

Inglewood Residential Rest Home Limited

Inglewood Residential Rest Home

Inspection report

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17 January 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Inglewood Residential Rest Home is a care home providing personal care to up to 31 people aged over 60 and over, some of whom are living with dementia. At the time of the inspection, there were 16 people living at the home. The service accommodates people in an adapted building over 2 floors.

People's experience of using this service and what we found

The provider's systems and processes to monitor and improve the quality and safety of people's care and support were not effective. Risks to people had not always been assessed and mitigated. Staff had not always been provided with clear information and guidance on how to keep people safe. Medicines were not always stored safely. There was no formal system of staff supervision. More needed to be done to adapt the environment to people's needs.

People were supported by enough staff to keep them safe. Checks were completed on the suitability of prospective staff. Accidents and incidents were monitored and related learning shared. People received their medicines from trained staff. Staff knew how to identify and report abuse. Steps were taken to protect people from the risk of infections.

Staff received an induction and training to help them provide effective care. People had support to access healthcare professionals and services. People received support to eat and drink. People's rights under the Mental Capacity Act were understood.

The provider and registered manager promoted a positive culture within the home and worked effectively with external healthcare professionals. Staff felt the management team were supportive.

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 November 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found not enough improvement had been made and the provider remained in breach of regulation.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 14 October 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Inglewood Residential Rest Home on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to the provider's governance systems at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Inglewood Residential 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by 2 inspectors and an Expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Inglewood Residential Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Inglewood Residential Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 January 2023 and ended on 27 January 2023. We visited Inglewood Residential Rest home on the 17 January 2023. Phone calls were made to relatives on 18 January 2023. We undertook phone calls to staff during various dates and remotely reviewed records.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from health professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people living at the home. We used the Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 8 relatives about their experience of the care provided; this was completed over the telephone and 1 relative sent feedback using email.

We spoke with the registered manager, deputy manager, a senior care staff, 3 care staff and a practitioner, whose role included promoting healthy eating and social engagement within the service.

We reviewed and sampled a range of documents. This included the care and health records for 3 people, medication documents for 5 people and 3 staff recruitment files and training records. We also looked at records that related to the management and quality assurance 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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This means 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.

Assessing risk, safety monitoring and management

- Known risks to people had not always been assessed and managed effectively. Risk assessments had been completed in relation to some known risks to people, including risks associated with people's mobility needs, medication and eating and drinking.
- However, where people were assessed to be at high risk of falls, staff had not always been provided with clear information and guidance, in people's support plans or risk assessments, on how to minimise the risk of or prevent falls.
- People at risk of sore skin had monitoring charts in place for staff to record support with repositioning and checks on the condition of people's skin. However, these charts were not consistently completed, indicating people may not receive consistent support and monitoring. This meant people were at increased risk of, developing skin damage.
- People's continence care records also indicated they had not received consistent support with this aspect of their care needs
- However, staff we spoke with were aware of individual risks to people and their role in helping ensure people were safe.

Staffing and recruitment

- People were supported by the required number of staff during the day and night to keep them safe and meet their needs. Agency staff were used due to current staff vacancies. The registered manager worked with an external agency to ensure consistent agency staff were supplied to promote consistency of care. One person told us, "The staff know me well." One staff member told us, "We always have consistent people [agency staff]."
- Recruitment checks were undertaken to ensure prospective staff were suitable to work with people. This included Disclosure and Barring Service (DBS) checks and references to confirm applicants' character and conduct in previous employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was no record of one staff member's DBS check. We discussed this with the registered manager who located the relevant check during the inspection and assured us consistent recruitment records would be maintained.

Learning lessons when things go wrong

- Systems were in place to report, record and investigate incidents and accidents.
- The provider had introduced a new system in October 2022 for the recording and monitoring of accidents and incidents. One staff member told us, "With the new system, it's much better as we can record incidents

now."

- Reviews and investigations into incidents and accidents were used to identify and share learning to reduce the risk of things happening again. We saw investigations into incidents had taken place where required and action from findings implemented for the people involved resulting in updates to care plans and risk assessments.
- Prior to the introduction of this new system, accidents and incidents had not been consistently recorded, meaning opportunities may have been lost to identify learning and minimise risk of re occurrence.

Using medicines safely

- People's medicines were not always stored safely. We observed that whilst a member of staff was administering medication, doses of 2 laxative medicines were left on top of the medicines trolley unattended. We raised this with the registered manager who told us they would speak with the member of staff and raise this issue with all staff at the upcoming team meeting.
- People were supported to take their medication as prescribed by trained staff. The senior care staff who administered medicines had received training in the provider's medicines procedures which included an assessment of their competency.
- Detailed protocols were in place to ensure staff understood when and how to offer people their 'as required' (PRN) medicine. Staff we spoke with were aware of these guidelines on PRN medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and neglect.
- People we spoke with told us they felt safe with the care that was provided to them. One person told us, "I feel very safe living here."
- All relatives we spoke with told us they felt people were safe at the home and their relatives' needs were met.
- People and relatives had contact numbers for the provider and management team and were aware of how to raise any safeguarding concerns they may have.
- Staff had all received safeguarding training and understood how to recognise and report abuse.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting for friends and relatives was seen to be encouraged by the home. During our visit we observed 3 people's family members visit. We observed the environment was friendly and welcoming to visitors attending.

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.

At our previous inspection effective was rated as required improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There was no formal system of one-to-one staff supervision in place. The registered manager confirmed this. This meant there were missed opportunities to review staff performance and identify individual training and continuing development needs.
- Staff had received training to enable them to provide effective care and support. This included training in safeguarding, moving and handling and the use of hoists and pressure care. One member of staff told us, "We [staff] feel the training has been very good and has taught us things we didn't know before."
- New staff had completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme

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

- The premises had not been fully adapted to the needs of people living with dementia. For example, there was no directional signage to key areas and rooms to help people with dementia navigate around the home. There were no memory boxes outside people's bedrooms to orientate people to their personal rooms and encourage meaningful conversations with others.
- We discussed this issue with the registered manager who acknowledged the need to further adapt the premises to people's needs and told us a related action plan was in place.
- People had the equipment they required to safely meet their mobility needs and help them move independently around the home.

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

- People told us staff supported them to access healthcare services as they needed. One person said, "We always can see a health professional if needed."
- Relatives we spoke with told us they were kept informed about any changes in people's health and involved in decisions about access to healthcare services and support.
- The registered manager and staff told us they worked with healthcare professionals to meet people's needs, including a local dietician. The registered manager explained they sought prompt advice, as needed, from the health professionals involved in people's care who knew people well. We saw documents relating to health professionals' visits to the service and evidence advice received had been incorporated into people's care plans.

- We observed a district nurse visiting 1 person. During this visit, staff sought and received advice from the district nurse on how to meet the person's health needs.

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

- People had support to eat and drink enough.
- People spoke positively about the quality and choice of food on offer. One person described the food as 'lovely'.
- Pictorial menus were in place to help people understand the meal options for the day. We did not observe these being used to support people with their decision-making about their meals. However, people told us they were able to choose what they ate and drank.
- Meal options promoted a healthy diet and a selection of nutritional food and snacks were available to people.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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.

- Staff had received training on how to protect people's rights under the MCA and were able to tell us what this meant for people's care. One staff member told us, "We always ask if it's OK to do something before we do it; it's the person's choice."
- People told us staff sought their permission before delivering their care and our observations supported this.
- Applications for DoLS authorisations were made as required. The registered manager had a system in place to keep track of these applications and authorisations.

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

- People's individual care needs were assessed before they moved into the home, to ensure these could be safely and effectively met. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of these assessments.
- People who were able to speak with us told us they were involved in developing their support plan and any care reviews. The registered manager explained how they ensured people and those close to them were involved in care planning.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure effective systems were in place to monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's quality assurance systems and processes were not effective. They had not enabled them to identify and address the concerns we identified at this inspection regarding the assessment and management of people's risk of falls, pressure care, continence care and staff supervision.
- At the time of the inspection, no evidence of formal audits and checks on the safety of the premises and equipment in use were made available, aside from fire safety audits. Following the inspection, the provider sent us evidence of maintenance and catering audits.
- We were not assured of the effectiveness of the provider's fire safety audits. A fire safety audit completed on 20 December 2022 had failed to identify faults with 3 fire doors confirmed by an independent fire risk assessment on the premises later that same day.
- The registered manager had completed monthly medication audits since October 2022. However, there was no evidence of formal audits regarding the management of people's medicines prior to this.

The provider had failed to implement effective systems and processes to monitor and improve the quality and safety of people's care and support. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The registered manager shared with us a clear vision for future improvement in the service and was responsive in actioning concerns we shared during the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and management team promoted a positive and open culture within the service.

- People spoke positively about the registered manager and their accessibility. We saw people were at ease with the registered manager.
- Relatives told us they felt a positive culture was present at the home. One relative told us, "The home is always welcoming."
- Staff we spoke with felt supported by the registered manager. One member of staff told us, "The manager is still new to us, but positive improvements have been made." Another staff member said, "We support each other; it's like a supportive family."
- Care staff spoken with showed respect for and commitment to the people they supported. We observed staff worked well as a team.
- Some staff told us they would like to have the management team in the main home as currently they were based in a separate office outside of the main home. One staff member told us, "This would make us feel that management were more of the team." The registered manager informed us this request had been identified before our inspection and they were looking to move the office into the main house in an upstairs vacant room.
- Staff told us that there was an out of hours on-call service and they were clear on how to seek advice from senior care staff or managers when needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. We saw evidence they had been open and transparent with others when things had gone wrong with people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems and processes in place to encourage and facilitate people's, relatives' and staff involvement in the service.
- Feedback surveys were sent out to gain feedback from people's relatives and staff on the service. We saw feedback received was incorporated into the service's improvement plan by the registered manager.
- Staff team meetings were held on a monthly basis to inform and engage with staff. One staff member told us, "We have staff team meetings and share with each other what is going on in the home."

Working in partnership with others

- The registered manager was working with the local authority to make improvements in the service they had highlighted on a quality assurance visit. An action plan had been created and agreed by the local authority's quality lead and the registered manager to make improvements in the service.
- We saw evidence the registered manager had worked with the local Public Health England office to ensure recommendations in relation to managing Covid outbreaks had been implemented in a timely manner.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not robust or effective enough to monitor and improve the quality and safety of the service provided

The enforcement action we took:

Warning notice issued