

J.A.N. Limited

Inglenook House

Inspection report

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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

The inspection took place on 19 December 2015 and was unannounced. Inglenook House provides care and accommodation for up to ten people with learning disabilities. On the day of our inspection seven people were living in the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We met and spoke to everyone living at Inglenook during our visits and spent time observing people and staff in each other's company. Some people were not able to fully verbalise their views and staff supported us when we spoke to people. We observed people and staff relaxed in each other's company and there was a friendly lively atmosphere.

Summary of findings

People who were able told us they felt safe and secure. People's personal possessions and their money were kept safely. Comments included "Yes, I feel safe here."

People's care records were comprehensive and personalised to meet individual needs. Staff understood people's needs and responded accordingly. People were involved as much as possible with their care plans and with how they liked to be supported. People's preferences were sought and respected and people were offered choice.

People's mental capacity was assessed which meant care being provided by staff was in line with people's wishes. Staff had a clear understanding of their role with regards to ensuring people's human rights and legal rights were respected. Staff had undertaken safeguarding training and had knowledge of what constituted abuse and when and how to report concerns. Staff described what action they would take to protect people against harm and were confident any incidents or allegations would be fully investigated.

People had their medicines managed safely and received them in a way they chose and preferred. Staff told us they undertook training and understood the importance of safe administration of medicines.

People were supported to maintain a healthy and balanced diet and any needs associated with their diet and health were understood by the staff supporting them.

People had access to healthcare professionals, such as epilepsy nurses, to make sure they received appropriate treatment to meet their health care needs. Staff acted on the information given to them by professionals to ensure people received the care they needed to remain safe.

People's risks were documented, monitored and managed well to ensure they remained safe. People lived full and active lives and were supported to access local areas and activities. Activities reflected people's interests and individual hobbies.

People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. People were involved in planning menus, shopping and cooking and their feedback had been listened to and acted on.

Staff described the registered manager as being very approachable and supportive. Staff talked positively about their roles and some staff had worked for the company for a number of years.

People were protected by safe recruitment procedures. Staff received a comprehensive induction programme and the Care Certificate (a new staff induction programme) had been implemented within the home. There were sufficient staff to meet people's needs. Staff were very kind, caring and thoughtful. Staff had completed training and had the right skills and knowledge to meet people's needs.

All significant events and incidents were document and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support, provided by the staff. Feedback to assess the quality of the service provided was sought from people living in the home, professionals and staff.

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?

This service was safe.

People were supported by staff who were both experienced and skilled.

Staff had a good understanding of how to recognise and report signs of abuse.

Risk had been identified and managed appropriately. Risk assessments had been completed to protect people.

People received their medicines as prescribed. Medicines were managed safely and staff were aware of good practice.

Good



Is the service effective?

The service was effective.

People received support from staff who had the knowledge and training to carry out their role.

Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act which had been put into practice.

People could access appropriate health, social and medical support as needed.

People were supported to maintain a healthy and balanced diet and the service used a range of communication methods.

Good



Is the service caring?

The service was caring.

Staff were caring, kind and treated people with dignity and respect.

People were involved in decisions about the support they received and their independence was respected and promoted. Staff were aware of people's preferences.

People had formed positive caring relationships with the staff.

Good



Is the service responsive?

The service was responsive.

People received personalised care.

Staff responded quickly and appropriately to people's individual needs.

People were supported to undertake activities and interests that were important to them. People made choices about their day to day lives.

There was a complaints procedure available for anybody to use.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There was an experienced registered manager in post who was approachable.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns with them.

There were systems in place to monitor the safety and quality of the service.

People's views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

Inglenook 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 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.

The inspection was undertaken by one inspector on the 19 December 2015 and was unannounced.

Prior to the inspection we reviewed all the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met and spoke with all the people who used the service, the registered manager and the general manager. Some people were not able to fully verbalise their views therefore we spent time observing

people. We spoke to three members of staff and one relative. Some people who lived at Inglenook House had some communication difficulties due to their learning disability. Although people were able to communicate their needs to people who knew and understood them, they had limited verbal communication and were therefore unable to tell us about their experiences of living at the service. We spent time in the communal parts of the home, such as the sitting room, dining room and kitchen to see people as they went about their daily routines. We also observed the care being provided and interactions between people and the staff team. We also assessed the safety and cleanliness of the environment.

We looked around the premises and observed how staff interacted with people. We looked at three records which related to people's individual care needs, three records which related to the administration of medicines, three staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People told us they felt safe. Comments included, “Yes they make me feel safe they do” and another person said; “[...] and [...] (the registered manager and the general manager) make me feel safe.” Staff commented “We make sure people are safe.” A relative said; “absolutely safe!”

Some people were not able to fully verbalise their views therefore we spent time observing people and spoke with staff to ascertain if people were safe. People approached staff and spoke with them with ease. One person when asked if they felt safe said they did. A relative survey returned to the service said; “Yes-[...] is very safe living there.” And another said; “No worries about the safety of [...].”

People were provided with a safe and secure environment. Staff checked the identity of visitors before letting them in. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. Care plans included up to date personal evacuation plans and held risk assessments which detailed how staff needed to support individuals in the event of a fire to keep people safe. We saw that the environmental health agency had carried out an inspection and rated the home as level five, which is the highest possible rating.

People were protected by staff who knew how to recognise signs of possible abuse. Staff agreed that any reported signs of suspected abuse would be taken seriously and investigated thoroughly. The service had safeguarding policies and procedures in place. Training records showed staff completed safeguarding training regularly and understood their roles to protect vulnerable people. Staff talked us through the appropriate action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. Staff told us safeguarding was discussed regularly within team and residents’ forum meetings to ensure everyone understood the different forms of harm and abuse. Staff said; “I would report things to [...] (the registered manager).”

Care plans detailed the staffing levels required to keep people safe inside and outside the service. For example, staffing arrangements were in place to help ensure each

person had one to one staffing when needed. This enabled people to participate in activities in the community safely. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances.

The service liaised with the local behavioural support team to support people who displayed behaviour that could be perceived as a challenge. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. For example if people had an episode of behaviour that challenged the staff, this was discussed with the behavioural support teams.

People identified as being at risk, inside the service or when they went out, had clear risk assessments in place. For example, where people may place themselves and others at risk, there were clear guidelines in place for managing these. Staff spoke confidently about how they supported people when they went out. Staff confirmed they were provided with information and training on how to manage risks for individuals to ensure people were protected.

Incidents and accidents were documented and analysed to identify what had happened and identify actions the staff could take in the future to reduce the risk of reoccurrence. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected. For example staff had completed manual handling training to assist people.

People’s finances were kept safely. People had appointees to manage their money and this was recorded in individual’s records. Staff confirmed they obtained receipts when they spent people’s money to enable a clear audit trail of incoming and outgoing expenditure and people’s money was audited monthly.

People’s medicines were managed safely. There were safe medicines procedures in place and medicines administration records (MAR) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines.

Is the service safe?

People were protected by safe and appropriate recruitment practices. We looked at the records of three members of staff, one of whom had recently been employed. We found checks had been undertaken before people started work. The staff files included evidence that pre-employment checks had been requested, including satisfactory Disclosure and Barring Service clearance (DBS). Health screening and evidence of identity had also been obtained as part of the recruitment process.

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available to help reduce the risk of cross infection. Staff had completed infection control training and were aware how to protect people.

Is the service effective?

Our findings

One survey returned to the service recorded; “Always a relaxed comfortable atmosphere and they are always very effective in seeing to the needs of [...] (their relative).” Another survey by a health care professional said; “We do not think you would be able to deliver a more effective service.”

People spent time with staff in the main lounge and dining area and were encouraged to make choices. For example people who were able to, chose what they would like to drink. People had their specific dietary needs met and people’s weight was monitored. Staff demonstrated they knew how people communicated and encouraged food choice when possible. People assisted staff in planning menus. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet. One person said of the food; “We are never short of food and drink- I always have plenty.”

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities effectively. Staff completed a full induction programme that included shadowing experienced staff. The registered manager confirmed all new staff would complete the Care Certificate (A nationally recognised training course) as part of their training. Training records showed us staff received ongoing training, for example in epilepsy. This helped ensure staff had the right skills and knowledge to effectively meet people’s needs. Ongoing training was planned to support staffs continued learning and was updated regularly.

Staff received supervision and appraisals with their line manager. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in a care home are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager had undertaken MCA training and was aware of the process to follow if it was assessed people might be deprived of their liberty and freedom. We saw relevant applications had been made to the local authority when the service had assessed they could be depriving a person of their liberty, however, at the time of the inspection the service was still waiting for feedback in relation to these applications.

Staff sought people’s consent before providing individual care. Staff said they encouraged everyday choices if possible and we observed staff offering people what they wanted to drink using visual aids. Staff knew when to involve others who had the legal responsibility to make decisions on people’s behalf. Staff said they gave people time and encouraged people to make simple day to day decisions. For example, what activities they wished to partake in.

Staff received handovers when coming on shift and said they had time to read people’s individual records to keep them up to date. Care records recorded updated information to help ensure staff provided effective support to people. Staff confirmed discussions were held about changes in people’s health needs, as well as any important information in relation to medicines or appointments.

People had access to local healthcare services and specialists including speech and language therapists. Staff said changes in people’s health needs were discussed as well as any other information in relation to medicines. This helped to ensure people’s health was effectively managed. Care records held information on people’s physical health and detailed people’s past and current health needs as well as details of health services currently being provided. This was developed for each person to be used in the event of

Is the service effective?

an admission to hospital. This information had been developed in line with best practice to ensure people's needs were understood and met within the hospital environment.

Is the service caring?

Our findings

People were supported by staff that were caring and we observed staff treat people with patience, kindness and compassion. We observed staff providing care and support to each person during our visit. Staff informed people what they were doing and ensured the person concerned understood and felt cared for.

Staff interacted with people in a caring way throughout the visit. For example, if people became anxious, staff were observed to respond quickly to reassure people and provided information to help settle them. One person said; “Yes the staff are always kind and caring.” Another said; “They are always caring and help me a lot.” A staff member said; “We work together to make sure people are well cared for.” A relative told us that the staff “are brilliant and do so much for [...] (their relative.”

Surveys returned to the service asked if Inglenook House was a caring establishment. Comments from relatives included; “All staff are very helpful and caring.” Another said; “When they (their relative) was in hospital the staff went in everyday to help with his personal care.”

People were supported by staff who had the knowledgeable to care for them. Staff had a clear understanding of how to meet people’s needs and knew about people’s lifestyle choices to promote independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed. People were allocated a key staff member to help develop positive relationships. This worker was responsible for ensuring the person had care records that were updated for staff to access.

People’s needs in relation to their behaviour were clearly understood by staff and met in a positive way. For example, one person became anxious about all the Christmas activities planned. Staff discussed and went over the days and dates of activities arranged. This provided reassurance to this person and reduced their anxiety.

People were supported to express their views and be actively involved in making decisions about their care and support when possible. People had access to individual support and advocacy services, for example Independent Mental Capacity Assessors (IMCA). This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People had their privacy and dignity maintained when being supported with their personal care needs. We observed staff knocking on people’s bedroom doors to gain entry and staff involved people, asking if they were happy to speak with us. Staff demonstrated their respect for people’s privacy by ringing the main house bell to gain access to the home. One person said; “Yes they always knock on my bedroom door before they come in.”

People’s relatives and friends were able to visit at any time. Staff recognised the importance of people’s relationships with their family and promoted and supported these contacts when appropriate. One person said; I’m spending Christmas with my brother.” Other people’s records showed regular family visits.

Is the service responsive?

Our findings

People, who were able, were involved in planning their own care and making decisions about how their needs were met. People's care needs were discussed in staff handovers and people were supported to make informed choices where possible. People had guidelines in place to help ensure any specific needs were met in a way they wanted and needed. This enabled staff to respond to people's needs in situations where they may require additional support. Staff were aware when people were upset and staff responded quickly and followed written guidance to support people. A relative informed us that their relative had not been well recently and the home always responded quickly by contacting the GP and informing them on what was going on.

People's records held information about the person's life, their interests and how they chose and preferred to be supported. Staff said records had been drawn up over a period of time by staff who worked with the individual and who knew them well. People had guidelines in place when needed to enable staff to respond to people's behavioural needs in situations where they may require additional support. They described the approach and response required to support people effectively. Regular reviews were carried out on care plans and guidelines to help ensure staff had the most recent updated information to respond to people.

People's well-being in relation to their health care needs were documented. Care records held health action plans and hospital passports detailing people's past and current health needs as well as details of health services currently being provided. Health action plans and hospital passports helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed.

People had access to local healthcare services and specialists including hospital consultants. If people's needs changed, staff made referrals to relevant health services for support. Records showed health and social care professionals had regular contact with the service and were kept informed about people's wellbeing. This helped to ensure people's wellbeing was being monitored and acted upon and people's health was effectively managed.

People's choices were respected. People with limited communication were supported to make choices with the use of visual aids. For example one person was shown tea bags and a jar of coffee to help choose. This person's choice was respected. Staff confirmed they offered people choice as much as possible. One person told us it was their choice to move into a new home the owners of Inglenook House are opening. This person said they had chosen the colour of their walls and the furniture they wanted.

People were supported to develop and maintain relationships with people that mattered to them. For example people were due to attend a Christmas disco were they met their friends.

People's social history was recorded. This provided staff with information about what people liked and what interested them. People led active social lives and participated in activities that were individual to their needs. We saw people planning and going out shopping during our visit. Guidelines were in place to assist staff in responding to people's needs in different situations for example when travelling and being involved in different activities.

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. Staff were knowledgeable about how to support people to access a wide range of activities. Staff confirmed they researched new activities to ensure they were suitable. People told us about the holidays they'd had this year and that plans were underway for next year's holidays.

People were able to make every day complaints. For example the service held a monthly "Residents Forum". During these monthly meetings people were reminded how to make a complaint and raise any concerns. When asked, some people were able to confirm they would talk to the registered manager or named a staff member they would approach if they had any concerns. Staff confirmed any concerns they had would be communicated to the registered manager and were confident they would be dealt with. The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their families and professionals. The policy was clearly displayed in the home and available in a format everyone was able to understand. The

Is the service responsive?

registered manager knew what action would need to be taken in the event of receiving a complaint and told us any necessary action would be taken, outcomes recorded and fed back to the complainant.

We observed the staff checking with people to see if they were happy with the care and support being provided. We heard staff saying, "Are you ok?" and "Do you need a hand?" Family members were encouraged to make suggestions

and to express their views and opinions through meetings with the service. The service had arranged a recent coffee morning and followed this up with a newsletter. Surveys completed by a relative and returned to the service recorded; "I feel I can discuss anything with them (The management team) and any problems are always sorted out."

Is the service well-led?

Our findings

People and staff spoke very positively about the registered manager and the services general manager. One person said; “I can talk to [...] and [...] (the registered manager and the general managers) at any time.” Relative surveys returned to the home recorded; “Very well managed” and “I am very pleased how Inglenook House is run.”

The service was managed effectively and had clear values including that Inglenook House is a; “Home (that) is a safe and caring environment” and we “ensure their (people who live in the service) safety by way of having well trained staff who have the right knowledge and skills to be able to protect them from harm.” This policy helped to provide a service that ensured the needs and values of people were respected. These values were incorporated into staff training.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the company. The service held “Resident Forum” meetings. This enabled people to comment on the service they received. Minutes showed they had asked questions including; “Do you like living in Inglenook?” All responded with a “Yes.” The registered manager said they encouraged the staff to talk to, listen and observe whether people had concerns.

Staff had a good understanding of their roles and responsibilities and said they were well supported by the registered manager and general manager. Staff told us both were available and approachable and worked with them most days. They were able to raise concerns and these were dealt with in a timely and satisfactory way. Staff said there was good communication within the staff team and they all worked well together. Staff comments included; “The management are really nice and approachable.”

Staff were motivated and hardworking. Some staff had worked for the provider for many years. They shared the philosophy of the management team. Staff meetings were used to share good practice and allow staff to make comments on how the service was run. This updated staff on any new issues and gave them the opportunity to discuss current practice. Staff confirmed they were encouraged and supported to participate. Information was used to support learning and improve the quality of the service. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. The home had a whistle-blowers policy to support staff and staff said they felt able to raise issues. Staff confirmed they received appraisals and one to one meetings. This gave the staff an opportunity to discuss any issues, for example training.

There was a quality assurance system in place to drive continuous improvement within the service. Feedback from completed surveys was shared with people allowing people the opportunity to see feedback received.

There was a programme of in-house regular audits including audits on care plans and medicines. Audits were carried out in line with policies and procedures. Annual audits related to health and safety, the equipment and the home’s maintenance such as the fire alarms and electrical tests. The registered manager also completed regular audits of people’s individual finances, medicines and care records.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager. This helped to ensure appropriate action had been taken and learning considered for future practice.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency. They also sought additional support if needed to help reduce the likelihood of recurrence.