

Mr & Mrs J A Barton

Inglewood Residential Care Home

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 ●

Summary of findings

Overall summary

The inspection was unannounced and took place on 14 and 15 February 2017.

Inglewood Residential Care Home is a three-storey Victorian building located in Disley near Manchester. The home provides care and accommodation for up to twenty two people. The building is situated in its own grounds and has a purpose built extension with a conservatory. Accommodation is situated on the lower ground floor, ground floor and first floor. Most of the rooms have an en-suite toilet and sink and there are two bathrooms with a shower and bath. Access between floors is via a passenger lift or staircase.

The service was last inspected in December 2015. At our last inspection, we found the provider to be in breach of four regulations. They were not meeting the required standards in relation to safeguarding people, training, consent and assessing and monitoring the quality of care. At this inspection we found that the provider was meeting all the regulations and had made significant improvements to the service.

The home has 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. At the time of our inspection there were 20 people living in the home.

We found that people were provided with care that was safe, person centred, sensitive and compassionate. Inglewood is a family run business. The registered manager had worked and owned the home for over 20 years and many of the staff had worked at the home for a number of years, therefore people living in the home received care from a consistent, knowledgeable staff team.

We saw that the service was now following safeguarding procedures and accurately recording and reporting where issues had arisen. All the staff we spoke to confirmed that they were aware of the need to report any safeguarding concerns.

We saw that the service was now auditing and analysing records in order to pick up any discrepancies for example in medication records to ensure that people were receiving medication safely. They were regularly reviewing risk assessments to ensure that people living in the home were safe and their records reflected the care that they were receiving.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

We found that there were sufficient staff deployed to meet the needs of the people living in the home. The registered manager told us they did not use agency staff and covered sickness and holidays from the

existing staff team.

The provider had their own induction training programme which was designed to ensure that any new staff members had the skills they needed to do their jobs effectively and competently. This resulted in staff having the skills and knowledge to carry out their jobs well and provide safe and effective care.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that this was up to date and provided them with knowledge and skills to do their jobs effectively.

There was a flexible menu in place which provided a good variety of food to people using the service. People living there told us that the food was good and their preferences were accommodated.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant that staff were able to help and support people who had difficulty in making decisions and ensured that plans were put in place in the person's best interests. We saw that applications had been made appropriately. The provider had identified that some of the paperwork could be clearer to record consent and best interest decisions and had started to implement this.

People had care plans which were personalised to their needs and wishes. Each care plan contained detailed information to assist staff to provide care in a manner that respected the relevant person's individual needs, promoting their personal preferences'.

People living in the home told us that the standard of care they received was good. Comments included, "The staff are kind" and "They are very, very kind and the care is very good". Relatives spoken with praised the staff team for the quality of care provided. They told us that they were confident that their relatives were safe and well cared for. One person told us, "They are wonderful the carers, she is very lucky being here".

Staff members we spoke with were positive about how the home was being managed and felt that the managers were supportive and approachable.

There was now a comprehensive internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. This included audits on care plans, medication and accidents. The management team were proactively questioning practice and seeking out advice on a regular basis as to how the service could be improved.

The home was well-maintained and clean and provided a calm, relaxing atmosphere. There were a number of maintenance checks being carried out weekly and monthly. These included water temperatures as well as safety checks on the fire alarm system and emergency lighting. These were audited regularly.

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.

The home was staffed by a consistent team of carers who were well trained and supported, which met the needs of the people living in the home.

Staff knew how to recognise and respond to abuse. We found that safeguarding procedures were in place and staff understood how to safeguard the people they supported. People staying at the service felt safe and had no complaints.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicine was safe.

Is the service effective?

Good 

The service was effective.

Staff members had received regular training and they confirmed that this gave them the skills and knowledge to do their jobs effectively. Staff completed induction training and shadowing on commencing with the service.

Managers and staff were acting in accordance with the Mental Health Act 2005 to ensure that people received the right level of support with their decision making.

Is the service caring?

Good 

The service was caring.

People living at Inglewood said that they were well cared for and were treated with kindness and compassion and maintained good relationships with the staff. Visiting relatives were positive about the standard of care, the staff and the atmosphere in the home.

The staff members we spoke to showed us that they had a good understanding of the people they supported and they were able to meet their various needs. We saw that they interacted well

with people in order to ensure that they received the care and support they needed.

Is the service responsive?

Good ●

The service was responsive.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and was reviewed on a regular basis.

The arrangements for social activities were good. People could access group activities and people were also supported on a one to one basis.

The provider had a complaints policy and process. The provider had not received any complaints, but everyone was aware of who they could complain to.

Is the service well-led?

Good ●

The service was well-led.

The registered manager operated an open and accessible approach to both staff and people living in the service and actively sought feedback order to improve the service. Staff said that they could raise any issues and discuss them openly within the staff team and with the registered manager.

There was now an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. We saw that audits were being completed regularly and action was being taken to address any shortfalls. They were actively questioning practice and seeking out advice appropriately.

Inglewood Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 14 and 15 February 2017 and was unannounced. The inspection was carried out by one adult social care inspector. The provider was aware of our visit on the second day to conclude the inspection.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. The registered manager had not received a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered this information during our inspection. We invited the local authority to provide us with any information they held about Inglewood. They told us that they currently had no concerns. We also viewed the most recent Healthwatch enter and view report.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of eight people living there, three visiting relatives and seven staff members including the registered manager, two deputy managers, the general manager, the cook and two care staff. We also spoke with two visiting doctors and a visiting district nurse.

Throughout the inspection, we observed how staff supported people with their care during the day.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the building including, with the permission of the people who used the service, some bedrooms. We looked at a total of seven care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Is the service safe?

Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Inglewood was a safe environment and all family members said that they were more than happy that their relative was safely cared for. Comments included, "They come quickly when I press the bell", "They answer the buzzers within a few minutes and if it's urgent they do it promptly, but if it can wait, they may need to come back" and "You don't have to wait for help, they are here in a moment". Relatives told us, "She is definitely safe here" and "We're relieved she is here and safe".

At our last inspection in December 2015, we found the provider to be in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have effective systems and processes in place to prevent abuse of service users. At this inspection we found that improvements had been made and the provider was now compliant with this regulation. We did note that one incident had not been reported to the local authority at the time of the incident as it was dealt with internally and due to the circumstances the provider did not feel that it needed to be reported. This was rectified during the course of our inspection and we have since confirmed with the local authority that they were satisfied with how the incident was dealt with.

We saw that the provider now had an up to date safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The registered manager and deputy managers were aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). We checked our records and saw that any safeguarding or incidents requiring notification at the home since the previous inspection took place had been submitted to the CQC.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. Staff were now aware of the need to report safeguarding incidents both within and outside of their organisation. We saw that the provider had a whistleblowing policy. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff or to the local authority or CQC. All staff confirmed that they were aware of the need to escalate concerns internally and report externally where they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

In December 2015 at our last inspection, we found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) as the provider did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. We found that risk assessments were not updated and although accidents and incidents were being recorded, they were not being monitored to identify any patterns or risks to people living in the home. At this inspection, we found that improvements had been made and the provider was now compliant

with this regulation.

Risk assessments were carried out and were now being kept under review so the people living in the home were safeguarded from unnecessary hazards. We could see that the home's staff were working closely with people and where appropriate their representatives and other health professionals to keep people safe. For instance we saw where risks had been identified in terms of someone's swallowing, prompt action was taken. A referral was made and advice was sought from the speech and language therapy (SALT) team and the risk assessment was updated accordingly. We could see that the home's staff members were working closely with people to keep them safe without unnecessary restriction. Relevant risk assessments regarding for instance, falls, nutrition, and pain assessments were kept within the care plan.

The registered manager along with the management team were monitoring accidents and incidents on a monthly basis and analysing these to identify any patterns and where, if necessary action needed to be taken as a result.

At our last inspection in December 2015, we found a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have an effective system in place to assess, monitor and improve the quality of the services provided in terms of medication. We found a number of errors in the medication records, which had not been picked up by any internal quality assurance systems. At this inspection, we found that improvements had been made and the provider was now compliant with this regulation.

We saw the provider had a policy for the administration of medicines, which included controlled drugs, the disposal and storage of medicines and for PRN medicines (these are medicines which are administered as needed). Medicines were administered by staff who had received the appropriate training. We saw both the medicine trolley and storage area were securely locked. We checked the medicine arrangements and observed medicines being dispensed. We saw that the practices for administering medicines were safe. We observed the carer explaining what the medication was for, watching that medication was taken and then fully completing the Medicine Administration Record (MAR) sheet. We checked the MAR sheets for three people and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. This meant that people were being given their medicine safely. We saw clear records were kept of all medicines received into the home, administered and if necessary disposed of. Controlled drugs were stored securely and in the records that we looked at these were being administered and accounted for correctly. We noted that temperatures were not been taken every day of the medication storage. This is important to ensure that medicines are stored at the correct temperature. We raised this with the registered manager to address.

The provider now had a robust system in place for auditing medication and through regular stock checks, they had identified that the audit tool they had been using was not identifying all the errors. They then introduced a new audit tool and this was used on a daily basis. Staff were retrained and competencies checked until all the errors were eliminated. These audits had now reduced to twice weekly checks, to be in place until the management team were satisfied the improvements were sustained.

Staff members were kept up to date with any changes during verbal handovers that took place at every staff change. This helped to ensure they were aware of any issues and could provide safe care. We were able to view the notes from previous handovers as well as the liaison book and could see that they provided information on how people had been during the shift, any actions that were carried forward from the previous shift, any referrals that needed completing, who was visiting the home that day and any appointments.

We looked at the files for four most recently appointed staff members, to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks have been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, an application form as well as evidence of references and notes from the interview showing that people had the relevant experience to carry out their roles.

On the day of our visit, there were 20 people living in the home. There were three carers on duty between the hours of 8.00am and 8.00pm and two carers on duty between 8.00pm and 8.00am, however one member of staff from either shift worked an additional hour to ensure there were four carers between 7.00am and 8.00am. The registered manager, two deputy managers and the general manager were in addition to these numbers. The deputy managers worked across the seven days to ensure that there was always a manager on duty. We looked at the rota and could see that this was the consistent level. The registered manager advised she reviewed dependency regularly with the two deputy managers as they completed care shifts. This was also discussed regularly at staff and management meetings. Dependency was also assessed within the individual care plans. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

In addition to the above there were separate ancillary staff including a cook and one domestic staff member. The registered manager informed us that they did not use agency staff in order to provide continuity for the people living in the home.

On the days of our inspection, our observations indicated that there were enough staff on duty as call bells were being answered promptly and staff were going about their duties in a timely manner. Staff were busy and purposeful and they seemed well organised and efficient. We did receive one comment that there were not enough staff, but other people living in the home, relatives and staff felt that there were enough staff. Comments included, "If I need help, they come quite quick", "There seems to be enough staff" and "There are enough staff, but we could always do with more".

From our observations we found that the staff members knew the people they were supporting well. They could speak knowledgeably about the people living in the home, about their likes and dislikes as well as the care that they needed as many of the staff had worked in the home over a long period and had built up positive relationships with the people living there.

The provider had received a five star rating in food hygiene from Environmental Health on 5 July 2016. This is the highest rating for food hygiene which meant they were observing the correct procedures and practices in this area.

We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely.

We checked some of the equipment in the home, including bath hoists and saw that they had been subject to recent safety checks.

We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used if the home had to be evacuated in an emergency such as a fire. They would provide details of any special circumstances affecting the person, for example if they were a wheelchair user.

Is the service effective?

Our findings

All the people living at the home who we spoke with and their family members felt that their needs were well met by staff who were caring and knew what they were doing. Comments included, "The food is very, very good and plentiful. If you had a fancy for something they'd go out of their way to get it for you", "The carers know us well and what we like, sometimes better than we know ourselves" and "They know what I like and don't like; it's a super place with super people". Comments from family members included, "She gets different types of food, whatever she likes, they are very obliging. They can accommodate me for lunch as well. This has the personal touch" and "They know her well and what her needs are".

In December 2015 at our last inspection, we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the staff did not have the required training as required by the provider's training matrix and appropriate corrective action had not been taken. At this inspection we found that the provider had made significant improvements and was now compliant with this regulation.

The provider had their own flexible induction training programme that was designed to ensure that any new members of staff had the skills they needed to do their jobs effectively and competently. We looked at the induction programme for the newest member of staff and saw they had completed the provider's core training within six weeks of starting work and were signed off as competent at each stage, by one of the deputy managers. Prior to starting work; the staff member would shadow experienced members of staff and would not be allowed to work unsupervised for a period of time.

We asked the registered manager and staff about training and they all confirmed that they received regular training throughout the year; they also said that their training was up to date. The manager advised that the training was monitored via a training matrix, which enabled them to monitor where training was about to go out of date, in order that plans could be put in place to refresh that particular training need. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role. This included safeguarding, moving and handling, nutrition and hydration, mental capacity and DoLS. Staff accessed both face to face training and DVD training. The registered manager explained that as they were a small staff team, if someone started after a particular training session for all staff had been completed, they would complete the DVD training and their competency would be checked by one of the deputy managers. We also saw that staff had recently undertaken spot check tests on safeguarding, fire safety and health and safety. This was to check staff knowledge on an ongoing basis.

At our last inspection in December 2015, we found that the provider was in further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have systems and processes in place to assess, monitor and improve the quality and safety of the service. Staff were not receiving regular supervision and their competency was not assessed. The provider had made improvements in this area and they were now compliant with this regulation. Staff supervision was now in place and competencies were being checked on a regular basis. The registered manager told us that the supervisions had not always been as regular as they would like, but they had now introduced a matrix in

order to ensure that this happened on a more regular basis. Staff members we spoke with told us that they received on-going support, supervision and annual appraisals. We checked records which confirmed that supervision sessions for each member of staff had been held.

In December 2015 at our last inspection, we found that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not acting within the principles of the Mental Capacity Act 2005 and staff were not following the correct processes to ensure compliance with this Act. At this inspection, we saw that the provider had made improvements and they were now compliant with this regulation.

The provider had policies and procedures to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and 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 care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We were able to view the paperwork in relation to both standard and urgent DoLS applications and saw that these had been completed appropriately. We saw that mental capacity assessments had been completed, but best interest decisions were not always clearly recorded on all the care files. The provider's quality assurance systems had picked this up issue and we could see that they were in the process of completing the new paperwork to clearly record these decisions. There was a clear system in place as to when each DoLS application had been granted and when these needed to be updated.

We spoke with staff. They all confirmed that they had received training on MCA and DoLS and they were all able to tell us who was subject to DoLS authorisations within the home.

During our visit we saw that staff took their time to ensure that they were fully engaged with each person and checked that they had understood before carrying out any tasks with them. Staff explained what they needed or intended to do and asked if it was alright rather than assuming consent. We observed a staff member helping someone with their medication. We noted that they took their time; they explained what each tablet was and what it was for and they did not rush the person. This was carried out in a dignified and respectful way.

The information we looked at in the care plans was detailed, which meant staff members were able to respect people's wishes regarding their chosen lifestyle. We asked the people living at the home about their care plans and everyone felt that they had choices in terms of their care. We saw that the home tried to obtain consent to care from the person themselves; if this was not possible because they had been assessed as not having capacity then their family or representative had signed on their behalf. Another person is unable to give consent on behalf of someone else, unless they have legal authorisation to do. We spoke to the registered manager about this and they advised that they had picked up on this as part of their care plan audits and were updating the paperwork to clarify that the relative or friend had been consulted to make sure the person's known preferences and previous likes and dislikes were taken into account when looking to make decisions and provide care that was in the person's best interests. We looked at some care files and

could see that this new paperwork was being implemented into each care file.

At our last inspection in December 2015, we found that there was a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. At the time, the provider was not monitoring risks to people such as weight loss on a regular basis. At this inspection, we saw that the provider had made improvements in this area and were now compliant with this regulation.

We saw that staff used a nutritional risk assessment to identify whether people were losing or gaining weight inappropriately. On the care files that we looked at, this was now being reviewed on a regular basis. This was also monitored via the key worker system and the home's auditing system. Key workers were responsible for checking each week whether someone had been weighed. We saw that where there were any issues identified with someone's care that prompt action was taken and advice sought from the relevant professionals. We saw that all additional monitoring of any risks to people were now being recorded clearly and comprehensively.

Visits from other health care professionals such as GPs, physiotherapists, chiropodists and opticians were recorded so staff members would know when these visits had taken place and why. We spoke to people living in the service about whether they had access to health services. They told us, "They get the GP or nurses quickly". We spoke with two visiting GPs and a district nurse during our inspection. Comments included, "They are very good at ringing for advice and will act upon any advice given" and "They refer appropriately and act on advice. Communication is brilliant. I would have a relative here".

The provider prepared their own food and had a cook employed by the service. The menu provided a good variety of food to the people using the service. The home followed a four week menu. We saw that the menu was displayed in the dining room and in the reception area of the home. People were asked before each meal whether they wanted the option for that day and if they didn't, an alternative was provided. We saw the cook speaking to people on both days of our inspection and checking whether they wanted the meal of the day. Special diets such as lactose intolerant and vegetarian meals were provided for if needed. The cook had a list of allergies as well as likes and dislikes in the kitchen and the menus were discussed with people living in the home on a regular basis to accommodate people's preferences. We observed on the first day of our inspection that two people had been given an alternative main course and a staff member knew that someone did not like the dessert on offer, so immediately offered an alternative which was then supplied. We also saw that one person on a soft diet was provided with a meal where the different components of the meal were kept separately and in moulds in order to retain the individual flavours and improve the presentation of the food.

We undertook a SOFI observation in the dining room over lunch and saw that the food looked tasty and appetising and was well prepared. The tables were set with table cloths and cutlery so the meal times were distinguished from other times of the day. The food was served directly from the kitchen. We saw that staff offered people drinks and they knew people's preferences and choices and requests for alcohol were accommodated. Staff were attentive and there were a number of staff on hand observing lunch and they were walking through the dining room prompting people and offering encouragement and alternatives where people did not appear to be eating much. Staff took the time to explain to people what the food was and asking permission before helping someone. Staff were available to people needing support with eating. These people were assisted by staff members in a patient and unhurried manner.

A tour of the premises was undertaken, this included all communal areas including the lounges and dining

room and with people's consent a number of bedrooms as well. The home was clean and well maintained and provided an environment that met the current needs of the people living there. We noted that the lower ground floor bathroom was being reinstated and work was being finalised on this. There was some signage in the home to assist people living with dementia. There was pictorial signage on the bathrooms and we noted that there was an electronic screen in the reception area indicating the day and date as well as a white board in the lounge with prompts about the day, date, weather and season.

The provider provided adaptations for use by people who needed additional assistance. This included bath and toilet aids, grab rails and walking frames and sticks to help maintain independence.

The laundry within the service was well equipped and it was neat, tidy and well organised.

Is the service caring?

Our findings

We asked people living in and visiting Inglewood about the home and the staff who worked there. They all commented on how kind and caring all the staff were. Comments included, "The staff treat me very well, couldn't be better", "The carers are very nice really" and "The staff are kind". Visiting relatives told us, "The staff are very friendly and [name] feels very relaxed in their company", "Staff have been wonderful here. They've made us feel like we've done the right thing. It's very homely" and "It's brilliant. The carers are wonderful".

It was evident that family members were encouraged to visit the home when they wished. Relatives could also enjoy a meal with their family member within the home whilst they were visiting and a couple of relatives told us that they did this on some of their visits and they enjoyed the food. One person living in the home told us, "My relatives can visit when they want". Comments from relatives included, "They make me feel very welcome" and ""It was a lovely touch at Christmas with the open house, there was singing and mince pies and we could bring other family members".

We viewed cards that had been sent into the home. One person's relatives wrote, "We would wish to express our appreciation for the care and attention given to [name] during their residence at Inglewood. We are particularly grateful that [name] was able to end her days in familiar surroundings". Another person's relative wrote, "Dad is very happy and content with his home at Inglewood. Thank you to you and the team for looking after him".

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Inglewood and had very positive relationships with the people living there. Comments included, "I like my job. We are a close team and we communicate well" and "It's a good team and we get time to know people and work well together".

We saw that the relationships between people living in the home and the staff supporting them were warm, respectful and dignified. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection, we saw there was good communication and understanding between members of staff and the people who were receiving care and support from them. Staff took their time with people and ensured that they understood what the person needed or wanted without rushing them and always seeking their permission before undertaking a task. We observed that staff used a dignified approach to people, for example knocking on people's door before entering and using their preferred names.

We undertook a SOFI observation in the ground floor dining room over lunch. We saw that staff members were moving around the dining rooms attending to people's needs and speaking to people with respect and encouraging them to eat their lunch and seeking out whether they needed support. People were very relaxed and comfortable with the staff who supported them. We saw people joking and laughing with staff members which showed there were trusting relationships between the staff and the people living in the service. All the interactions we observed and overheard throughout the inspection were caring, kind and

compassionate.

We saw on the day of our inspection that the people living in the home looked clean and well cared for. For example ladies in the home had their hair styled and nails painted. Those people being nursed in bed also looked clean and well cared for.

The quality of the décor, furnishing and fittings provided people with a homely comfortable environment to live in. Rooms were all personalised, comfortable, well-furnished and contained individual items belonging to the person.

The provider had a range of information available for people living in the home available in the reception area. Each person was given a service user guide on coming to live in the home which contained the complaints policy. This was also displayed in the reception area along with complaints forms and leaflets about dementia, the mission of the home and photographs of recent activities.

In the care files we viewed we could see that discussions had taken place with people about their end of life care, which included preferred place of care and where Lasting Power of Attorney provisions were in place. We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) records were in place on two of the care files we reviewed. We saw that either, the person, or where appropriate, their relative or health professional had been involved in the decision making process. We found that the records were dated and had been reviewed and were signed by a General Practitioner. We also noted that a sign had been placed on the inside of people's bedroom door where a DNACPR was in place to assist at the time of any emergency. This provided vital information in a discreet manner.

A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where cardio pulmonary resuscitation (CPR) would not be successful. Making and recording an advance decision not to attempt CPR may help to ensure that the person dies in a dignified and peaceful manner.

We saw that personal information about people was stored in a locked room.

The provider was aware of the need to make adjustments for people with sensory impairments and specialist equipment had been sought for someone with visual impairments to assist them to maintain their independence. We saw that this was recorded in their care plan and the equipment was in place.

Is the service responsive?

Our findings

Those people who commented confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. Comments included, "They know what I like and don't like. I join in the activities and enjoy the exercises and the games", "The activities are good fun by and large, anything that makes us laugh" and "They seem to do everything well".

We saw that staff were aware of individual needs and people we spoke with felt that they were well cared for. Comments included, "The carers are very nice, nothing is ever a bother" and "They look after me well". All the relatives we spoke with stated that their relative was well cared for, comments included, "She is well looked after" and "They understood her very quickly and are very good with her and cajole her. They know how to cheer her up and are very professional"

At our last inspection in December 2015, we found that there was a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the care plans were not always accurate and easy to follow and the daily records did not reflect the care that was being given. At this inspection, we found that significant improvements had been made and the provider was now compliant with this regulation.

We looked at the care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and captured the needs of the individual. We also saw that the plans were written in a style that would enable staff reading it to have a good idea of what help and assistance someone needed at a particular time. We could see that where there had been a change, prompt action was taken and the relevant professionals were consulted for advice appropriately. All the plans we looked at were well maintained and were being reviewed regularly so staff knew what changes if any had been made. We found that people's preferences were observed and they were receiving the care specified in the care plans. For instance someone struggled with crockery and cutlery, therefore plastic alternatives had been provided.

The seven care plans we looked at contained detailed information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. They used "This is me" profile based on a profile developed by the Royal College of Nursing and the Alzheimer's Society. This provides staff with background information on people that is gathered from relatives and the person about their preferences and history. For example the food the person enjoyed, where they had lived, holidays they had enjoyed, what they preferred to be called, preferred social activities, people who mattered to them and it was recorded on each care plan whether the person had any preferences for male or female carers. Daily records were now detailed and gave a summary of the care someone had received each day. We asked staff members about several people's choices and the staff we spoke with were knowledgeable about the people living in the home.

We spoke to one of the deputy managers and the general manager about the care plans. They were in the process of redesigning the care plans as they had sought advice and looked at good practice examples.

They felt that the plans could be more person centred and that information did not always flow within the current care plans. We were able to view a newer version care plan and could see that this was more person-centred and the information was easier to follow.

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the home asked the person's family, social worker or other professionals who may be involved to add to the assessment if it was necessary at the time. As many of the people living in the home had been there for a significant time, much of this paperwork was archived, however we were able to view the most recent pre-admission paperwork on one care plan and could see that assessments had been completed prior to the person moving into the home.

We could see that there were organised activities each afternoon which varied from games to armchair activities. We spoke to the registered manager about activities and she told us that people using the service were asked what kinds of activities they liked to do during the assessment and care planning processes and they discussed this regularly at the resident's meetings. People we spoke to confirmed that they were consulted about the activities. We observed a game of dominos on the first day of our inspection and could see that everyone was laughing and joining in the game; others were observing and clearly enjoying the activity within the room.

We saw newspapers and magazines were ordered for people who had requested these. There were books, puzzles and games in the lounge areas for quieter activities. There was a piano and one person had an instrument in their room. There was a whiteboard in the downstairs corridors advertising activities each week ranging from painting to armchair activities. The manager told us that staff will also spend one to one time with people who do not enjoy the group activities and we observed that someone was receiving a hand massage and general chat in their room on the first day of our inspection. A film was made available to people each night in the lounge. Throughout the year they arranged parties linked to festivities and seasonal events, such as a summer fayre.

We saw that people were supported to maintain their religious beliefs and priests from two different churches attended the home on a regular basis to visit people in the home. The home had recently hosted a Quaker meeting for one person in the home and supported this person to attend these meetings when they took place outside the home.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. Copies of the complaints policy were contained in the service user guide as well as being displayed in the reception area. The service had not received any complaints in the last twelve months. The people we spoke with during the inspection told us that they were able to raise any concerns and were clear that they could raise these with the manager. Comments included, "I've not had to make a complaint, but am very confident that it would be dealt with. She'd attend to it, they don't let things lie", "There's nothing to complain about" and "I've not had to complain but it's very easy to communicate with them".

Is the service well-led?

Our findings

There was a registered manager in place and they had been registered since October 2010, but had managed the service for over 20 years. There were also two deputy managers and a general manager, who worked alongside the registered manager providing support to all care staff.

At our last inspection in December 2015, we found that the provider was in further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have systems and processes in place such as regular audits to assess, monitor and improve the quality and safety of the service. There was no comprehensive quality assurance system in place, often staff could verbally tell us information but this was not recorded anywhere. There were no regular meetings for relatives or residents in order to gain feedback about the service. At this inspection, we could see that there had been significant improvements and the provider was now compliant with this regulation.

The registered manager told us that information about safety and quality of the service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. They 'walked the floor' regularly in order to check that the home was running smoothly and that people were being cared for properly. The registered manager also told us that the deputy managers got involved in delivering care and as she lived on the premises, she could complete spot checks on staff and the care being delivered at any time of day or night. We asked the people living in the home how it was managed and run. Comments included, "I've not had to complain but I would speak to the boss and she would sort it out", "The care is very good. They look after us to the best of their abilities" and "I can't think of anything to improve".

We found in general that all the documentation and information that we requested was now clear and comprehensive and contained the information that we expected. This meant that the provider was keeping and storing records effectively.

Inglewood had its own internal quality assurance system in place. The management team conducted monthly audits of care plans, call bells, accidents and incidents and medication. We were able to view these audits and could see that these were carried out regularly and analysis carried out each month and any areas for improvement were acted upon or any patterns detected were investigated and action taken to improve. In addition to this, they had introduced a key worker system and each key worker was responsible for speaking with people each week and ensuring that the person had been weighed, the person's room was clean, identifying any changes in mood and if the person was happy with the food and care. They were intending to reduce these checks to monthly based on feedback from the people living in the service. The management team were constantly seeking out good practice and had recently been working with a consultant to further improve the service. Through carrying out different checks, they identified that some of the audit tools were not as effective as they could be; therefore they immediately introduced new ones that were better at highlighting any discrepancies or omissions.

In addition to the above, there were also a number of maintenance checks being carried out weekly and

monthly. These include the water temperature, equipment such as wheelchairs and bedrails as well as safety checks on the fire alarm system and emergency lighting. We saw that there were up to date certificates covering the gas and electrical installations, portable electrical appliances, any lifting equipment such as hoists and the lift.

People living in the home told us residents meetings were now held. We were able to view the minutes from the last meeting held on 26 September 2016. Issues discussed included, entertainment in the home, the keyworker system and the menus.

In order to gather feedback about the service being provided, the provider completed an annual survey with staff, residents and professionals who visited the home. This had been completed in January 2017. We looked at the resident's survey and could see that people were asked for feedback on issues such as whether they were encouraged to give views and preferences in relation to daily care, whether staff were competent and whether the premises enabled them to live the way they wished. 82% of residents were satisfied and 81% of relatives. One relative commented, "Inglewood is a well- run care home, effectively managed with staff who are well-led and competent." The management team were collating the analysis and intended to feedback on any issues raised in both a newsletter and to the residents meeting. We also looked at the professional's survey which had been completed in January 2017. The comments were all positive and included, "Inglewood provide holistic, patient centred care. It has a very homely environment".

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the home was being managed and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the registered manager or other members of the management team. Comments from the staff members included, "The managers are very good. It's a good team" and "The manager is great, really approachable".

The staff members told us that regular staff meetings were being held and that these enabled managers and staff to share information and/or raise concerns. During our inspection we viewed minutes from the last staff meeting on 3 November 2016. Staff had the opportunity to discuss a variety of topics including the key worker system, maintaining records, activities and issues relating to individual people living in the home. The registered manager told us that she also held meetings with the deputy managers and general manager about issues around the home and the general running of the home. We were able to view minutes from the last meeting held on 13 December 2016 and could see that they discussed activities, staffing, training and management roles and responsibilities. A staff survey had been undertaken in January 2017, the analysis had been completed and the management team would discuss the findings at the next team meeting.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East's Council contract monitoring team. This was an external monitoring process to ensure the service meets its contractual obligations to the council. We contacted the contract monitoring team prior to our inspection and there were no concerns highlighted.