Little Ingestre Care Limited

Little Ingestre House

Inspection report

Ingestre Park
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 25 and 27 November 2014 and was unannounced.

Little Ingestre provides accommodation and personal care to 13 people with a physical disability. There were 12 people living at the home when we visited.

Little Ingestre had a registered manager. 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.

People's wishes were always taken into account on the way their care was planned and delivered. People were involved in developing the service through a 'resident

Summary of findings

group' that identified areas where the service could be improved. We saw that the provider listened to their views and took positive action to respond to requests for changes and improvements in the service provided.

People told us they felt safe. Risks to people were managed effectively. Risks were identified, assessed and plans were in place to minimise the risks to people and to ensure that people's wishes were respected. Risks were regularly reviewed with the person concerned.

Staff knew about different types of abuse and knew how to respond to any concerns. Appropriate action was taken when concerns were identified.

There were sufficient staff on duty to provide people with the care they needed in the way they wanted. The staffing levels were adapted when people's needs changed. There was a robust recruitment procedure in place to make sure that suitable staff were recruited to provide people's care.

Effective systems were in place to make sure people received their medicines in the manner and at the time the doctor prescribed. People confirmed that they always received their medicines.

People were supported by staff that were trained and supported to provide care to a satisfactory standard. Where people had specialist needs staff had the knowledge and skills to provide care that met their needs.

People's health and nutritional needs were met. People had a choice of meals and mealtimes were a positive experience. Where people had specialist dietary requirements they received the correct care and support to make sure these needs were met. People accessed health care services. They saw their GP when they were ill and received specialist health care support from professionals including a dietician and speech and language therapists. People received dental and eye check-ups.

The care staff followed the guidance of the Mental Capacity Act 2005. When people needed support to make decisions this was recorded and we saw this was acted upon. Where people were unable to make more complex decisions this was done in their best interest and included significant people who knew them well. The managers were aware of the provisions of the Deprivation of Liberty Safeguards(DoLS). No one at the service was subject to any restrictions that required a DoLS authorisation.

People told us and we observed that people were supported in a caring and compassionate way. Their rights to privacy and dignity were promoted. Care staff knew how people expressed their wishes and made sure that their views were acted upon in the way their care was provided.

People received individualised care that was responsive to people's preferences. People made choices about their lifestyle and how their care was provided. People had the opportunity to take part in hobbies and interests of their choice as well as trying out new experiences. People went out into the community. This was an area that the provider had identified could be further developed.

People told us the service was well led. We observed that the managers were very visible and knew people well. Care staff felt valued and encouraged to develop their knowledge and skills. Staff felt confident that any concerns over care practices would be acted upon.

There were effective systems in place to review and monitor the care people received. Where any shortfalls were identified action was taken to improve the service. The managers and providers were continually trying to improve the service provided to people that lived at the home.

Summary of findings

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 safe.

People were kept safe because there were sufficient, suitably recruited staff on duty to provide their support.

Staff knew how to recognise and respond to concerns and responded correctly to allegations of abuse. Risks to people were identified and acted upon in a way that made sure people were in control of their lives.

People were supported to have their medicines as they were prescribed.

Good

Is the service effective?
The service was effective.

People were supported by staff that were trained and supported to meet their individual needs.

People had their nutritional and health care needs met in the way they wanted.

Staff understood the provisions of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The provisions were put into practice. This meant that people's human and legal rights were respected.

Good

Is the service caring?
The service was caring.

People were supported by care staff that cared about them.

Care was provided in a caring and compassionate way. People were treated with respect and their dignity was promoted.

People were encouraged and supported to express their views and wishes and these were acted upon.

Good

Is the service responsive?
The service was responsive.

Staff knew people well and ensured that people's care met their individual needs.

People were supported to take part in hobbies and activities that interested them. People had the opportunity to go out into the community.

People had regular opportunities to feedback their experiences. Complaints and concerns were listened to and acted upon.

Good

Is the service well-led?
The service was well led.

People's views were sought and acted upon to develop and improve the service.

Good

Summary of findings

Care staff understood their role, felt supported and were confident that any concerns about care practices would be acted upon.

Effective systems were in place to check and monitor the quality of care people received. This meant that any shortfalls would be quickly identified, acted upon and that the provider was continually working to improve the service people received.

Little Ingestre House

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.

This inspection took place on 25 and 27 November 2014 and was unannounced.

The inspection was completed by one inspector.

Before the inspection we looked at the information we held about the service. This included notifications that the provider had sent us. Notifications are documents the provider sends us to tell us about incidents that have occurred at the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with a local authority commissioner of the service and two health and social care professionals.

During the inspection we spoke with 11 people that lived at the home, one relative, four care staff, the manager and the deputy. We also undertook several short periods of observation. We reviewed aspects of three care files and a number of documents relating to running the home. These included two staff files, complaints and quality monitoring checks.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person told us; "I feel safe here". They told us that they would raise concerns about their safety and would talk to staff if they were not treated properly. Care staff told us that they were trained in safeguarding adults. They described to us signs of abuse and the actions they would take if they had any concerns over people's welfare and safety. They confirmed that any concerns were reported to the senior staff and were confident that they would be acted upon. Our discussions with the manager confirmed that they were aware of the actions to take if incidents were reported to them. Our records confirmed that the manager had appropriately referred an incident to the local authority for investigation. This meant that the provider had provided staff with the knowledge and information to help to keep people safe.

People confirmed to us that risks were discussed with them regularly and we saw that their views were recorded in their plan of care. One person said; "I need to use a hoist and I feel safe when I am moved". Another person told us that the staff talked about any risks with them and they agreed to the plans. They said; "I feel safe here. I feel in control – I make my own choices". Records confirmed that risks to people were assessed, identified and acted upon. For example in one record we saw the risks of a person falling and of malnutrition were assessed. Plans were in place that were agreed with the person concerned. A discussion with this person and with staff confirmed that the plan was followed. Another person told us they used bedrails to prevent them from falling from their bed. They said the use of the rails had been discussed with them and they were in agreement with their use. They said; "It makes me feel safe". Some people were at risk of skin damage. For example we saw that pressure relieving equipment was provided to support people to maintain a health skin. Staff told us and records confirmed that people's skin was regularly checked. This meant that these risks to people were managed in a way that took account of their views and supported their rights.

Records confirmed that each person had a plan to help them to leave the building in an emergency. This identified the type of support people needed including any equipment. The manager maintained records of accidents and incidents that occurred in the home. These were analysed and actions taken to reduce the likelihood of incidents reoccurring. The manager told us that when risks were identified these were acted upon. For example it was identified that some people could not reach the nurse call bells in the lounge to summon assistance. We saw that this had been addressed by providing a number of nurse call bells from the ceiling. People confirmed to us that these had recently been put in place and made them feel safer. This showed that the provider took action to address risks to improve the service for people.

People told us that there were sufficient staff available to provide their support. They told us that when they needed attention they used their nurse call bell and that the staff responded promptly. Our observations confirmed that people were not waiting more than a few minutes when they rang their call bell. One person said; "They are quick coming". We saw that where people could not use a call bell the staff ensured they were seen every half hour to check their welfare.

We spoke with the manager who told us that they used a dependency tool to identify the amount of staff needed. They confirmed that they had recently increased the level of waking night staff. This was to enable everyone to be able to go to bed at a time of their choosing. This meant that staffing levels were adapted to take account of the needs of the people that lived at the home.

The provider had a recruitment process in place that made sure that suitable people were employed to provide people's care. Care staff told us they completed an application form, had a formal interview and that the appropriate checks were completed before they work. The PIR provided confirmed that where staff were not suitable disciplinary action was taken or their employment was not continued after their probationary period.

People told us that they always received their medication. One person said; "They do my medicines. They never miss. I keep an eye on it". Another person said; "I get my medicines when I need them". We observed that the provider had suitable arrangements for storing and administering medication. We observed a senior care staff administering medication. People's identity was checked and the records were signed after medicines had been administered. Where people had medicines 'as required' there were protocols in place. This meant that there was guidance for staff to make sure these medicines was given in a consistent way. Some medicines needed to be given at a specific time to be

Good

Is the service safe?

effective. We observed that the senior set an alarm to ensure that this medicine was given at the correct time. Where people required creams and ointments records were completed that confirmed that these medicines were given.

Good

Is the service effective?

Our findings

People told us they were happy living at the home. Some people who could not tell us verbally, confirmed through their facial expressions and hand gestures their satisfaction with their care.

People said they got on well with the staff and that staff knew how to provide their support. One person said; "The staff know what they are doing". Another person said; "The staff look after me well". We saw that the provider made sure that people were supported by care staff who had the knowledge and skills to meet their needs. New staff completed induction training. Care staff we spoke with confirmed they had received a range of ongoing training. This included annual basic training as well as specific training relating to the needs of individual people. This was confirmed in the training records we saw. In addition to internal training all care staff had competed or were in the process of completing a Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs. Care staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required.

Care was provided with people's consent. People we spoke with gave us examples when care staff sought their agreement to provide their care. For example people told us they chose when to get up and went to bed. One person described how they decided the things they did, what they ate and where they spent their time. Another person told us; "I am happy here. The staff listen to me. I am in control". We also observed that staff always sought people's consent. For example people's consent was sought before having their medication and before any personal care was provided.

Discussions with staff confirmed they understood the provisions of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure that people are supported to make decisions. When people lack the capacity to make a decision this must be done in their best interest. Care staff told us how they supported people to make decisions. For example staff told us that talking with one person early in the day helped them to make decisions, and that another person had a book with symbols in to assist them to make choices. We also saw some documents written in symbols to support people to understand information. If people were not able to make complex decisions, care staff were aware of the need to involve other people to make sure decisions were made in a person's best interest.

The registered manager was able to tell us about the DoLS. We saw that they had taken advice to check that no one had unlawful restrictions placed up on them. There was no one living at the home at the time of inspection who required an application to be made under this legislation.

People told us that they enjoyed the food at the home. They said they were provided with a choice of food and drink and chose where they ate their meals. One person said; "Meals are a good experience. We have a good laugh". Another person who needed some support to eat their meals said; "There's a choice. I get the support I need. This is done in a respectful way". One person wanted a vegetarian diet and they told us this was provided. We observed the cook visiting this person and discussing their preferences.

Records we checked confirmed that people's nutritional needs were assessed and where needed, a plan of care was in place and agreed with the person. People confirmed they were weighed regularly and any significant changes in weight were acted upon. For example we saw that one person who experienced difficulties had been assessed by dieticians and/or speech and language therapists. Some people had a specialist diet. We spoke with one person who had a soft diet and they confirmed they received this. Some people needed to have their nutrition through a tube into their stomach. We spoke with staff and checked the records and these confirmed that this nutrition was being given correctly. We checked the weight records of these people and this showed that their weight remained consistent. This meant they were receiving the necessary nutrition to meet their needs.

People were supported to have their health care needs met. People we spoke with told us that they saw the GP when they were ill and had eye and dental check-ups. One person told us that they needed some specialist health care monitoring and that the staff supported them to attend the hospital. A relative we spoke with confirmed that their family member saw the GP and that a chiropodist visited the home. Care staff were able to tell us about people's health care needs. This information corresponded

Good

Is the service effective?

with the information people told us and with the plans of care. We checked the records of some people who could not tell us in detail about their care. These records confirmed they were supported by a range of health professionals.

We spoke with a health care professional who told us that staff were knowledgeable about people including their health care needs. They felt that staff referred issues appropriately and promptly and acted on advice given. They told us that staff ensured that people were involved in decisions about their health care.

Good

Is the service caring?

Our findings

People's care was provided in a caring and compassionate way. People told us that they liked living at the home. The main reason they gave us was because the staff were caring and cared about them. Everyone we spoke with either told us verbally or through gestures and facial expressions that they liked the staff. One person said: "The staff are nice. They care about us". Another person said: "It's good to live here because the staff are lovely. They care about people who live here. They listen to me". These views were confirmed by our observations and our discussions with all the staff.

We observed that staff spoke respectfully towards people and it was clear there were positive relationships between the care staff and the people that lived at the home. We observed positive interactions between staff and people. When people were supported with their care the care staff fused this as an opportunity for positive interaction. This demonstrated that staff felt that care was much more than undertaking practical care tasks and that care staff valued people. One person said: "They [staff] are lovely and friendly. It makes all the difference". We observed that all aspects of care were provided in a caring and compassionate way. For example we observed some people being supported to eat and saw people were fully involved in the process and nothing was done without the agreement of the person.

Care staff we spoke with told us they enjoyed working at the home. One said; "We have a bond with the residents. I am very fond of them. I treat them the way I would wish to be treated". Another care staff member said; "It is great to work here. It's not just a job. They [people who live at the home] are like my family".

Care staff knew people's wishes and preferences and understood their hopes and wishes for the future. We saw that people were actively supported to express their views; staff listened to them and acted upon their wishes. People were provided the information and the time to make decisions about their care. One relative who told us their family member used non-verbal methods to communicate their wishes said; "[Relative name] makes it obvious if they don't like things. The staff know them and what they like". One person told us they liked to wear jewellery and we saw that the staff supported the person with this wish. This person told us; "They [staff] make sure I look nice". Another person said; "I make decisions and choices about my lifestyle".

People told us that the care staff treated them with respect and promoted their privacy and dignity.

People told us and we observed that staff always knocked on people's doors and waited to be invited into their bedroom. Care staff were able to describe to us how they made sure that people's care was provided discreetly and in the way the person wanted. They confirmed that they asked people how they wanted their care and acted in accordance with their wishes. We saw that people were supported to be as independent as possible. For example people had appropriate equipment and staff ensured that objects were suitably placed to enable people to do as much for themselves as possible.

People told us that friends and relatives could visit when they wished. One person told us that the care staff made sure visits had a high priority and would alter the daily routines to accommodate them. They said; "My friends visits when they like". A relative we spoke with confirmed they visited regularly and felt very welcome. This relative said: "I am happy with [relative name's] care. It's just like a family here. The staff are caring". The staff took one person to see a relative who was unable to visit. When it was the relative's birthday the staff took food from the home to support the person to arrange a party for their family member. This showed that the staff were prepared to go the 'extra mile' for people that lived at the home.

Good

Is the service responsive?

Our findings

People told us that their care met their individual needs. For example people told us they made choices about their lifestyle including where and how they spent their time, and when and how they received their personal care. One person said; "The staff listen to me. I make my own choices and decisions". Discussions with staff confirmed that they knew people well and knew their individual likes and dislikes. For example one staff member described how one person preferred to have their meals in their bedroom and how another liked to spend time in their bedroom but joined other people for their meals. Care staff were also able to describe people's individual preferred routines.

One person said; "I meet with staff to talk about my care". Another person said; "My care meets my needs. I discuss it every month". We also saw evidence that people were involved in formal review meetings at least every six months. This meant that people were included in making sure that records of care were up to date and reflected the their needs. Records confirmed that people's needs were assessed before they moved to live at the home. We saw that each person's care records included plans of care that were reviewed every month. Plans contained information about people's holistic needs including their health care, personal care and social care needs. Information about people's individual preferences were included. Plans were discussed and agreed with the person concerned. Staff confirmed that there was a meeting every month to discuss people's care.

People were encouraged and supported to follow their interests and to take part in new hobbies. We saw there was a schedule of activities that had been developed to take account of people's individual interests and wishes. The home had a 'resident group'. This group of people spoke with all the residents to gather their ideas about things they would like to do. They arranged activities and entertainment and put forward suggestions to improve the home. Each person also had their own schedule of activities. For example one person enjoyed painting and they told us they had had their own art exhibition. Another person said they had been supported to take up tapestry and another person did knitting. We observed two people playing dominoes. We saw that people had the opportunity to take part in some group activities. Some people found it hard to join in with activities and the staff offered them individual activities such as pampering sessions. A hairdresser and a beautician regularly visited the home. Some people told us they could choose to take part in a church service every month.

We saw that the home had one computer for people to use and some people had their own computers. The home provided internet connections and this enabled those that wished to keep in touch with friends and family. One person told us that they regularly used social media to keep in touch with family members.

People told us they had the opportunity to go out. Some people attended a local club for people with a visual impairment. On the first day of the inspection, one person was supported to go shopping and in the previous week one person had been out for a pub lunch and another went to a museum.

People told us they would raise any concerns they had. People had the opportunity to provide feedback about their care through face to face meetings with staff and regular discussions about their care. One person said; "If I was not happy I would tell the staff". Another person said; "If I had a problem I would talk to the manager or the deputy. They are always around". The relative we spoke with told us they would have no hesitation is talking with the manager about any concerns they had. The provider had a complaints procedure and we saw this was displayed in several areas throughout the building and was in a pictorial format. We saw that the provider maintained a log of complaints and that there had been one complaint during 2014. We saw records to confirm this had been investigated and acted upon.

Good

Is the service well-led?

Our findings

People who lived at the home, their relatives and the care staff were involved in developing and improving the service. People told us they had the opportunity to express their views through the completion of surveys and in meetings. We saw that when issues were raised these were acted upon. For example one person had raised an issue over meals and this was promptly addressed.

Two people told us they organised the 'residents' group'. They told us they talked to people about any concerns and areas for improvement. We saw the group was provided with the weekly menu and made changes to it following consultation with the people living at the home. We saw that this group had identified that a television in one lounge needed replacing and it was confirmed that this was being addressed. One person told us that the group was involved in suggesting that a weekly takeaway meal was available to people. They also told us and records confirmed that people were involved in interviewing prospective staff. One person told us; "They listen to us. They want to make our lives better."

People told us that they felt the home was well led. They said that the manager and the deputy were very visible. They told us they saw the manager most days and felt confident to raise any issues with them. We also observed the manager working alongside the care staff supporting them to provide care for people. It was clear that the manager knew everyone and had positive relationships with both the care staff and people that lived at the home. One person told us; "She is a good manager. – very visible". Another person said; "The manager is very good and popular with residents'.

Care staff we spoke with told us that they felt supported and valued by the manager and the deputy manager. They understood their role and were motivated to provide people with individualised care in a caring and compassionate way. They said managers encouraged them to develop their knowledge and skills and were always around to speak with. Care staff said they would be confident to raise concerns about other staff's care practices and that the management team would act upon issues in a fair and open manner. They said that there were staff meetings where they had the opportunity to raise issues and to put forward ideas to improve the service.

There was an open and inclusive atmosphere at the home. Staff and people that lived there had positive relationships. A health care professional commented on the friendly relationships between staff and people that lived there. We witnessed a relaxed and friendly atmosphere in the home with staff and people chatting and laughing together

We spoke with the manager about their values and vision for the service. They told us their aim was to ensure people were in control of their lives and that care was individualised to meet people's needs in the way they wanted. One person said to us; "I like it here. There are no rules". The manager told us that they kept up to date with current practice through reading journals and online information and was supported by information from the provider. They confirmed that they were due to start a Level 5 (degree level) care and management qualification.

Effective systems were in place to monitor and check the quality of care people received. We saw evidence of audits being completed on medicines, care records, health and safety and infection control. Where shortfalls were identified an action plan was put in place. This was monitored by the area manager who visited the service on a monthly basis and who also completed additional checks on people's care. This meant that the provider was continually trying to improve the service people received.

This section is primarily information for the provider

Enforcement actions

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