

# Inglewood Residential Home Limited

# Inglewood Residential Home

## Inspection report

11 Banks Street  
Willenhall  
West Midlands  
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Tel: 01902631099

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09 March 2021

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Inglewood Residential Home is a residential care home providing accommodation and personal care people for up to 20 people aged 65 and over. At the time of the inspection 18 people were living at the home. The accommodation is provided over two floors, there are two communal areas on the ground floor.

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

This inspection found that improvement was needed to ensure people were protected from the risk of infection. We found that Government Guidance on COVID-19 was not consistently followed. We also found some areas of the home had worn fittings such as the handrails and some of the doors.

People received support to take their medicines. People were supported by staff who were aware of how to safeguard people from abuse and had good knowledge on how to recognise and respond to concerns.

People and staff told us activities to meet the needs of people living at the home could be improved. At the time of the inspection 17 of the 18 people living at the home were living with dementia; however, we found that appropriate activities had not been considered. We also found that information was not available to people in formats that supported their understanding.

We have made a recommendation the provider seeks guidance on best practice for dementia care.

Relatives told us that communication to maintain regular contact with their family member had been well supported during the pandemic.

We found that although the provider had quality monitoring systems in place, they had not always been effective in identifying issues and ensuring that action was taken in a timely way.

The provider had not notified CQC as required that care was provided for people living with dementia.

People and relatives said staff were caring and we saw positive interactions that supported this. We also received positive feedback from two healthcare professionals we spoke with about the care provided.

The management team acknowledged where improvements were required, they were open to the inspection and demonstrated a willingness to address any concerns and make the improvements required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Good (Published on 22 January 2020).

### Why we inspected

The inspection was prompted due to concerns about poor infection prevention and control (IPC) and whistleblowing concerns. A decision was made for us to inspect and examine those risks.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. We only looked at safe, responsive and well led during this inspection. We did not look at the key questions of effective and caring. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service as deteriorated to Requires Improvement. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Inglewood Residential Home our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified breaches in relation to Regulation 12 (safe care and treatment), Regulation 9 (personalised care) and Regulation 17 (good governance) at this inspection.

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

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety.

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 responsive?

The service was not always responsive.

Details are in our Responsive 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 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 Care Act 2014.

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 carried out by one inspector and one assistant inspector, who visited the home on the 09 March 2021. The inspector then continued to make calls to relatives and staff from 10 March 2021 to 12 March 2021.

### Service and service type

Inglewood Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager is also the provider.

### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with three carers, one team leader, the deputy manager, the activities co-ordinator and the cook. We spoke with the registered manager who is also the provider. We spoke with three relatives of people living at the home by telephone.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment. We also looked at medication records and checks and audits that related to the management and quality assurance of the service.

#### After the inspection

The provider supplied us with additional information as requested including some of the cleaning records and service records.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Infection control.

- Prior to the inspection, concerns had been raised with CQC about the management of COVID-19. This inspection found that improvements were required to ensure Government Guidance on COVID-19 were consistently followed and to ensure the infection control measures in place, were fully effective.
- We observed some staff did not consistently wear PPE (Personal Protective Equipment) as required. We discussed this with the registered manager who confirmed that staff had received training but sometimes did not consistently follow the guidance as required.
- We observed that social distancing was difficult to maintain due the outlay of the building and lack of space. We observed people sitting close together throughout the day. However, we found no guidance in place for staff of actions to take to reduce the risk of infection. We did note a window had been left open to increase ventilation, but we saw no further actions such as increased handwashing, or people staying within 'bubble groups.'
- We observed dirty linen had been left in a plastic bag in a communal bathroom. This was immediately addressed during the inspection by the deputy manager.
- We found the paintwork on handrails and some doors was worn away, leaving the wooden handrails and doors exposed and open to the transfer of infection.
- We saw records of two IPC Audits one completed in March 2020 and a second in March 2021. The audit record had not been updated to include the additional checks in place relating to COVID-19 and had not been completed more frequently during the pandemic period to identify areas that needed improvement.

We found the provider's systems and processes to ensure effective infection control measures required improvement. This was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014; safe care and treatment.

- Relatives told us, they were happy with the COVID-19 management by staff and they had witnessed staff wearing the required PPE when they had visited the home.
- Staff we spoke with told us PPE was available to them and they had completed COVID-19 training.

Systems and processes to safeguard people from the risk of abuse;

- All three relatives we spoke with told us they felt the home was a safe place to be. One relative said, "It's a massive relief to know [person's name] is safe and to know I don't have to worry about him."
- Staff we spoke with had received training in how to recognise possible abuse and knew how to report concerns. Staff said they had not had reason to raise concerns but were assured action would be taken by

the management team.

Assessing risk, safety monitoring and management;

- Staff told us they knew people well including their risks and how to support people to keep them safe.
- Staff told us and we saw people's care plan's included information and risk assessments to provide staff with guidance to manage people's risks.

Using medicines safely

- We saw medicines records indicated people had received their medicine as required.
- When people required medicines to be administered on an 'as and when required' basis there was guidance in place for staff to follow. However, this process could be strengthened by staff fully completing the record to include information on why the medication was required.
- The provider had a medication audit in place to check medication was managed safely.

Staffing and recruitment

- People told us staff were available to them and staff told us there were enough staff to keep people safe. During the inspection we saw staff responded to people's requests for support in a timely way.
- A dependency tool had been used to calculate the number of care hours required and the registered manager said this was monitored and updated as people's needs changed.
- We looked at two recruitment files and saw the provider had completed employment checks on staff before they started work in the home to make sure they were suitable to work with people.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the management team. A summary of all accidents and incidents were used to identify trends.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control: Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- This inspection found that 17 of the 18 people living at the home were living with dementia. We looked at the actions taken to support meet people's needs, preferences, interests.
- We asked three people what they enjoyed doing. All three people told us they were bored, and one person commented, "There's nothing to do...ever." During the inspection we observed people sat for long periods with little interaction and no objects of interest or activities immediately available to them.
- We spoke to staff about activities. Three staff told us that activities needed improvement. One member of staff commented, "Service users aren't as entertained as they could be."
- We spoke to the provider about this they advised that they had recently employed an activities carer to lead on activities. However, we observed, and staff told us that the activities co-ordinator spent time on other tasks such as organising COVID-19 testing and visits, this meant there was less time for activities with people.
- We asked the activities carer if they received training in dementia appropriate activities and told us they had not. We asked how activities were planned, we were advised they were based on the activity materials available. We saw little evidence to suggest that activities were tailored around people's individual needs.
- We spoke to the registered manager about this and he agreed to review activities in light of our findings.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the last inspection on 18 December 2019 we observed there was little in the way of accessible information. At this inspection we found no improvement had been made.
- The registered manager confirmed there was no accessible information, for example, picture menus to support people living with dementia to make their meal choice's.
- We also noted there were no pictorial or easy read signage around the home to help support and orientate people living with dementia.

The provider had not ensured that people were supported with personalised care that reflected their needs. This was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014; personalised care.

We recommend the service explores the relevant guidance on how to make environments more 'dementia friendly' and how to provide meaningful stimulation and occupation to people who live with dementia.

- Relatives we spoke with said people enjoyed group activities such as music and that communication to maintain regular contact with their family member had been well supported during the pandemic.
- We saw good and supportive interactions when staff supported people on an individual basis; people and relatives described staff as caring.

Improving care quality in response to complaints or concerns:

- All relatives told us they would feel able to telephone the registered manager or staff with any concerns and they were assured action would be taken in response.
- The registered manager told us no written complaints had been received over the past 12 months. The provider had a process in place to record, investigate and respond to any complaints received.

End of life care and support.

- At the time of the inspection no one was being supported with end of life care however the registered manager told us they would work with other healthcare professionals and people's family to ensure people got the support they required.
- We saw records of best interest decisions where advance care planning had been agreed.

# 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 the last inspection this key question was rated as requires improvement. The rating for this key question has remained the same. 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

- Audits and checks were in place, but they were not robust enough to ensure areas for improvement were identified and action taken in a timely way.
- Audits had failed to identify that care was not provided in a personalised way to meet people's individual needs. We spoke to the registered manager about this, they advised that since the last inspection more people living in the home were now living with dementia and they acknowledged improvements could be made. They said that this would be reviewed following the inspection.
- The registered manager told us he made visual checks to ensure that Government Guidance on COVID-19 was followed by staff, however, these checks had not identified the issues identified in this inspection. The registered manager acknowledged these concerns and said immediate action would be taken.
- The provider's statement of purpose, setting out the care provided did not include information about care for people living with dementia. The provider had also failed to notify CQC that care was being provided to people living with dementia so this service user band could be added to the service registration information.

Processes in place to monitor, audit and assess the quality of the service being delivered are ineffective in identifying all areas requiring improvement and ensuring actions are taken in a timely way. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 good governance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found some improvements were required to ensure engagement of people using the service. For example, producing information in more accessible formats to empower people to be involved and communicate their choices and preferences.
- Relatives told us they felt involved in the family member's care and said they had good communication with staff, which had been very important especially through the pandemic when they had not been able to visit their family members.
- Staff spoken with told us they felt involved in the service and supported by the deputy manager, who worked alongside the registered manager.

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; Working in partnership with others

- The latest CQC inspection report rating was on display at the home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- Records showed that the service worked in partnership with other professionals and agencies, such as the local GP practice to support people's health and wellbeing.
- Two healthcare professionals we spoke with gave positive feedback about communication with the staff.
- The management team acknowledged where improvements were required, they were open to the inspection and demonstrated a willingness to address any concerns and make the improvements required.

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 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured that people were supported with personalised care that reflected their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  We found the provider's systems and processes to ensure effective infection control measures required improvement.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Processes in place to monitor, audit and assess the quality of the service being delivered are ineffective in identifying all areas requiring improvement and ensuring actions are taken in a timely way.