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Inglewood Residential Rest Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an inspection on 21 October 2014 which was unannounced. During our last inspection on 6 December 2013, we did not identify any concerns.

Inglewood Residential Rest Home provides personal care for up to 31 people. At the time of our inspection, 28 people used the service.

There was a registered manager at Inglewood Residential Rest 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.

Summary of findings

People's risks were identified, managed and reviewed and the staff understood how to keep people safe. There were sufficient numbers of suitable staff to meet people's needs and promote people's safety.

People who used the service and their relatives told us the staff treated them with compassion, dignity and respect. We saw that staff listened to people and encouraged them to make choices and decisions about their care.

Staff sought people's consent before they provided care and support. Some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were not always followed.

Staff had completed training that enabled them to meet people's needs effectively and the development needs of the staff were monitored by the registered manager. However, staff were unsure of their responsibilities under the Mental Capacity Act 2005.

People were supported to access suitable amounts of food and drink of their choice and specialist diets such as diabetic diets were catered for.

People's health and wellbeing needs were monitored and people were supported to attend health appointments as required.

People were encouraged to make choices about their care and the staff respected the choices people made. Staff treated people with kindness and compassion and people's dignity and privacy was promoted.

People were involved in the assessment and review of their needs and care was delivered in accordance with people's care preferences. People were encouraged and enabled to participate in activities that were important to them. These activities took place both within and outside the home environment.

People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive atmosphere within the home and the registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with us.

Staff working at the home were positive about their role and the service. They had been appropriately recruited and supported. We saw that staff provided care in a way that centred on the needs of individual people who lived there. Staff understood the vision and values of the service and provided care in a safe environment.

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 told us that they felt safe, the staff and the registered manager understood their responsibilities to protect people from the risk of harm. Risks were assessed in a way that kept people safe whilst promoting their independence. People were kept safe because there was enough suitably skilled staff available to meet their needs

Good



Is the service effective?

The service was effective.

People told us that they consented to their care. Assessments had not always been carried out where people lacked mental capacity to decisions were made in their best interests. People were supported with their health needs and staff had received appropriate training to carry out their role effectively.

Requires Improvement



Is the service caring?

The service was caring.

People told us that they were happy with the care they received and the staff were kind and caring. People were treated with dignity because staff listened to people's wishes and were sensitive when they provided support. Staff we spoke with told us how they gained satisfaction from providing a good quality of care.

Good



Is the service responsive?

The service was responsive.

People told us that they were involved in their care and staff provided consistent support in an unrushed manner. The provider had made adjustments which ensured that people's diverse needs were met. We found that staff knew people's preferences in how the care needed to be carried out.

Good



Is the service well-led?

The service was well led.

People told us that they felt the service was well led. There was an open culture and staff were able to approach the registered manager if they had any concerns. The provider gained feedback from people who used the service and acted on this to make improvements. The registered manager had undertaken audits to monitor the quality of the service.

Good



Inglewood Residential Rest 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 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 21 October 2014 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of care service. The Expert had experience of caring for older people within people's own home and within a residential care setting.

We checked the information we held about the service and the provider. This included the notifications that the provider had sent to us about the care and information we had received from the public and the local authority. We used this information to formulate our inspection plan.

We spoke with nine people who used the service and three relatives. We also spoke with seven members of care staff, the registered manager and provider. We carried out an observation of care practices over the lunch time period and shared a meal with people who used the service.

We looked at four people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included audits, health and safety checks, staff rotas, training records, staff recruitment files and questionnaires that had been sent to people who used the service.

Is the service safe?

Our findings

Staff told us what action they took if they were concerned that a person was at risk of abuse. One staff member told us, “We don’t hide anything here. If something happens then we report it”. The registered manager understood their responsibilities to report any concerns of abuse and we saw that where any concerns had been raised they had been referred to the Local Safeguarding Authority as required.

People told us that they were supported by staff in a way that enabled them to be independent. One person told us, “I go out on my own. The staff always make sure I have my phone on me and I always take a form of identity in case I need support.” Staff we spoke with told us how they supported people with risks whilst promoting independence. One staff member said, “We know how important it is to keep people safe, whether it’s in the home or outside. We let people be as independent as possible but are always aware of what we must do to keep people safe”. We saw that risk assessments were in place and reviewed regularly which ensured that any changes in people’s needs were identified and recorded.

Staff told us that they reported any accidents to the registered manager and they completed forms which detailed where and how the accident occurred. The registered manager had a system in place to monitor any accidents. Where people were at risk of falling, we saw evidence that referrals had been made to health professionals for an assessment for equipment to lower the risks of a further accident. One person told us, “They’re very good here. I’m so relieved to be here. I had many falls before I moved here and now I’m here I feel safe.”

We observed one member of staff administering people’s medicines. People were given a drink and time to take their medicines, whilst the staff member stayed with them to

ensure these had been taken before recording this. People we spoke with told us they were confident they received their medicines as prescribed. One person told us, “I know exactly what I need to take and they always do it right.” Another person told us. They asked me if I wanted to carry on taking my own medicines when I moved here. I was happy not to have to worry about doing this anymore and the staff help me now. I have my tablets twice a day and know what they’re for.”

People felt that there were enough staff available to meet their needs. One person told us, “There’s always someone around. The staff make sure we have everything we want. If any of us want anything there’s always someone around to help us. I’ve no complaints.” Staff we spoke with told us there were enough staff available and when there were shortages they were asked to cover visits where possible. One staff member told us, “We are a good team and we all help each other out where we can if there are shortages”.

Staff we spoke with told us that they had provided information which enabled the registered manager to check on their suitability to provide support to people. We saw that the registered manager had undertaken these checks as part of the recruitment process before staff were assessed as suitable to work with people. People we spoke with told us that new staff were introduced to them and they were able to spend time with staff before they began to provide personal care. One person told us, “It’s nice to get to know the staff but they don’t change much. Most of the staff have been here for ever and know us so well.”

Procedures were in place to help staff keep people safe in the event of an emergency. For example, every person had an up to date personal emergency evacuation plan (PEEP) in place. PEEP’s record how staff and emergency services should support people to evacuate the premises in the event of an emergency.

Is the service effective?

Our findings

People who had the ability to make decisions about their care told us that staff involved them in these decisions and respected their choices. This showed that under these circumstances staff only provided care and support once people's consent had been gained. All the care records stated that people were independent of making their own decisions and choices. However, in one instance we saw that a relative made decisions for one person and staff told us this was because the person did not have the capacity to make this decision. The Mental Capacity Act 2005 sets out requirements to ensure that decisions are made in people's best interests, when they lack sufficient capacity to be able to do this for themselves. Staff told us about they knew the basic principles of the Act although in this instance a mental capacity assessment and not been completed to ensure decisions were made in this persons best interests. We did not see any person having restrictions placed on them where people no longer had capacity.

People we spoke with told us that they were aware of their health needs and told us that staff supported them effectively. One relative told us, "They make sure referrals are made, so [person using the service] has had a new hearing aid. Their feet are always done and they never hesitate to call the doctor." Another relative told us, "Within the first few weeks of being here, everything had been taken care of. Referrals were made to make sure [person using the service] was wearing the right glasses, had a hearing aid and was seen by a new GP and chiropodist. First class care."

Staff told us that they could recognise signs when people were not well, for example; people may show physical signs

and emotional signs. Staff told us that where people had concerns about weight loss they monitored what people ate and drank. One member of staff told us, "If people lose more than four pounds we start to complete a food chart to make sure we can see why people have had a weight loss. It's important we notice and do something about this to make sure people stay well." The records we viewed showed that staff had noted their concerns and action had been taken.

People told us that they could access sufficient amounts of food and drink that met their individual preferences and staff supported them to eat and drink if this was required. One person said, "We have lovely food. We get a choice of meals and there's always drinks around. I've always enjoyed a glass of wine with my meal and I still have one here." Another person told us, "The staff know what I like. I don't like peas so they always give me another vegetable that I like, like carrots." We saw that specialist diets, such as diabetic diets were catered for. Staff showed a good understanding of people's nutritional needs and we saw that a healthy and balanced diet was promoted.

People told us that the staff were suitably skilled to meet their needs. One person said, "They know what they're doing. If I want something different they always accommodate me." Staff told us they had received training to provide them with the skills they needed to meet people's needs. We saw that training had been effective and staff had the skills they needed to provide care and support. For example, we saw that when staff gave people their medicines they had the knowledge to tell people what their medicines were for. We saw people were supported to move safely from their chair to a wheelchair when they were assisted to move around the home.

Is the service caring?

Our findings

People told us staff gave them time and were patient when they provided support. People also felt that staff were respectful and treated them with dignity and sensitivity. One relative told us, “The staff really care for people and ensure their dignity. I have nothing but praise for them.” Another relative told us, “I find the staff here are so positive and wonderful.” Staff told us that they always ensured that people felt comfortable and informed them of the support they were going to provide. One staff member said, “We care for people. The care here is brilliant. We are very dedicated.”

People told us they were involved in making choices about their care. One person said, “The staff always ask me what I would like”. Another person said, “I choose my clothes and I tell the staff what clothes I want washing”. We saw that people were encouraged to make decisions about the food they ate, the clothes they wore and the activities they participated in. We saw that staff respected people’s decisions.

People told us that their independence was promoted. One relative said, “The staff support everyone so well here. The staff allow my [person who used the service] to be independent. It’s great here.” Another person said, “I get myself ready in the morning to keep my independence”. We saw that people’s mobility aids were kept close to them so they could move around the home independently if they chose to do so.

Relatives told us staff treated them with kindness and compassion and they could visit anytime. One relative said, “It’s one big happy family here. I never worry that I have to call before I visit. I just turn up, just like I did when [person who used the service] lived at home”. Another relative said, “I can come and eat a meal with [person who used the service], I just have to tell the staff I’m coming. It’s nice to be able to sit and eat with them. The staff always keep us involved.”

Is the service responsive?

Our findings

People and their relatives told us they were involved in any assessments and reviews of their needs. One relative said, "Before [person who used the service] came here we were asked what we wanted and what support was needed. They asked [person who used the service] what they liked and disliked. They were completely honest with us and what they promised they delivered". One person told us, "The staff ask us what we want and if they are doing things right to want things changing. It's wonderful. From the day we came here, we've never looked back."

People told us that they were involved in the planning of their care. One person told us, "I was asked what I liked when I came here and the staff know me well". A relative we spoke with told us, "I am always involved in the reviews of my relative's care and I was asked about their past history". We spoke with staff who knew how people liked to dress and what their likes and dislikes were. Basic information about people's support was included in a plan of care and staff we spoke with knew how to support people. The registered manager agreed that further information about personal history and significant events would support future planning of care.

People told us they were encouraged to pursue their interests and participate in activities that were important to them in the home and the community. One person said, "I love playing bingo. We have a man visit to help us exercise. It's good to keep moving." Another person told us, "If it's nice, we go outside in the garden. There's nothing planned

today but I often like to go out and look around the shops or just go to the bank. I know how to keep safe and I know what to do. I like to keep doing these things for as long as I can." One person told us, "Lots of people go out with family, and we can go where we want to. I sometimes go out with my daughter but I prefer to stay at home in the warm. Another person told us, "The vicar came the other day and did a lovely service. We don't have to listen; we only go to the service if we want to."

Staff were responsive to people's needs. We saw that staff responded to people's needs in a timely manner. People told us there were no set times for bathing and they could bathe or shower at a time that suited them. We observed a staff member asking people if they wanted to be supported to have a bath. Their decision to accept or decline this offer was then respected. One person told us, "We're not forced to do things when it's convenient for staff. They ask us and listen to what we say. They understand we can might not want to do something at that time and they come back later or when we ask them to."

People knew how to complain and they told us they would not hesitate to share concerns or make a complaint. There was a complaints procedure which people knew. One person said, "There is always someone around to speak to. I wouldn't hesitate to speak with someone". Another person said, "I can't imagine me ever having to have anything to complain about. You get first class care here and the staff are always asking if we are alright and if there's anything they can do."

Is the service well-led?

Our findings

We spoke with the registered manager and found they had a clear vision and philosophy for the service, which aimed to give people the best quality of life they could. All the staff we spoke with were motivated and positive about their role. They understood the values of the service, felt supported and enjoyed their work. One member of staff told us, "I enjoy working here. I've worked here for many years and people here are like my family. The provider is extremely committed to making sure people are cared for and supported. If my nan needed somewhere to live, I'd certainly be recommending this place, It's the best."

People told us that they were asked for feedback about the quality of care they received. The feedback contained positive comments about the service and the care provided. We saw that annual questionnaires were sent out to gain feedback on the service and the provider had analysed the feedback received and acknowledged any changes needed, including how they could develop activities in the home.

Systems were in place to monitor the service provision. We looked at how accidents and incidents were reported and saw that these were reviewed to help to identify concerns. The registered manager had reviewed these incidents and sought support from the falls prevention team where concerns were identified and reviewed the care provided. People told us they had received support so they could move safely around the home and had the equipment they now needed to move or to summon support.

The registered manager monitored the quality of care provided by completing audits and checks of medicines management, care records and checks relating to health and safety. These audits were evaluated and created action plans for improvement where needed.

The registered manager understood the responsibilities of their registration with us. They reported significant information and events to us, such as serious injuries, in accordance with the requirements of their registration.