

Salisbury Christian Care Homes (Inwood House) Limited

Inwood House

Inspection report

10 Bellamy Lane
Salisbury
Wiltshire
SP1 2SP

Tel: 01722331980

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28 September 2022

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Requires Improvement ●
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Summary of findings

Overall summary

About the service

Inwood House is a care home providing accommodation and personal care for up to 20 people in one adapted building. Accommodation is provided over three floors accessed by stairs and a lift. People have their own rooms and access to communal areas such as dining rooms, lounges and a conservatory. The home had an enclosed garden accessed from the ground floor. At the time of the inspection there were 19 people living at the home.

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

Medicines were managed safely and regularly reviewed by healthcare professionals. Staff received training in medicines administration and had their competence checked. There were enough staff available to provide people with care and support in a timely way. Staff had been recruited safely.

Risks to people's safety had been assessed and action had been taken to mitigate risks and keep them reviewed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home was clean and smelt fresh. Systems were in place to make sure all areas of the home had a regular thorough clean. Staff had access to personal protective equipment (PPE) and were observed to wear it appropriately as needed. Staff had been given training and had guidance on infection prevention and control (IPC) good practice. Management carried out IPC audits regularly to monitor systems and practice.

People were being cared for by enough staff. The provider had recruited staff safely and been successful in filling gaps in staffing numbers. Staff were aware of their role in safeguarding which helped to keep people safe. Incidents and accidents had been recorded and reviewed. Any learning was shared with staff to prevent reoccurrence.

People and relatives told us people were safe at the service and they had no concerns with care provided. Relatives told us staff worked hard to meet people's needs and kept them up to date with any changes. People were able to have visitors when they wished in any part of the service.

Meetings were held regularly, and staff had daily handovers. There were good communications amongst the team, and we were told staff morale was good. Staff felt well supported by the provider and felt able to raise any concern or share their ideas. People had regular reviews which their relatives were involved in.

There was no registered manager at the service, but a new manager had been employed. Feedback about the new manager's approach was positive. Relatives, staff and professionals told us the manager was approachable, calm and attentive. Support was available to the manager from the provider and the owners visited regularly.

Quality monitoring systems were in place which helped to check various areas of the home. Any actions identified were carried out to make sure the service was continually improving. Following the inspection in October 2021 we imposed a condition on the provider's registration to submit a monthly action plan to CQC. The provider had complied with this condition and we received a regular action plan. Whilst we saw improvements had been made, not all incidents had been notified to CQC. We have made one recommendation about governance systems.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 February 2022) and there were breaches of regulations. At this inspection we found the provider had carried out the required improvement but further improvement was needed.

At our last inspection we recommended that the provider reviewed systems to make sure topical creams were consistently dated when opened. At this inspection we found the provider had acted on the recommendations and made the improvements to topical creams.

Why we inspected

We carried out an unannounced focused inspection of this service on 28 October 2021. Three breaches of legal requirements were found. We served the provider a Warning Notice for a breach of regulation 12, we also imposed a condition on the provider's registration for a breach of regulation 17 and we issued a requirement notice for a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We returned on 6 January 2022 to check the provider had complied with a Warning Notice we served for a breach of regulation 12. We found they had made the improvement required and were no longer in breach of regulation 12.

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 Key Questions Safe and Well-led which contain those requirements. At this inspection we found the provider had carried out the improvement required to no longer be in breach of regulations.

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.

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 improved to good. This is based on the findings at this inspection.

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

Recommendations

We have made one recommendation for governance systems.

Follow up

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?

Good 

The service was good.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Inwood House

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

This inspection was carried out by one inspector.

Service and service type

Inwood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Inwood House 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 not a registered manager in post. A manager was employed to oversee the service and we will refer to them as the manager in the report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who lived at the service about their experiences of care received. We spoke with three members of staff and the manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed four people's care records, multiple medicines records, incident and accident forms, quality monitoring data, health and safety records and two staff files in relation to staff recruitment.

Following our site visit we carried out telephone calls to three relatives, a further three members of staff and we spoke with the manager and one director of the service. We contacted four healthcare professionals for their views about the care provided and received feedback from two of them.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe. Comments included, "[Relative] can phone us when they want, they can also discuss with Inwood if they are worried. [Relative] told me [relative] feels safe there" and "I feel safe here, feels like home."
- Staff received training on safeguarding and understood their responsibilities to safeguard people from harm. Staff we spoke with were confident the management would take appropriate action in response to any concerns raised.

Assessing risk, safety monitoring and management

- People had risk assessments in place for a range of needs such as moving and handling, eating and drinking and prevention of developing pressure ulcers. Risk assessments were reviewed regularly and updated when required.
- People who experienced distressed reactions had guidance in place for staff to know how to provide safe support. Specialist professionals had been contacted when needed to make sure people had the right support and staff had effective guidance to follow.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. There were no conditions on approved authorisations seen.
- Staff had completed mental capacity assessments where needed and records were in place to demonstrate best interests' meetings had been held.
- Where people had additional restrictions in place, staff had completed decision specific assessments and involved others in best interest processes.

Staffing and recruitment

- People and relatives told us they thought there were enough staff available. Comments included, "There are enough of them, I can't fault them" and "There is always someone there, they [staff] will always help me or find someone who can. There are always plenty of staff."
- People were being cared for by sufficient numbers of staff. The provider had carried out successful recruitment activity and continued to recruit more staff where needed.
- Staff had been recruited safely with the required pre-employment checks being carried out.

Using medicines safely

- At our last inspection we made a recommendation about topical creams. We recommended the provider reviewed systems for making sure creams had the date recorded of when they had been opened.
- At this inspection the provider had improved how they managed topical creams. All creams we saw had a date recorded of when they had been opened. People had a chart in place which gave staff information on where to apply creams and how often. No gaps were seen in recording.
- Medicines were managed safely. People had their medicines as prescribed and we saw evidence of medicines reviews from the GP regularly.
- Where people had medicines prescribed 'as required', there were protocols in place to give staff guidance to administer this type of medicine.

Preventing and controlling infection

- 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 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's infection prevention and control policy was up to date.

Visiting in care homes

- People had visits from friends and relatives. There were no restrictions on visiting arrangements.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by a senior member of staff. Any lessons learned, themes or trends were discussed at team meetings to identify how to prevent reoccurrence.

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. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent.

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

At the last focused inspection, we found the provider had failed to notify CQC of all notifiable incidents as required by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Incidents and events that were notifiable had been submitted to CQC. We did find some incidents of safeguarding that had not been notified. Whilst the staff had taken immediate action to deal with the incident, CQC had not been notified.
- We discussed the incidents with the provider who was sure they did not need a notification to CQC. They had shared information with the local authority and other external agencies.

We recommend the provider reviews their governance systems to include further monitoring of incidents and events to improve efficacy.

At the last focused inspection, we found the provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 though further improvement was needed.

- Following the last focused inspection in October 2021 we imposed a condition on the provider's registration. This was for the provider to submit to CQC a monthly action plan which demonstrated the service had assessed quality improvement. The provider had regularly submitted their action plan to CQC.
- Quality checks were being carried out and where improvements were identified they were added to the overall action plan for the service. This was reviewed monthly by the provider to monitor progress for improvement.
- Since the last inspection there had been a change in management. The registered manager had left, and a new manager had been employed. The manager was being supported by the owner day to day.
- The new manager had not submitted an application to become registered. The owner told us they were working with the new manager to submit an application.

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

outcomes for people

- People and relatives told us they could not fault the care people received. People were happy with the service and all felt it was well managed.
- Comments from people and relatives included, "I can see how caring the staff are and calm. That is why we chose the [service]" and "We are very happy, never had an issue. They [staff] have always been very helpful, they are always welcoming when we visit."
- Staff and relatives told us the new manager was visible, approachable and calm in their approach. Comments included, "[manager] is amazing, he spends a lot of time talking with my [relative], he sits and talks to them. I have a lot of respect for [manager]", "[manager] is the most gracious man, nothing is too much trouble, so kind" and "Since [manager] has arrived, the home's morale has improved greatly, staff seem a lot happier, he is so supportive and he is really calm and approachable."

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

- People were asked for their views and involved in how the service was managed. Relatives were also involved in the provider checks on quality. One relative said, "They do email us, they phone us or catch one of us when we visit. I have had a meeting to catch up and see what is going on. I know they have meetings and share information, so everyone knows what is happening."
- Staff had opportunity to share ideas and give feedback on service improvement through handovers or meetings. Staff told us the morale had improved and they felt listened to. One member of staff said, "Morale is good at the moment, [manager] is lovely, he listens and acts on concerns. He is very approachable."

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 provider was aware of their responsibilities under duty of candour and had processes in place. There had been no incidents which fell under the duty of candour process.

Working in partnership with others

- Staff worked with local services to make sure people had access in a timely way. This included community nurses and GP surgeries.
- Feedback we received from professionals was positive about the care and support provided. One professional said, 'In my opinion, the staff at Inwood House provide a safe, homely environment for their residents where they are consistently well cared for, and I have no concerns'.