

Cumbria County Council

Inglewood

Inspection report

Low Moor Road
Wigton
Cumbria
CA7 9QL






Date of inspection visit:
15 September 2021
20 September 2021
13 October 2021

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Inglewood is a residential care home providing personal care for up to 40 people aged 65 and over. At the time of the inspection there were 28 people living or staying at the home.

The home has been adapted into four distinct units, one of which provides six NHS interim places and two respite places for people discharged from hospital who need arrangements put in place before returning home. The other three units provide permanent places for older people or people living with dementia.

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

Inglewood continued to provide an outstanding service. People and their relatives said the service was exceptionally caring and personalised. People had excellent support to lead the lives they wanted. Relatives said people's well-being had "flourished" since moving there.

People continued to be treated with the utmost dignity, respect and compassion throughout their time in the home. People's abilities and choices were highly valued and staff worked hard to support people to live as independently as possible.

People and relatives were extremely positive about the way the service was run and had excellent relationships with the registered manager and staff. They described the care as "beyond outstanding". Staff said they felt very valued and the home was like a "family". The registered manager and staff continued to be fully committed to providing high-quality, person-centred care.

The service had superb links with local healthcare services which benefitted people who lived there. The home was also a highly respected resource in the local community and was fully involved in local initiatives and social clubs.

People felt safe and comfortable with staff. Staff knew how to report any concerns and said these would be acted upon. The home was bright, warm and clean.

There were enough staff to support people and each day they were allocated to one of the four units. Staff responded quickly to calls for assistance. Staff were very knowledgeable about each person and how they wanted to be supported.

People's needs were assessed to make sure their care could be provided by this service. Staff said they had good training and support to carry out their roles.

People said the meals were good and there were plenty of choices. Staff worked very closely with other care professionals to support people's health needs. Staff provided sensitive and compassionate care to people when they reached the end stages of their lives.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

People received individualised support that matched to their personal preferences. There was a good range of activities and engagement in the local community to maintain people's social inclusion.

Rating at last inspection

The last rating for this service was outstanding (published 14 February 2020).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Inglewood

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by 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 uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and 13 relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, supervisors, care workers and the cook. We also sent an email to 37 other staff inviting their views.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted healthcare professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider assessed and monitored potential risks to people's safety. People's care records included information about individual risks, such as pressure care and mobility, which were kept under review.
- Safety checks relating to the premises, such as fire and lifting equipment, were carried out by external contractors and were up to date.
- Daily walkaround safety checks were carried out by the management team. During this inspection, there were unnamed toiletries in communal cupboards and mops and buckets were left in bathrooms which could create a tripping hazard. The registered manager addressed this immediately.

Using medicines safely

- People's medicines were safely administered. People were encouraged to manage their own medicines where capable of doing so.
- Medicines records were up to date and regularly checked. Clear protocols were in place for the use of 'as required' medicines. Staff received training in medicines management and they had annual assessments of their competency.
- During the inspection, the storage areas for medicines were very warm. Although staff carried out daily temperature checks, these were always early in the morning when the ambient temperature was cool. The registered manager agreed to monitor the temperature of the storage areas at midday and to take action if this was too high for safe storage.
- Medicines were generally disposed of correctly. The provider used special containers to destroy controlled drug patches, but these should only be used in nursing homes. The registered manager confirmed these had been removed.

Preventing and controlling infection

- A safe and effective infection control system was in place to ensure people were protected from the risk of infection. Systems were in place to screen any visitors before they entered the home to reduce the potential spread of infection.
- Staff wore personal protective equipment (PPE) correctly and there was sufficient PPE around all areas of the home. Staff had training in infection prevention and control measures and PPE.
- The provider accessed testing for people using the service. Staff were also tested. The provider's policy about the frequency of testing was in line with government guidance.

Learning lessons when things go wrong

- The service had a system to record accidents which were reviewed by the provider and registered

manager to identify trends. The registered manager analysed this information to check whether there were any actions to take, such as referral to the Falls Team.

- The analysis did not include strategies to minimise the risk of recurrence. For instance, the incident reports showed an increased risk at certain times of the day so additional observation of people at risk may be required at those times. The registered manager said she would include this in future analyses.

Systems and processes to safeguard people from the risk of abuse

- The provider continued to have safeguarding systems in place to protect the people who lived at the home.
- People and relatives said they had no concerns about the service. Their comments included, "I feel safe here, the service is very good", "My [relative] is safe and she tells us that she is" and "Yes, [relative] is perfectly safe. The staff are so caring and, whenever we visit, she's fine and happy."
- Staff had training in safeguarding and understood their responsibilities to report any concerns.

Staffing and recruitment

- The provider had systems for the safe recruitment of staff. Sufficient checks were carried out prior to appointments to ensure staff were suitable to work with vulnerable people.
- There were enough staff on duty to meet people's needs. People and relatives were complimentary about the continuity of staff and many were familiar with staff by name. Their comments included, "There are staff around all the time" and "Whenever I've visited there seems to be enough staff."
- During the inspection, we received some concerns from staff about night staffing levels. We found there were sufficient staff on duty to meet people's needs and there had been no increase in incidents during the night.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person's needs were assessed before they came to the service to make sure the right care could be provided.
- The service and other care professionals used a multi-agency approach to make sure people's needs were kept under review.
- Information about people's abilities, preferences and needs was used to develop personalised individual plans of care.

Staff support: induction, training, skills and experience

- Staff received relevant training to support them in their roles.
- People and relatives said staff were competent in their roles. Their comments included, "They know what they are doing and are confident in what they are doing" and "They are very good at their jobs."
- Overall, staff said they were well supported by the management team. They received regular supervision and annual appraisals that promoted their professional development.

Supporting people to eat and drink enough to maintain a balanced diet

- People had written choices about meals and were complimentary about the quality of food. People's comments included, "The food is good, and the puddings are very good!" and "We've been trying different meals with the cook, it's been lovely to try Italian food." A relative told us, "She had lost weight before she came here but now is weighed weekly and her weight has stabilised, they are spot on with this. She is very happy with the food."
- During this inspection, the information kept in the kitchen about people's special dietary needs was out of date. The catering staff knew people's needs very well but this would not support any relief or agency staff. The registered manager addressed this immediately.
- There was guidance in the home about preparing different consistencies of food for people who found it hard to swallow. Training was arranged for catering staff in modified food textures.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff made sure people had access to healthcare services whenever required.
- The registered manager described the relationship between the home and local healthcare professionals as "excellent". There was weekly input into the service from the GP, pharmacist and community nursing services.

- People and relatives commented positively on the collaboration between the home and healthcare professionals. They told us, "They work closely with the doctor around the corner to support [my relative]. Before they came here their skin was dehydrated but now it's plumped up and well hydrated" and "They get the doctor immediately if needed. [My relative] has regular assessments, and the doctor checks on residents."
- The home provided a purpose-built unit that included NHS places to support the rehabilitation of people to move home. The unit had replaced the local community hospital which had closed, and this was part of a plan for increased joint working between health and social care services.

Adapting service, design, decoration to meet people's needs

- The premises had been operating as a care home for over 50 years. It was adapted into four distinct units, each with its own kitchen, lounge and bathrooms.
- Improvements were planned to the premises, including the alteration of a small bathroom to a wet room which would be better suited to people's physical needs. There was also a redecoration programme to address some area of wear and tear in other bathrooms.

Ensuring consent to care and treatment in line with law and guidance

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 receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were involved in daily decisions about their care where they had capacity to do so. People who lacked capacity were supported by relevant representatives and decisions were made in their best interest.
- If relatives had Lasting Power of Attorneys (LPA), the service retained copies of these documents, so it was clear if who had the legal right to help people make significant decisions. People were not unnecessarily restricted, so their rights were not compromised.
- Staff followed the principles of MCA and DoLS. Copies of MCA records carried out by other professionals were not always available in the home. The registered manager stated these would be requested.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager and staff continued to create an exemplary caring, compassionate and supportive culture. People and their relatives were extremely positive about the "outstanding" care and kindness of the staff. Their comments included, "The care is exceptional compared to other places we've been", "The staff are wonderful, so caring" and "They are beyond outstanding, it's 110%."
- People had thrived since moving to the home and their well-being had improved. For example, a relative described how their family member had chosen to live at the home after a short-break because they had liked it so much. They told us, "In many ways as a family we wish mum had come here earlier as she is so happy."
- Healthcare professionals described the care as "excellent". They told us, "Staff are very friendly and I always feel they really care about their residents. It's not just a job to them" and "Residents tell me the staff are just like family to them."
- Several staff had relatives who had lived at the home. They told us, "It's an excellent place to live or work" and "It's the one place I would want for my own mum."

Supporting people to express their views and be involved in making decisions about their care

- The service was exemplary in making sure people were empowered. People were encouraged to be assertive and in control of the service they received. They were the decision-makers about menus, activities décor and events.
- People described being "very proud" to have played a central part in interviewing and recruiting new staff. It made them feel valued and their views were validated by the appointments that were subsequently made.
- One person described how they had made their own decision to remain at the home and not be hospitalised whilst very poorly with coronavirus. They told us, "The staff were absolutely wonderful. I told them I wanted to stay here and have them look after me, so they did. The staff always say, 'Whatever you want, we'll do it'."

Respecting and promoting people's privacy, dignity and independence

- Respect for dignity and independence continued to be at the heart of the service's culture and values. A relative commented, "They have taken respect of my family member as an individual to a higher level."
- One person, who was in their 90's, used to teach yoga. Staff bought them a yoga mat so they could continue their lifelong hobby, and now they teach staff yoga exercises in the home.
- One person wrote the home's monthly newsletter to share news, views and celebrations of Inglewood. They felt very valued and proud to do this. They told us, "[Registered manager] is lovely, she does her very

best for us. She encouraged me to write the home's monthly newsletter and she helps to edit it. We have a laugh doing it. I feel like we work really well together."

- Relatives had many examples of people regaining or retaining skills. Their comments included, "They have done a brilliant job getting her to walk again with a zimmer frame" and "She has always been very independent, and the staff support her to do what she still can."
- Many people had regained the skills to be independent whilst staying in the interim unit. For instance, one person learnt to manage their own insulin allowing them to return home stronger and more confident. Another person regained skills in dressing and washing so were no longer reliant on others, which significantly helped their dignity as well as independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question is rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a personalised service that met their individual needs.
- There was good continuity of care and staff were very familiar with each person's preferences.
- During the past few months, the provider had introduced electronic care records at the home. However, some lacked detail or were contradictory. This would not support new or relief staff to provide the correct assistance. The provider had identified this in a recent audit and planned to arrange additional support to the service to review care plans.

Meeting people's communication needs

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

- The provider worked within the AIS requirements. Information was made available in alternative formats or languages to meet individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was successful in promoting people's social inclusion in their local community. The service had its own bowling team which played at the local bowls club (although this had paused due to the pandemic). People had pen pal schemes running with the local schools.
- The registered manager expressed how the staff had worked hard to keep everyone in contact in with their relatives during lockdown. They told us, "We captured with photographs the everyday activities and sent them via post or emails. This contact was so important for the health and mental well-being of everyone."
- Some people using the interim beds felt they would benefit from more stimulation during their stay. One said, "They are long days when you're just sitting. We could do with some bingo, music and quizzes to keep our minds active." Following the inspection, the registered manager arranged for activities to be provided in this unit.

Improving care quality in response to complaints or concerns

- The provider had a clear complaint policy. People were provided with an information booklet that included details of how to raise any complaints.
- The provider kept a record of complaints as part of its quality assurance process to check for any trends that required action. There had been no complaints received over the past year.

- People said they had many opportunities to discuss anything, either individually with the management team or at residents' meetings. Relatives praised the communication with the home. One commented, "Any concerns are dealt with immediately and they act on issues immediately. They always ring me and tell me what they've done."

End of life care and support

- The staff provided compassionate care to people who were at the end stages of their life.
- The service worked closely with local healthcare services to support people at the end stages of their lives. A healthcare professional commented, "They are always happy to take responsibility of care at the end of life to facilitate and support the patient's wishes."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager continued to create a caring, compassionate and supportive culture. Staff felt they were highly supported in their work and this motivated them to provide excellent care.
- People described the significant improvements to their well-being because of the care they received. One relative contacted us to say, "Staff go to every effort to give a personalised and professional service. My family member was at extreme risk being at home but from the time they went into Inglewood they have flourished. It's such a wonderful home."
- Staff were clearly proud to work at the service and many had worked there for several years, well past retirement age. They said it was "A wonderful place to work." One staff member said, "I look forward to coming to work because I love the people I support and the staff." Another staff member said, "I feel really valued and appreciated by the manager. She was so supportive when I was off long-term and I was so excited to come back to work."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was led by a strongly motivated and committed registered manager. Staff said the registered manager was an "inspiration" and a role model to achieving excellence.
- The registered manager had worked at the service for a number of years, during which the home had consistently provided excellent outcomes for people. At the previous two inspections the service had been rated as outstanding.
- The provider had a detailed quality monitoring system and both internal and external audits were completed in this service. A recent quality report had been completed and actions were taken to make sure the home maintained continuing high standards.
- Staff understood the responsibility of their role and had gone above and beyond to keep people safe during the pandemic. A staff member commented, "My colleagues have been so committed during COVID-19. Some staff even moved out of their own home so they could continue to come to work to protect vulnerable people."
- There were very open and appropriate communications with people, relatives and care professionals. The registered manager understood their responsibility to be honest if things went wrong.

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

characteristics

- People and relatives described the service as "outstanding" for many reasons. One relative said the registered manager particularly 'goes to every effort possible' to keep them updated and to find new ways to enhance their family member's care. Others felt their family member's dementia had significantly improved since they went to live at the home.
- People had a close relationship with the registered manager and spoke with her daily. Relatives commented, "Communication between families and staff is brilliant."
- The registered manager stated, "Over the last 18 months during the COVID-19 pandemic, we have had to look at new and innovative ways of working, and how we deliver the day-to-day care and support to the service users. During the COVID-19 pandemic we have worked tirelessly to ensure that our service users have maintained contact with the people that are important to them."

Continuous learning and improving care

- The registered manager worked tirelessly to pursue improvements of the service including premises upgrades and increased staffing. Staff commented, "I feel the home is going from strength to strength" and "The manager constantly strives forward, always trying to improve it."
- People's views and experiences were paramount to continuous improvement. People described how the registered manager encouraged everyone to make suggestions about the service and promoted the residents' committee.
- The registered manager had excellent links with local services to get the very best for the people who live there. She constantly applied for and successfully obtained grants to use on improving the resources for people.

Working in partnership with others

- The service worked effectively with healthcare agencies to continuously improve the support people received. Visiting care professionals told us, "They are an incredibly friendly team and really welcome input from other healthcare professionals" and "They are very keen to involve the relevant people in decisions about residents in order to provide the best possible care."
- The home has an incredibly respected status within the local community. It recently celebrated 50 years as a care home and invited people from the local community to take part in its celebrations (outside of course). Throughout the pandemic a variety of entertainment and parties had been held outside at the front of the home, so that people from the home as well as their community neighbours could watch the celebrations together.
- The service was very much a hub of the local community, being involved in local initiatives like the stroke club, bowling club and school pen pal scheme. One person commented, "Local people have been amazing. Different schools write to us, people send us presents and send us invitations for nativities. This is because [registered manager] talks to them and gets us involved with them."