

CLS Care Services Limited

# Ingersley Court Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was unannounced and took place on the 9 June and 13 June 2016.

The service was previously inspected in February 2014 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Ingersley Court Residential Care Home is a purpose built care home for older people. It is located in the village of Bollington, near Macclesfield, within easy reach of the local community. The home has capacity to accommodate 34 people.

Ingersley Court Residential Care Home has 32 single rooms, including 19 with en-suite facilities. There is also one double bedroom. All rooms have television points and 13 have a telephone line. As well as the care home services, Ingersley Court Residential Care Home also has some attached accommodation for older people consisting of eight self-contained one bedroom flats over two floors.

The home has a number of communal spaces, including two dining spaces, lounges, a conservatory, games room and wheelchair accessible gardens and a patio area to the rear of the home with tables and chairs.

Thirty two people were being accommodated at the time of the inspection.

At the time of our inspection there was a registered manager at Ingersley Court Residential Care Home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was not in day to day charge of the service when we inspected Ingersley Court Residential Care Home. An acting manager had been assigned to oversee the management of the home.

The acting manager was present during our inspection and engaged positively in the inspection process. She was observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors. During the inspection we found Ingersley Court Residential Care Home to have a warm and relaxed atmosphere and overall people living in the home appeared happy and content.

During this inspection, we identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to Safe Care and Treatment and Good Governance. You can see what action we told the registered provider to take at the back of the full version of the report.

Feedback received from people using the service spoken with was generally complimentary about the standard of care provided. People living at Ingersley Court Residential Care Home told us the acting manager was approachable and supportive.

People's needs had been assessed before they went to stay at the home. However, the dependency assessment tool used to assess the level of people's needs did not accurately reflect the people's current needs.

The service lacked governance systems to assess, monitor and improve the quality of the service. For example, effective systems to audit care plans and medicines were not robust.

Medicines were not being managed effectively. For example, we found one person's controlled drugs had not been recorded correctly.

The registered provider had policies and systems in place to manage risks and safeguard people from abuse. Staff were aware of the whistle blowing policy and they told us they would use it if required. Staff told us they were able to speak with the manager if they had a concern.

We observed the lunchtime meals and saw staff supported people appropriately and in an unhurried way. People had a choice of meals, snacks and drinks, which they told us they enjoyed. There was flexibility in what people chose to eat and when.

Staff were supported through induction, regular on-going training, supervision and appraisal. A training plan was in place to support staff learning. Staff told us they were well supported in their roles and responsibilities. There was however, no training provided in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Corporate policies were in place relating to the MCA (Mental Capacity Act (2005) and DoLS (Deprivation of Liberty Safeguards). We found staff were aware of the people using the service who were subject to a DoLS.

Staff recruitment systems were in place and information about staff had been obtained to make sure staff did not pose a risk to people using the service.

Staffing levels were structured to meet the needs of the people who used the service. There were sufficient numbers of staff on duty to meet people's needs.

People and staff were encouraged to attend meetings with the acting manager at which they could discuss aspects of the service and care delivery. People were asked for feedback about the service to enable improvements to be made.

A process was in place for managing complaints and the home's complaints procedure was displayed so that people had access to this information. People and relatives told us they would raise any concerns with the manager.

Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

## 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 safe.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the manager.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff received on-going training, supervision and support to ensure that they were competent and confident in their day-to-day work. There was however, no training provided in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests.

People were able to see their GP and other healthcare professionals when they needed to.

### Is the service caring?

Good ●

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately.

Staff were polite and friendly in their approach. They had a good understanding of how each person communicated their wishes and emotions.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

The staff had completed risk assessments but they were not accurate, up to date and did not manage the risks to people.

People felt able to express their opinions and management responded positively to any feedback or complaints.

People had access to a range of individual and group activities and received care and support which was responsive to their needs.

### Is the service well-led?

The service was not consistently well led.

The service was being managed by an acting manager in the absence of the registered manager.

Although auditing systems were in place, these had not fully identified or addressed shortfalls in how the service was operating.

The home worked in partnership with other agencies, such as a variety of community professionals, who were involved in the care and treatment of the people who lived at Ingersley Court Residential Care Home.

**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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 and 13 June 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service including notifications and information received from members of the public. We also invited the local authority to provide us with any information they held about Ingersley Court Residential Care Home.

We used information from a Provider Information Return (PIR) which the service had returned in April 2016. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help to plan our inspection. We also looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Ingersley Court Residential Care Home. We took any information they provided into account.

As part of our inspection we spent time talking with people who were living at the home. Eighteen people were able to share their views with us.

We also spoke with the acting manager and home service manager. Additionally, we spoke with four other members of staff including two team leaders, one care assistant, and the maintenance person.

We undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including: three care plans; four staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

# Is the service safe?

## Our findings

We asked people who used the service if they found the service provided by Ingersley Court Residential Care Home to be safe. People spoken with confirmed they felt safe and secure at the home.

Comments received from people included: "I do feel safe living here, the staff keep us safe."; "Yes I feel safe here" and "The staff assist me with my medication, I appreciate their help because I would struggle otherwise."

We looked at the management of medicines at Ingersley Court Residential Care Home with a team leader employed at the home. We were informed that team leaders, senior care assistants and certain care assistants were responsible for administering medicines. All staff responsible for the management of medication had completed medication training and undergone an assessment of competency which was reviewed periodically.

We checked the arrangements for the storage, recording and administration of controlled drugs. We found five controlled drugs for one person had not been recorded in the controlled drugs recording book. However, the controlled drugs had been recorded on the person's medication administration record (MAR) in the month of May 2016. We checked the balance of the controlled drugs and found no discrepancies.

Systems were in place to record room and fridge temperature checks. However, we noted many gaps in daily recording and no records for May and June 2016 had been completed. The importance of checking temperatures daily is to ensure the storage of medicines has not been compromised due to any changes in the room / fridge temperature. The room / fridge temperatures were at the correct temperatures on the day of our inspection.

A weekly audit of medication was undertaken as part of the home's quality assurance system by the team leaders. Due to the shortfalls found in the recording of controlled drugs and room / fridge temperatures, it was clear the medicines auditing system was not robust. Systems to assess, monitor and mitigate risks relating to the health, safety and welfare of service users are discussed further in the "well led" section of this report.

We discussed these issues with the acting manager who confirmed on the second day of our inspection she had investigated the controlled drugs issue and completed an immediate supervision with the staff member. The acting manager also completed a manager's medicines audit.

We signposted the management team to review the NICE guidance on 'Managing Medicines in Care Homes' as this provides recommendations for good practice on the systems and processes for managing medicines in care homes.

Ingersley Court Residential Care Home worked alongside the local pharmacy, which completed annual clinical audits of the medicines at the home.



A list of staff responsible for administering medicines, together with sample signatures was available for reference and photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication. We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a suitable policy for staff to reference.

The policy was available in the medication storage room for staff to view. Ingersley Court Residential Care Home used a blister pack system that was dispensed by a local pharmacist. Medication was stored in a medication trolley that was secured to a wall in a dedicated storage room. Separate storage was also available for homely remedies and for controlled drugs.

We saw that a record of administration was completed following the administration of any medication. Systems were also in place to record medication returns and any medication errors.

A basic emergency plan had been developed, to ensure an appropriate response in the event of an emergency. The plan contained contact details for various emergency evacuation places and contact numbers for staff and contractors in the event of a gas, electric, plumbing, nurse call or other emergencies.

Personal emergency evacuation plans (PEEPS) had also been produced for people using the service. PEEPS provide a clear contingency plan to ensure people are kept safe in the event of a fire or other emergency.

We looked at three care files for people who were living at Ingersley Court Residential Care Home. People's files included pre-populated risk assessments and care plans designed to keep people safe and reduce the risk of harm where this was identified. Risks of falls were being managed and referrals to external professionals were made if required. These risks were generally updated monthly by staff, but some had not had been reviewed as regularly. We brought this to the acting manager's attention who informed us that they were in the process of changing the care planning systems. Records showed that where a person was at increased risk of falls an appointment to the GP or the falls team had been made.

Systems were in place to record incidents, accidents and falls. The acting manager explained that this information was recorded on a computerised system and then stored individually in people's care files. Once the incident had been recorded, the person would have their care plan / falls risk assessment reviewed and updated to minimise risks. However, we noted this computerised system did not allow for an overview analysis that identified any patterns or trends alongside actions to be taken which were then evaluated. The acting manager assured us that the staff were aware of people's history of incidents and accidents and would make appropriate referrals to minimise the potential for reoccurrence. The acting manager said she would discuss the computerised system with the registered provider to check whether an overview of incidents could be introduced.

The acting manager explained staffing levels were based upon the dependency levels of the people living at the home.

We viewed the dependency index forms for people living at the home, and found they had not been reviewed monthly. Whilst staffing levels were viewed to be adequate, determining the staff levels on these dependency scores would not be accurate, on the basis they were not updated regularly. The acting manager felt they had a good understanding of people's needs and was confident they have sufficient level of staffing to ensure the care provision. The acting manager confirmed that all dependency index forms for people would be reviewed immediately.

We observed that staff were able to respond to call bells quickly and had time to spend with people as well as provide any care.

We noted that a small number of staff on duty were agency staff and were informed that the service had vacancies for care assistants. We noted that the service endeavoured to ensure that a consistent team of staff supported people using the service.

People told us that generally the staff responded quickly, however some people said it varied. One person told us, "It depends, at times you can be waiting a while because the staff are busy, they will always check in on you though." Another person said, "There is always staff around if you need them, I don't feel we have an issue with short staff here."

Staff also told us that they felt there was enough staff available on rota to deliver safe care to people. One staff member commented, "I know the home is recruiting at the moment, but we can rely on an agency provider, who always sends us regular staff, that are very good."

The acting manager worked supernumerary and flexibly subject to the needs of the service.

We saw domestic staff cleaning and they told us there were schedules in place to make sure all areas of the home were kept clean. Staff wore aprons and plastic gloves when they were cleaning. The home was clean and free from any malodours during our visit.

The Care Quality Commission (CQC) had received one whistleblowing concern since the last inspection in January 2014. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. We spoke to staff about the principles of the whistleblowing policy and it was clear they had a good understanding of the policy and who they would notify if they had concerns. Staff also knew to be vigilant about the possibility of poor practice by their colleagues and knew how to use the provider's whistleblowing policy. Staff told us they would be confident if they needed to report any concerns about poor practice taking place within the home.

The alleged whistleblowing concern was investigated by the local authority safeguarding team and they found the alleged concerns to be unsubstantiated.

A copy of the local authority's adult protection procedure was also available for staff to refer to. There was a safeguarding procedure in place which was in line with the local authority's 'safeguarding adults at risk multi agency policy' and staff spoken with knew how to access a copy of the policy which was kept in the office. Staff we spoke with had a good understanding of safeguarding issues and staff learning and development records showed that staff had received training in this topic.

Information we held about the service indicated any safeguarding matters were effectively managed and reported to the appropriate safeguarding agencies. Staff spoken with advised us of the process they would follow when reporting any concerns about people's safety to the home manager. They were clear about how to report safeguarding concerns in a timely way to external authorities such as the local authority and the Care Quality Commission.

Examination of individual safeguarding records confirmed the provider had taken appropriate action in response to incidents.

Staff spoken with demonstrated a good awareness of their duty of care to protect the people in their care

and the action they should take in response to suspicion or evidence of abuse.

We looked at a sample of four staff records for staff recently recruited. In all four files we found that there were application forms; references, medical statements; disclosure and barring service (DBS) checks and proofs of identity including photographs. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The provider employed a maintenance person who oversaw maintenance at the service. They undertook regular checks and maintenance of equipment. These included monthly checks of the emergency lighting, wheelchairs, window restrictors and water temperatures. A person confirmed that the checks were undertaken in their room.

The acting manager said they had an on-going programme of redecoration underway to improve the environment of the home.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies, procedures and audits for infection control were in place.

## Is the service effective?

### Our findings

We asked people who used the service if they found the service provided at Ingersley Court Residential Care Home to be effective. People spoken with told us that their care needs were met by the provider.

Comments received from people included: "When I am feeling unwell the staff will arrange for the doctor to come and see me."; "When new staff start they always introduce themselves to us" and "I cannot fault the staff here, they will always try their best to help you."

Ingersley Court Residential Care Home is a two-storey building which has individual lounges and dining areas. There is a car park provided for visitors at the front of the home.

People using the service were noted to have access to a range of individual aids to assist with their mobility and independence. People's rooms had also been personalised with memorabilia and personal possessions and were homely and comfortable.

The registered provider was in the process of redecorating certain rooms within the home and replacing many of the existing carpets. The acting manager commented that the service was looking to upgrade areas within the home and had planned to undertake fundraising to assist with the budget required for these changes.

We spoke to four members of staff during the inspection who confirmed they had access to a range of induction, mandatory and other training relevant to their roles and responsibilities.

Examination of training records confirmed that staff had completed key training in subjects such as first aid; moving and handling; fire safety; food hygiene; safeguarding; medication; control of substances hazardous to health; infection control; dementia; and health and safety.

New staff received a comprehensive induction which covered essential training to allow them to support people safely. Following this they worked alongside more experienced staff until they felt confident and were competent to carry out their role independently. In addition to this new staff were expected to complete the Care Certificate which would provide them with knowledge and experience of the standards in care delivery. The acting manager had systems in place to identify and monitor staff development and training.

We noted that team meetings had been coordinated for staff to attend throughout the year and that staff had access to annual appraisals and a minimum of four supervisions per annum. Staff spoken with confirmed they felt valued and supported in their roles.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called DoLS.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the MCA and the associated DoLS with the acting manager. Discussion showed the manager had a clear understanding of the principles of the MCA and DoLS, and we saw that if it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

We saw that there were corporate policies in place relating to the MCA and DoLS. Information received from the acting manager confirmed that at the time of our visit to Ingersley Court Residential Care Home there was one person using the service that was subject to a DoLS. Additional applications were also being considered by the local authority for authorisation along with applications in place for DoLS assessments to be undertaken.

The acting manager maintained a record of people subject to a DoLS, together with the type (standard or urgent) and expiry date. We also saw that the details of people with lasting power of attorney for health and welfare and property and / or financial affairs had also been obtained.

We observed that staff sought people's consent before they provided care and support. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or assisting them to the toilet. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks. There were consent forms in place in each person's care plan. Consent forms had been appropriately completed by people's representatives where this was applicable. The forms showed the representative's relationship to the person concerned, and their authorisation to speak or sign forms on the person's behalf or in their best interests.

A person's records we viewed, we noted that a relative had signed a consent form confirming the staff of Ingersley Court Residential Care Home had permission to administer medicines, take photographs and provide care to this person. However, we noted the person signing the consent form was not the person's lasting power of attorney (LPOA). A LPOA is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself. There are two types of LPOA: for financial decisions, health and care decisions or both.

We discussed the matter further with the acting manager, who explained this was an oversight and assured the inspector they would review this person's care records immediately after the inspection.

We found that there was no training in MCA or DoLS being provided to staff. Although training had not been provided, the staff we spoke to had a good understanding of the MCA 2005 / DoLS and were aware of which people using the service were subject to a DoLS. Staff confirmed they had covered areas of the MCA and DoLS during the corporate induction and confirmed MCA and DoLS was discussed at team meetings.

The acting manager told us that she had identified that staff needed further development in this area to embed their knowledge and had booked a training session for the forthcoming weeks.

A four week rolling menu plan was in operation at Ingersley Court Residential Care Home which offered people a choice of menu and was reviewed periodically. The daily menu was recorded on a notice board in the dining room.

We received mixed comments from people regarding the meals at the home. One person told us, "Food is good I cannot find fault with it." Another person told us, "We do get a choice, but the food is repetitive. I would love to see some changes to that menu." A third person said, "The food here is satisfactory." People confirmed they had choices at all meals and were able to choose where they sat to eat their meals. People told us they were asked what they wanted to eat.

During the inspection we spent time observing the arrangements for lunch time. We saw that people's choices were respected and staff were attentive and responsive to the needs of people who required support at meal times. We also noted that staff communicated and engaged with people in a caring manner and that the mealtime was unhurried and relaxed. Records were kept of food and fluid intake levels when people were at risk nutritionally and we found that they were completed consistently.

There was a sufficient number of staff on duty at this mealtime. The chef ensured special dietary needs were met, such as soft and pureed meals for people with swallowing difficulties.

The most recent local authority food hygiene inspection was in September 2015 and Ingersley Court Residential Care Home had been awarded a rating of 4 stars. The highest rating that can be awarded is 5 stars.

People were weighed monthly and appropriate action was taken if people lost weight, for example a referral to the dietician or an appointment with a GP.

Ingersley Court Residential Care Home had access to a GP who visited one day a week to review the health needs of people living at the home. We met with the GP during our inspection. She spoke positively about the home and felt confident that the staff had good knowledge about the people they were caring for and felt confident the staff would raise any medical concerns in a timely manner.

People using the service told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; district nurses; opticians and chiropodists subject to individual needs.

## Is the service caring?

### Our findings

We asked people using the service if they found the service provided at Ingersley Court Residential Care Home to be caring. People spoken with told us that they were well cared for and treated with respect and dignity by the staff at Ingersley Court Residential Care Home.

Comments received from people using the service included: "I am very happy here, the staff are extremely caring."; "The staff are caring here, they don't rush you and treat people with respect" and "Staff do treat me with respect."

People's privacy and dignity were respected. We observed that people were clean and were supported to maintain their personal hygiene needs. People were supported to go to the bathroom when they wanted.

During the inspection we observed staff supporting people at various times and in various places throughout the home. We saw that staff communicated in a kind and caring way and were patient and respectful. We observed staff being affectionate and tactile with people and this often helped to reassure people when they were unsettled.

We saw staff had good relationships with people and they went about their work showing care and concern for people. For example, we observed a care worker reassuring a person who was sat in reception and wanting to leave. Staff took the time to assist the person into a lounge and got them a drink, spending some time with them before returning to their original task.

Through discussion and observation it was clear that there was effective communication and engagement between the people using the service and staff responsible for the delivery of care.

Staff were seen to enjoy friendly exchanges between each other and the people using the service. The home had a warm atmosphere and people were seen to respond to this interaction positively and appeared happy, content and relaxed.

We observed people during lunch time who required assistance with their food and drink, staff were on hand and supported these people in a dignified manner not causing them any distress or rushing their lunch time meal. People were treated with dignity and respect.

It was evident from speaking to people using the service that staff applied the principles of treating people with respect, safeguarding people's right to privacy, and promoting independence.

The acting manager had developed links with local advocacy services. They are independent both of the service and the local authority and can support people to make and communicate their wishes. We noted from viewing care records for people evidence of advocates being involved in best interest decisions.

Personal information about people receiving care at Ingersley Court Residential Care Home was stored

securely to ensure confidentiality. Information on the service and of interest to people using the service was displayed on notice boards and in the reception area of the home for people to view.



## Is the service responsive?

### Our findings

We asked people who used the service and their representatives if they found the service provided at Ingersley Court Residential Care Home to be responsive to their needs. People spoken with confirmed that the service was responsive to their individual needs.

Comments from people using the service included: "I feel the staff know my needs well."; "If I am not happy I can speak to the manager in the office" and "The staff here will always listen to you if you need to raise an issue."

We looked at three care files for people who were living at Ingersley Court Residential Care Home. Each person had a pre-admission risk assessment and care plan that was called 'My Life Plan' this was based on their assessed needs. My Life Plans described people's individual care and support needs, decision making capabilities and things they enjoyed or disliked. People's complex needs were assessed prior to moving to the home to ensure the service could provide the necessary care and support.

However, not all records we viewed showed evidence that monthly evaluations were carried out effectively and that all necessary details recorded were correct. For example we looked at one person's records and found many contradictions in the person pre-assessment and their dependency index. It was recorded in the person's pre-assessment that they had difficulty with their vision and had cataracts. The pre-admission also disclosed that the person heavily relied on mobility aids to mobilise. After reviewing this person's dependency index, it scored the person at '0' for both vision and mobility; this would indicate the person was not at any risk. The dependency index is required to be reviewed monthly to ensure an accurate recording of people's needs are captured, however, we noted this dependency index was last reviewed September 2015.

We also viewed this person's pre-populated risk assessment that had been reviewed monthly. Within this risk assessment it identified both risk to the person's vision and mobility, however, it did not record how staff needed to support this person, to ensure their risks had been managed and controlled. We asked the acting manager and team leader for additional information on this person's health and whether or not they had recently had an eye examination. The acting manager and team leader were unable to provide any additional information and confirmed they would ensure this person has an optician's appointment arranged and their care plan and dependency index needs reviewed. Some risk assessments were vague and lacked person centred information on the actions required to minimise / control actual and potential risks. This had the potential to place the health and welfare of people using the service at risk.

This was a breach of Regulation 12 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had not ensured that risk assessments relating to the health, safety and welfare of people using the service were appropriately updated to reflect people's needs.

During the inspection the acting manager provided evidence of new life plan care files that they had already introduced for some of the people living at the home. We found these new care plans easier to follow and

detailed the person's care needs accurately.

The registered provider had developed a 'Compliments, comments and concerns policy' to provide guidance to staff and people using the service and / or their representatives on how to raise a concern or complaint. An easy read format was also available.

The complaints policy included timescales for investigation and providing a response. Contact details for the service provider and the Commission were also included within the document.

We reviewed the record of complaints received within the last twelve months and the actions taken and saw evidence that issues had been dealt with appropriately, within the timescales of the policy.

Ingersley Court Residential Care Home employed an activity co-ordinator that organised activities seven days a week. A monthly activities planner was available for the people living at Ingersley Court Residential Care Home.

Activities included hand massage and manicure, arts and crafts, bingo, and dominoes, Visitors also attended the home regularly to provide entertainment to the people in the form of singing. The local church visited the home on Sundays to provide a church service.

The home also had a cat named 'Felix', we observed many people living at the home nursing the cat throughout the inspection. One person commented, "I have always owned cats, having Felix here makes me very happy."

We asked people their thoughts on the level of activities at the home. People commented, "Today we have a classical singer coming, she is superb."; "There tends to be something going on to occupy your time" and "It would be nice to have more activities in the day time; we have an activities person who is in the process of adding more activities, so I have been told."

People living at the home were able to make suggestions on the activities at their residents' committee meeting. It was clear that resident involvement played a key part in the service delivered at Ingersley Court Residential Care Home.

## Is the service well-led?

### Our findings

We asked people who used the service if they found the service provided at Ingersley Court Residential Care Home to be well led.

Comments from people using the service included: "They seem to have a good team here." "We have a new manager working here, I think she is approachable" and "This home will never replace my old home, but I am well cared for here."

Staff commented on the leadership at the home, "I feel supported by the manager here, she is firm but fair" and "There has been a change in the leadership at the home and I can see improvements."

The acting manager was present throughout our inspection. She was helpful and responsive to requests for information and support from the inspector, people using the service, staff and visitors. During our inspection we observed that people and their visitors felt able to approach the acting manager directly and she communicated with them in a friendly and caring way.

The number of shortfalls that we found during this inspection indicated quality assurance and auditing processes had not been effective particularly in areas such as care planning, and medicines. We found these checks were not completed on a regular basis and was not detailed in their findings. For example we found limited audits for care planning and medicines, with the majority of the audits completed by the staff.

We noted no management audits had been undertaken at the home. The acting manager commented that she had not been overseeing the home that long and would introduce a manager's monthly audit straight away. On the second day of the inspection the acting manager provided the inspection team with a manager's medicines audit that she had completed. The manager confirmed she will be completing these audits going forward.

Ingersley Court Residential Care Home employed a service manager who provided audits relating to infection control, health and safety, and meal time audits. These audits were undertaken regularly and provided a clear audit trail of what tasks were required to be completed.

Ingersley Court Residential Care Home sent out questionnaires in September 2015 to seek feedback from people using the service, their relatives and stakeholders. However, the provider could not locate the results or action plan of these questionnaires. The acting manager forwarded the results after the inspection.

Although auditing systems were in place, it was evident that there were gaps in the home's care planning system and significant scope for improvement.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider has not ensured effective systems were in place to monitor and improve the quality of service provided.

We noted that meetings with staff and people using the service or their representatives had been coordinated periodically to share and receive feedback on the service provided.

We checked a number of test and / or maintenance records relating to: the fire alarm; fire extinguishers; gas installation; electrical wiring; portable appliance tests; water quality checks and hoisting equipment. All records were found to be in a satisfactory order.

The manager is required to notify the CQC of certain significant events that may occur at Ingersley Court Residential Care Home. We noted that the acting manager had kept a record of these notifications.

Where the Commission had been notified of safeguarding concerns we were satisfied that the acting manager had taken the appropriate action. This meant that the registered manager was aware of and had complied with the legal obligations attached to her role.

Information on Ingersley Court Residential Care Home had been produced in the form of a statement of purpose to provide people using the service and their representatives with key information on the service. A copy of this document was provided to people / representatives once their care commenced. Information on the aims and objectives of the service, philosophy and strategic vision had been detailed within the documents.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider has not ensured that risk assessments relating to the health, safety and welfare of people using the service were appropriately updated to reflect people's needs.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider has not ensured effective systems were in place to monitor and improve the quality of service provided.</p>