways which met their needs and preferences. People spoke highly of the food which was prepared daily by the provider. People commented the meals were repetitive but all told us it was enjoyable. People were provided with choices and during our inspection we observed people having the choice between meat and fish with vegetables, mash and gravy. People told us they very much enjoyed their meal. The lunchtime meal was served in the dining room and people ate their evening meal in the living room whilst watching the television. People told us they liked this.

People were supported by staff to see external healthcare professionals such as GPs, specialist nurses, occupational health practitioners, social workers and dentists. People were referred to outside professionals without delay and the advice provided by them was listened to and used to plan and deliver people's care.

The registered manager was working on improving the environment to meet the needs of people living with dementia. At the time of our inspection they had purchased new signage to be displayed in order to help people find their way around the home more easily.

Is the service caring?

Our findings

The service continued to be caring.

We received positive feedback from people about the caring nature of staff at Ingleside. People made comments which included, "I get a good level of support here, and all staff are kind, caring and respectful" and "The attitudes of staff are caring, friendly and kind. It's never too much trouble when I need help." A relative said, "I cannot praise the staff enough for their thoughtful, kind and respectful ways with my husband who has been here now nearly 3 years."

Throughout our inspection we observed some very positive interactions between staff and people. We saw people smiling, laughing and sharing terms of endearment with staff. The atmosphere in the home was warm and welcoming and a relative told us they were able to come and visit any time they wanted and always felt comfortable.

People were involved as much as possible in their care and support. Staff encouraged people to make choices in as many areas as possible and people's care plans guided staff on how to promote people's independence and ability to choose. People's care plans highlighted what they were able to do for themselves and how staff were to support this. For example, where people were able to take part in their own personal care, staff were instructed on how to support this. Staff received equality and diversity training to help them to understand and meet people's individual needs.

People's care plans contained large amounts of detail about people and the best way to care for them and communicate with them. These plans also contained a section where staff wrote what they admired and liked about each person. For example, one person's care plan stated: 'Great sense of humour, very thoughtful about other people and hard working.' This demonstrated staff cared for the individual people who lived in Ingleside and enjoyed their personalities and individual attributes.

The registered manager and staff valued people's privacy and respected people's dignity. This was confirmed by our observations and people we spoke with. Care plans contained clear instructions for staff to follow in order to best ensure people's privacy and dignity were respected.

Is the service responsive?

Our findings

The service continued to be responsive.

Staff knew people well and could tell us about people's specific needs, their histories, interests and the support they required. The people who lived in Ingleside at the time of our inspection had a variety of needs and required varying levels of care and support. People's needs had been assessed and from these, care plans had been created for each person. People and their relatives had been involved in the creation and the reviews of these. Each person's care plan was regularly reviewed and updated to reflect their changing needs. For example, staff had identified that one person's hearing was becoming worse. They raised this with the registered manager who organised for the person to be seen by a specialist. The person's care plan was then updated to include new information about their hearing and how staff were to support this.

People's care plans were highly detailed and contained clear information about people's specific needs, their personal preferences, routines, histories and how staff should best support them to live happy, contented lives. Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for the people who had communication difficulties. We did identify that people's care plans were very long and that it took a long time to find information when we were looking for it. The registered manager told us they planned to review the care plans to make important information about people more easily accessible.

People's communication needs were met. The service was complying 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. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. People's care plans contained details about how best to communicate with people and the ways in which people could communicate their feelings, desires and opinions. Staff demonstrated they knew how best to communicate with people.

People had access to activities which met their social care needs. Each person's care plan contained details about their interests and the activities they enjoyed. Staff spent time looking for ways to develop meaningful activities for people and develop and maintain their skills. The registered manager had organised for an activities person to come to the home every afternoon to provide people with enjoyable stimulation. People enjoyed a variety of activities including ball games, crafts, reminiscence, baking and skittles. During our inspection we observed people taking part in activities and showing enjoyment. The registered manager had also organised for external entertainers to come into the home to deliver shows. People had recently enjoyed seeing musicians, birds of prey and a magician. The manager was in the process of further developing the activities people had access to and using people's histories and preferences to create more person-centred choices of entertainment.

A complaints policy was in place at the home. People had access to the complaints procedure and were

encouraged to make complaints should they wish to. People and relatives confirmed they felt comfortable to raise complaints and where they had made some, these had been listened to and responded to. Staff at Ingleside provided people with caring and respectful end of life care based on best practice. A recent thank you card had been written by a relative of a person who had sadly passed away. This read: "The touching gesture that impressed me most was when (Name of person) passed away on (Date the person passed away) your devoted caring staff came into her room and kissed her forehead to say goodbye. Which was quite an emotional time for me."

Is the service well-led?

Our findings

The service continued to be well led.

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. 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.

The leadership of the home consisted of the registered manager, the provider and the administrator. The culture of the service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice. All members of staff we spoke with told us they could approach the management team about any issues and everyone worked openly together. One healthcare professional said "It has good management and a helpful team of staff who work hard to make sure the residents' needs are met."

The home did not hold regular resident, relative or staff meetings. The registered manager told us the approaches they had used in the past had not worked and they were working on introducing new meetings in order to better obtain people's views. At the time of our inspection the registered manager told us their method for obtaining people's, relative's and staff's feedback was to speak to them on a one to one basis. The registered manager told us they would look at more efficient, inclusive and social ways of gaining feedback.

People benefited from a good standard of care because Ingleside had systems in place to assess, monitor and improve the quality and safety of care in the home. A programme of audits and checks were in place to monitor the safety of the premises, care plans, safeguarding, staffing and accidents and incidents. Regular spot checks were carried out and where these measures identified issues, action plans were created and action was taken to improve.

The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.