

Croftwood Care (Cheshire) Limited

Ingersley Court Residential Care Home

Inspection report

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Date of inspection visit:
16 May 2017

Date of publication:
13 July 2017

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Ingersley Court Residential Care Home is registered to provide accommodation and personal care for up to 34 adults. It is a purpose built home located in the village of Bollington, near Macclesfield, within easy reach of the local community. There were 29 people accommodated at the time of the inspection.

This was the first inspection since the home was acquired by the registered provider in November 2016. It was carried out because of concerns raised with the Care Quality Commission on 8 May 2017. These related to staffing, care, equipment and staff support. This inspection was carried out on 16 May 2017 and was unannounced.

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

We found breaches of legislation in relation to safe care and treatment and good governance.

We found shortfalls in the way some medicines were being recorded and monitored. We also found that some medicines had been allowed to run out and staff did not obtain further supplies in a timely manner. This meant that medicines were not being administered consistently.

We found some anomalies with the care plans of two people in the home and found that monitoring of care could be improved and be more consistent.

We found the checking and auditing systems of medicines and care plans needed improving to ensure shortfalls were being identified and addressed.

You can see what action we told the provider to take at the back of the full version of this report.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made and 'best interests' decisions were recorded. When necessary, referrals had been made for a Deprivation of Liberty [DoLS] authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The applications were being monitored by the manager of the home.

People said they were happy with the care they received, their privacy was respected and staff were careful to ensure people's dignity was maintained. We saw that staff interacted well with people living at the home and they showed a caring nature with appropriate interventions to support people. People we spoke with

and their relatives felt staff had the skills and approach needed to ensure people were receiving the right care. People felt involved in their care and there was evidence in the care files to show how people had been included in key decisions. People were appropriately referred to health care professionals for treatment and advice.

People said they enjoyed the food and they were offered choices. The evening meal time was seen to be a relaxed and sociable occasion. A range of social activities were organised and people told us they were consulted about what activities they would enjoy.

We saw required checks had been made to help ensure staff employed were 'fit' to work with vulnerable people. Appropriate safeguarding policies and procedures were in place and staff told us they would raise any concerns they had with the management team.

We found there were sufficient staff on duty to meet people's care needs. Staff said they were supported through induction and the home's training programme.

The home was well maintained and clean. Recent redecoration had taken place, a new call bell system had been installed and there were plans to make further improvements to the environment.

We saw a complaints procedure was in place and people, including relatives, we spoke with were aware of how they could complain. We saw there were records of complaints made and action taken as a result.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not managed safely which meant that people could not be confident they would get their medication as prescribed.

Safeguarding procedures were in place and staff knew how to raise any concerns which meant that people who used the service were protected from abuse.

Robust recruitment practices were in place to ensure people were protected by staff who were suitable to work with people who lived at Ingersley Court. There were sufficient numbers of staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff were supported and undertook a range of training that was relevant to their role.

There was a choice of meals available and people told us that the meals were good.

People's rights were protected because the Mental Capacity Act (MCA) 2005 Code of Practice was followed when decisions were made on their behalf.

Is the service caring?

Good ●

The service was caring.

Staff encouraged people to make decisions on a day to day basis and were friendly and caring. People commented on the caring and kindness of the staff team.

People's privacy and dignity were respected when staff were supporting them, particularly with personal care.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were person-centred and drawn up in consultation with the individual, but were not always kept up to date.

People were consulted about the sort of activities they would like to take part in, and these were facilitated to ensure people had an active social life.

There was a satisfactory process in place for dealing with complaints.

Is the service well-led?

The service was not always well led.

The service had quality assurance systems in place, but these had not been operated effectively to ensure all risks were mitigated.

A registered manager was in place who was supported by care and ancillary staff. We saw the registered manager had an open door policy and people thought she was supportive and approachable.

Requires Improvement 

Ingersley Court 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 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.

We inspected the service on 16 May 2017. The inspection visit was unannounced and the inspection team consisted of one adult social care inspector and a pharmacist inspector.

We spent time at the service looking at records. This included three people's care and support records, three staff recruitment files, policies and procedures and other records relating to the management of the service.

Before our inspection, we reviewed all the information we held about the service. This included looking at any safeguarding and complaints referrals received. We also looked at notifications we had received. A notification is information about important events which the service is required to tell us about by law. We also contacted the local authority safeguarding and contracts teams for their views on the service. The contracts team had visited the home in February and said that overall the home was 'well managed and provided a caring environment' and 'staff feedback indicated they were happy in their work and well supported by management'.

On the day of our inspection we spoke with eight people who used the service, three relatives, the registered manager and four staff members.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe at the home and in the care of the staff team. Comments included "I feel safe here" and "Yes, definitely safe".

Staff told us about how they ensured people were protected from abuse or harm. They said they would report any concerns to the senior person on duty or the registered manager and they felt confident that their concerns would be acted upon. Staff said they were aware of the speaking out at work (whistle-blowing) policy and that a copy of this was in the policy file. We saw that the registered provider also had copies of the local authority's safeguarding policy and procedure in place. This included information regarding when an issue should be referred to the local safeguarding team and how this process should be undertaken. During discussions with the registered manager they demonstrated their clear understanding of the local authority safeguarding policy and procedure and also the registered provider's policy on safeguarding. Staff told us they had received training in safeguarding and records confirmed this.

We looked at how medicines were managed, which included checking the medicine administration record (MAR) charts for 7 people, speaking to senior care staff and observing a medication administration round. We found recording issues meant that the administration records were not always able to demonstrate that people were receiving their medicines as prescribed by their doctor. For example, we found that staff initials were missing from the administration record so we were unable to establish if the medicines had been administered, the receipt of medicines was not always being recorded and the provider was not taking into account the transfer of medicines from one medication cycle to the next.

We found the provider was not recording the location of where pain relief patches were being applied to people's bodies. We spoke with a member of the senior care staff who confirmed how the patches were being rotated around the body. We found the provider was not following the manufacturer's guidelines on rotating these patches around the body and therefore these patches were not being applied safely and could result in unnecessary side effects.

Medicines including Controlled Drugs were being stored securely. The temperature monitoring of the refrigerator that was used to store medicines was not being monitored correctly so the provider could not demonstrate that any medicines stored in this refrigerator were being stored at the correct temperature.

We observed some good administration practices during the lunchtime medicines administration round. However, whilst reviewing the disposal record book we found entries for unidentifiable tablets that had been found on either the dining room floor or the conservatory floor. This could indicate that some of the administration practices are not robust enough to ensure people are taking their tablets correctly. There is also a risk that these tablets may be taken by people for whom they had not been prescribed for. The manager said she would raise this issue with the staff at the next team meeting. We found that staff were aware of medicines that needed to be administered at specific times and the provider was able to demonstrate that the administration times were being adhered to.

We had received some information about two people who had not received one of their prescribed medicines for a period of time. Our enquiries into these matters found one person had been without one of their medicines for a period of 15 days during the February/March 2017 medicines cycle. The second person had also not received one of their medicines for a period of 24 days during the January/February 2017 medicines cycle and for the whole 28 days of the March/April 2017 medicines cycle. We were told by staff that they had requested these medicines but they had not been supplied with a prescription by the GP. We found that the provider was not able to demonstrate how often the GP had been contacted to provide the required prescriptions. We found that there were no procedures in place to make sure the GP was contacted on a regular basis regarding missing prescriptions to ensure that people went without their medicines for the shortest possible period. On the day of the inspection we were assured by the provider that all medicines were available for administration to the people they had been prescribed for and we found no evidence to the contrary.

This is a breach of Regulation 12(1) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 because the provider had not ensured that there were sufficient quantities of medicines or the proper and safe management of medicines.

People and relatives told us that staff were available to assist them when they needed it. They said that call bells were answered in a timely manner. During our inspection we saw there were staff available to meet people's needs. We looked at the staff rotas over a month period and saw that staff were available across the day and night to support people who lived at the home. Where staff had taken annual leave or sickness these shifts were covered by other members of the team or agency staff. Four care support staff were available throughout the day and evening and two waking staff were available during the night from 10pm to 8am. This team was supported by catering and domestic staff, a maintenance assistant and an activities co-ordinator. The registered manager and home services manager were extra to the rota. The registered manager explained that the service had three care assistant vacancies at present and that these shifts were being covered in the main by the staff team.

People told us that the home was clean and that staff worked hard to keep this up to date. People said "The home is kept clean" and "It's always clean here". We visited all areas of the home. We found the home was clean and hygienic, with the exception of the footplate for the standard hoist, which the manager asked the maintenance man to clean while we were there. The home had a good standard of décor. Systems were in place to monitor the cleaning of the service and records confirmed that staff signed to show rooms had been cleaned each day. A deep clean of each bedroom was carried out on a monthly basis.

We saw that safety checks were in place for the gas and electrical safety and that other environmental checks had been undertaken and were up to date. The fire alarm system was regularly checked and serviced. The home had recently had problems with an intermittent fault on the nurse call system, but this had been replaced with a new system which alerted staff if there was a fault on the system.

The home was well maintained and the registered manager told us that there were plans to replace some windows and flooring and replace the conservatory with a sun room.

Assessments were in place to help keep people safe within the home. These included a fire risk assessment and a fire safety policy. Personal evacuation plans were in place for each person which included details of their GP, mobility and significant health issues. The registered manager said that these were checked and updated on a regular basis and records seen were up to date. Staff had received training in fire safety awareness and fire drills were held.

We also noted that the doors to the lift machinery and electrical switchboard were unlocked. This was pointed out to the registered manager who asked the maintenance person to lock them.

Risk assessments for people were included in the care plan documentation. These were completed for safer handling, risk of falls, dependency, malnutrition and pressure area care. Other assessments were used when needed, for example for the use of bedrails and sensor pressure mats.

The registered provider had policies and procedures for the recruitment of staff. We looked at three staff recruitment files and saw that staff had completed an application form, with their employment history included and attended an interview. Interview questions and answers were recorded and seen. Two references were undertaken, one of which was the staff member's previous employer. A Disclosure and Barring Service (DBS) identity check was undertaken. This check is undertaken to ensure that staff are not included on the barring list and that they are suitable to work with vulnerable adults.

Is the service effective?

Our findings

People told us that they enjoyed the food and that they had choices available. They said there were drinks and snacks available in between meals. Comments included "The food is good, I get plenty to eat and drink and I've never gone hungry"; "It's very nice, If I don't fancy what's on offer they'll make me something else"; "The food is fairly good and you get a choice". People who chose to stay in their rooms most of the time said that staff never forgot to bring them meals and drinks. A menu sheet was completed each day which showed the choices available for lunch and tea. The staff on duty asked people what meals they would like.

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 when this is in their best interests and legally authorised under the MCA 2005. People who normally live in a care home can only be deprived of their liberty through a Deprivation of Liberty Safeguard (DoLS) authorisation.

We checked whether the service was working within the principles of the MCA 2005 and DoLS, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager was aware of the principles of the Act and how to determine people's capacity. We saw that people who used the service had an initial capacity assessment and were referred to the local supervisory authority if it was felt they lacked capacity to make any decisions regarding their care and welfare.

People and their relatives told us that they had access to their doctor or other healthcare professionals. They said "If I am not well the staff will call the doctor". A local GP also visited the home every week. Information regarding people's healthcare needs was documented in the care plans. We saw that health professionals visited the home or appointments were made for people to visit them. These included GPs, community nurses, chiropodists, opticians, speech and language therapists (SALTs) and dentists.

People said they thought staff had enough training. Staff told us that the training was good. Staff attended training on moving and handling, fire awareness, safeguarding, infection control, hand hygiene and dementia awareness. Role specific training included food safety, first aid and medication awareness. Staff files contained copies of certificates and the training record showed these were up to date, apart from fire training which had been arranged for the following day.

Staff told us they had undertaken an induction at the start of their employment. Following the initial induction process staff shadowed a more experienced staff member until they were confident to work independently. Staff files contained copies of the induction programme which was undertaken during the first six weeks of employment. Each section was signed by the employee and supervisor and at the end of the process the employee was signed off when the management team were satisfied they had sufficient knowledge and training to undertake their role within the service. All new staff were enrolled for the Care Certificate. Four staff had a Level 2 qualification in Care, and five had achieved a Level 3.

Staff explained about the support they received from their line manager and the management team, which included supervision sessions. Supervision records showed that staff had the opportunity to discuss any concerns and that it covered their performance and learning and development. The company policy was that staff were to have one to one supervision four times a year. Records showed that staff had not been receiving it as often as this, but the registered manager showed us a plan she had drawn up for the year which she was monitoring to make sure that supervisions were taking place.

Staff meetings were also held to seek views and impart information. Matters discussed included the five key domains covered on inspection and improving the mealtime experience for people who used the service.

Is the service caring?

Our findings

People and relatives said that the staff were good, kind and caring and that their privacy and dignity were respected. Comments included "The staff are grand and look after me quite well and do what they can to please me"; "I get on with all the staff"; "The staff are very helpful and friendly". One relative said "The staff are very pleasant, I'm always made to feel welcome. I've never seen anything untoward and I trust them to look after my mum".

Three people explained that they preferred to remain in their own room and that staff checked on them regularly throughout the day to make sure they were alright.

People and relatives told us about how they or their relative preferred to receive their care. During the preassessment visit people were asked about their needs and preferences and these were documented. People confirmed that they were consulted about their care plans and we saw that people signed them to say that they agreed with them.

The interactions between staff and people we saw during our visit showed that staff knew each person well. Throughout the day we saw that staff were friendly in their manner towards people. People were at ease with the staff team and the atmosphere was a happy and relaxed one. We saw staff supporting people with a range of activities in a caring and sensitive way. For example, they spoke to people at the same level and used appropriate touch and humour. People told us staff encouraged them to be independent and helped them only when they needed it.

People were encouraged to put pictures or artefacts on or next to their bedroom doors, so that people with memory problems could identify their rooms. The activity coordinator was also giving some thought to how to provide activities for people living with dementia, and had obtained some reflective musical instruments and fiddle muffs for people to use.

People's end of life wishes had been recorded so staff were aware of these. We saw people were supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered provider had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People and relatives told us they didn't have any concerns about the staff or the home. They said "I have no complaints" and "No concerns at present". One relative explained they had made a request in relation to their parent's care in the past and that it had been dealt with appropriately and to their satisfaction.

There was a customer feedback and complaints policy in place. We looked at how complaints were dealt with, and found that appropriate processes were in place in the event of a complaint being made. The service had received one complaint since the last inspection, which was being addressed.

We saw a range of compliments which had been received by the service.

Each person had a care plan which showed people's care and support needs. We reviewed three people's care plans and saw these were centred around the individual person and were regularly reviewed. Information included personal details and next of kin, general healthcare needs and health history, information covering all aspects of daily living and a range of risk assessments. Care plan reviews were undertaken regularly and in one it was noted that their relative attended and that they were happy with the care provided and had "No concerns about the service". Daily records showed information regarding the health and well-being of each person. This also included any visitors the person had received and details of nutrition taken where appropriate. The daily records were clear and well written.

However, we did note that one person had been seen by a dietitian in April, who had given advice about their diet, but the care plan for nutrition had not been updated, although when asked staff knew what diet the person required. Another person had lost weight in January, and their care plan said they should be weighed monthly, but they were not weighed again until March, when they had gained a little and then hadn't been weighed since March. A staff member weighed the person and fortunately they had gained more weight, but there was a risk that this person could have been at risk of malnutrition without staff being aware.

Documentation was available to record life histories of people who lived at the home. Included in the care plans was a document which detailed people's past history and another which documented what they preferred to do during the day. This meant that staff had access to information to help them support people with activities they preferred to do. Activities recorded included "Reading, watching the TV, completing crosswords and word searches" and "Reading the newspaper and listening to music." During our visit we saw a group of people taking part in a quiz. They said they were enjoying the quiz and there was lively banter and exchanges between them, which confirmed this.

We spoke with the activity coordinator who told us about some of the activities arranged for people. These were based on what people had said they would enjoy. There were links with a befriending service and one person had been out the day before with a local person they had met through this service. A broad range of activities took place, including exercises to music, knitting, singalongs, poetry, films, crafts, bingo and storytelling. Entertainers were arranged fortnightly and other people visited the home to engage with the

people who lived there, such as a local youth football team, church ministers and a reflexologist. There were also trips out to local events such as a recent horticultural show and a barge trip was planned. Newspapers and music to suit all tastes were available.

Is the service well-led?

Our findings

The registered manager had worked at the home full time since June 2016. People said they knew who the registered manager was and that she was available, approachable and very nice.

Staff said the registered manager was supportive and that the service was well led by her. Comments included "She's lovely, but very professional at the same time, I would feel confident going to her if I had any concerns" and "She's very good, firm but fair, you know where you stand with her. She's always out on the floor talking to residents and staff. She delegates work, but is always supportive and approachable if you have any concerns."

The registered provider had a business continuity plan in place which covered various situations that would require urgent action. A list of people to contact was included and plans for specific disruptions which included heating loss, flood disruption, fire, missing person and lift and hoist breakdown.

The registered manager was aware of the incidents that needed to be notified to CQC. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

The current provider was registered with the Commission in November 2016 and had not yet conducted a survey of people's views of the service. The manager told us they intended to do this in September 2017. Information around the home, such as 'Your Guide to Living at Ingersley Court', contained information that related to the previous registered provider.

People and relatives told us that they were asked on a regular informal basis if they were happy with the care and service provided. They said their views were also sought during the care plan reviews.

A range of audits were completed that included accidents and incidents, care plans, health and safety and medication. These were completed regularly throughout the year and included actions to be taken and by when it was to be undertaken.

However, the frequency and the audit process for medicines was not robust enough to ensure that discrepancies with the medicines were identified and dealt with in an effective manner. Also, the audit process for care plans had not picked up on the shortfalls identified by us.

This is a breach of Regulation 17(1) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 because the provider had not operated effective monitoring systems to ensure that risks relating to the health, safety and welfare of people using the service were mitigated and had not maintained an accurate, complete and contemporaneous record of care.

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 The provider did not ensure there were sufficient quantities of medicines or the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not effectively operate systems to monitor and mitigate risks to the health, safety and welfare of people who used the service or maintain accurate, complete and contemporaneous records of care.