Crystal Care Services Ltd

Inglewood Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We completed this unannounced focused inspection on 17 October 2018.

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

Inglewood care home is a purpose-built care home in a residential area of Redcar and Cleveland. The service provides residential and nursing care and support for up to 48 older people, some of whom lived with dementia or a physical health condition. Bedrooms and communal areas are provided over two floors. Each person has access to an en-suite bedroom and there are gardens to the rear of the service. At the time of the inspection, there were 35 people using the service.

The manager had been in post since November 2017, but had come a registered manager on 20 August 2018. 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.'

Inglewood care home is an established care home, however was newly registered under Crystal Care Services Limited on 12 July 2017.

We completed an unannounced comprehensive inspection of this service on 3, 9 and 11 July 2018. We found the service was not meeting the Health and Social Care Act 2008 (regulated activities) regulations. Staff were not safely managing the overall risks to people. People were not supported with their nutrition and hydration increasing the risk of harm. There were insufficient suitably trained staff on duty. Medicines were not managed safely. Infection prevention and control procedures were not always followed and the environment needed to be updated. Robust systems for determining people's capacity was not in place. The quality of all records reviewed need to be updated. An ineffective system of quality assurance was in place.

After the inspection, we wrote to the provider to outline our concerns about the service and asked them to provide us with an immediate action plan about the improvements they were going to make to become at least Good. We asked the provider to share an updated action plan each month to allow us to monitor the progress the service was making. We also issued a notice of decision to restrict admissions into the service.

We rated the service to be Requires Improvement at the last inspection. In line with our guidance, we met with the provider, registered manager, Redcar and Cleveland local authority, Middlesbrough local authority and South Tees Clinical Commissioning Group (CCG) to discuss the action the provider was going to take to become at least Good.

Since the last inspection we received concerns in relation to suitably trained staff, nutrition, hydration and leadership. As a result, we undertook this focused inspection to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk.

At this inspection on 17 October 2018 we identified that some progress had been made to improve the overall quality of the service. However, further work still needed and the changes in place needed to be sustained. The Notice of Decision imposed upon the service to restrict admissions without our approval remained in place.

There were shortfalls in all areas of training, supervision and appraisal. Planned dates were in place for some areas of training.

People who required a pureed diet because of the risk of choking now received one. Menu's needed to be improved to ensure people were receiving variety and fruit and vegetables in line with national guidance. People who needed a fortified diet (foods which increase the nutritional value of a meal) were not receiving one and the availability of suitable snacks for people who required an adapted diet was limited. Improvements were noted to some records for nutrition but not all.

People were not always supported to have maximum choice and control of their lives. Staff did try to support people in the least restrictive way possible, however mental capacity assessments carried out were not always appropriate. The language with regards to capacity in care records needed to be reviewed because people had not been involved in decision making. Training in this area needed to be carried out.

People had regular involvement with health and social care professionals

Improvements to the environment had taken place and were ongoing at the time of inspection. Items had been purchased to make the environments dementia friendly, once the décor had been updated. The cleanliness of the service had improved. Doors required to be locked for safety were found to be accessible.

Continued improvements were needed to monitor the overall quality of the service. Audits were identifying some areas for improvement but not all. There was inconsistency with the completion of action plans. The quality of record keeping needed to be further improved. Supplementary records had been completed much more consistently. There were inconsistencies within the care records which needed to be addressed.

Staff told us they were supported to carry out their role. They were much more knowledgeable about supporting people with nutritional needs. Recruitment was ongoing. The management team were visible at the service. Notifications had been submitted in a timelier manner.

People and their relatives had been kept up to date with the improvements to the service and feedback sought from these meetings and from surveys. The service was working alongside health and social care professionals to make improvements to the service.

We found continued breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to requirements relating to nutrition and hydration, the premises and equipment, good governance and staffing.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Requires Improvement

The service was always not effective.

People received a pureed diet where needed. Menus needed to be further developed. People who needed a fortified diet did not receive one. Consistent and accurate records were needed.

Supervision, appraisal and training still needed to be updated. Systems in place to manage people's capacity needed to be improved.

Some updates to the environment had taken place. The cleanliness of the service had improved. Some aspects of the environment were accessible to people because doors were not locked.

We could not improve the rating for Effective from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Continued improvements were needed to the system of auditing in place.

The quality of record keeping needed to be further developed to ensure they remained accurate and up to date.

Staff told us they felt supported. They worked alongside health and social care professionals to improve the quality of the service. Feedback was regularly sought.

We could not improve the rating for Well-led from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Inglewood 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 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.

We undertook an unannounced focused inspection of Inglewood care home on 17 October 2018. This inspection was done to in response to the concerns which had been raised about the service since the last comprehensive inspection on 3, 9 and 11 July 2018. These concerns included staffing levels, nutrition and hydration and leadership. We also wanted to check that improvements to meet legal requirements planned by the provider had started to be carried out. The team inspected the service against two of the five questions we ask about services: is the service well led and is the service effective.

No additional risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or since our last inspection of the service so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Before our inspection we reviewed all the information we held about the service. We examined the notifications received by the CQC. Notifications are reports about changes, events or incidents that the provider is legally obliged to send us within the required timescales. We also contacted Redcar and Cleveland local authority, South Tees Clinical Commissioning Group (CCG) and South Tees Better Care Fund Nutrition & Dysphagia Project. We used the information they provided during the planning of our inspection.

We did not request that the provider send us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was undertaken by one adult social care inspector and one specialist advisor (nutrition nurse consultant). During our inspection we spoke with two people who used the service and one relative. We also spoke with the provider, registered manager, clinical lead, two nurses and three care staff. We spoke with a

visiting dietician.

We reviewed five care records. We also reviewed six staff supervision and appraisal records, the training matrix for all staff and records relating to the running of the service.

We carried out a short observational framework for inspection (SOFI). This method of observation is used to capture people's experiences who are not able to voice them.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in July 2018, people with nutritional needs were not always supported safely. People did not receive food and fluids at the correct consistency to minimise the risk of choking. Care records were inaccurate and they were not regularly reviewed. Staff were not supported to carry out their roles and ineffective systems were in place to manage people's consent. The environment needed updating.

At this inspection, we identified that some action had been taken to address the concerns in relation to pureed diets. Continued improvements were needed in all areas and the service needed to demonstrate that these improvements could be sustained.

On the day of inspection, people who needed a pureed diet received one. There were sufficient staff on duty at mealtimes. We saw meals had been prepared and individually plated by kitchen staff prior to being sent out to people. We saw that one person was given a meal and a member of staff then added gravy to it. This gravy was separated on the plate from the pureed food. This was not in-line with 'Dysphagia diet food texture descriptors,' (April 2011) which states that, 'Any fluid in or on the food is as thick as the puree itself. There should be no loose fluid that has separated off.' The person did not come to harm and we determined this to be a training issue.

Food and fluid balance records had been more regularly completed, however they did not lead staff to act when people's intake was below the recommended amounts. Staff were not always clear about what people's recommended amounts were and these were not routinely recorded. This meant staff would not always know when they needed to act. Some records reviewed, stated that staff needed to push fluids, however we noted these people had still not achieved the recommended daily amounts. The records were not clear about how staff were working to minimise the risk of dehydration to people.

Food and fluid records did not routinely include prescribed fortified food and drinks. This meant that where people received these food and drinks, their intake was greater than the records demonstrated. Staff were not working together to minimise the risks to people. Nursing staff were responsible for administering prescribed fortified food and drinks and care staff were responsible for completing food and fluid balance records which were then checked by nursing staff.

Since the last inspection, some people had been removed from food and fluid monitoring. The reasons for these decisions had not been recorded in people's care plans. This had led to confusion for staff and relatives.

People's weights were more consistently monitored. They had been referred to a dietician for further support where needed. We found staff were not always aware when people had been seen by a dietician and the recommendations in place. We also found staff were not always aware when people had been removed from food and fluid monitoring.

Positive feedback had been received about the one-page profiles which had been introduced for people

who required an adapted diet. These provided staff with key information about the risks to people and the type of nutrition and hydration needed. Other aspects of the care records relating to nutrition and hydration needed further development to ensure that all the information was accurate and consistent. Instructions for using thickening powder varied in one of the care records reviewed with records referring to both 'levels' and 'stages' for people. These referred to different amounts of thickening powder. We asked the registered manager to review all records to make sure instructions were correct. We observed staff generally preparing thickened drinks correctly. We did observe one staff member add thickening powder to a pre-prepared drink. This increased the risk of the liquid not reaching the required consistency. The person did not come to harm and we deemed this to be a training issue.

No fortified diet was available for ten people who were deemed to require one by health professionals. Kitchen staff told us people received milkshakes, however this consisted of full fat milk and flavouring. Food items such as milk powder (used to increase the protein content) was not available in the kitchen. Staff had not considered that they could add cream or ice-cream to the milkshake. This increased the risk of malnutrition for people because they were not provided with meals, drinks and snacks with increased nutritional value.

Limited snacks were available for people who required an adapted diet. The service relied heavily on yogurts. On the morning of inspection, only biscuits had been made available to people with their mid-morning refreshments. These are not suitable for people who need an adapted diet.

Menus did not show which options were suitable for people who required an adapted diet. The current menus did not support people to achieve sufficient fruit and vegetables in-line with national guidance. Neither the chefs or people using the service were involved in planning the menus for the service. This meant people's individual choices had not been taken into consideration.

This was a continued breach of regulation 14 (Meeting nutrition and hydration needs of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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).

There was evidence that Mental Capacity Act (2005) assessments had been carried out, although not all assessments were appropriate. Best interest decisions had been carried out and showed those who had been involved in the decision making. The language used in the care records with regards to people's capacity and decision making needed to be reviewed. For example, care records for people who did not have capacity stated that they wanted their care plans to be reviewed each month and who they wanted to be involved in these reviews. People had not been involved in or agreed to these decisions. The provider and registered manager understood the Mental Capacity Act (2005). They told us that staff needed to undertake training in this area. Consent records for people to share information and to take photographs had not been signed by people or those with legal authority to make decisions on behalf of people. Verbal consent had not been obtained. When we spoke with staff, we could see that they asked for people's consent before providing care and support. We determined these to be record keeping and training issues.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had prompted the management team to carry out supervision with staff. Of the six staff records reviewed, three had received supervision since the last inspection. Of the four appraisals due, only one had taken place.

Training in moving and handling was mostly completed, however training remained outstanding in all other areas. Between 57% and 68% of staff had completed training in infection prevention and control, behaviours which challenge, equality and diversity and end of life care. There were significant shortfalls in training in other areas. Less than 30% of staff had completed training in safeguarding, food safety, and the Mental Capacity Act (2005). Less than 20% of staff had completed training in fire safety, first aid and dignity. Some training dates had been planned for November 2018 for staff. These included infection prevention and control, the Mental Capacity Act 2008, moving and handling, fire safety, safeguarding and dysphagia.

This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Further improvements had taken place since the last inspection. New décor was in place. Window restrictors had been put in place for all windows. Some areas had been repainted. The provider had purchased a number of items such as signage to create a dementia friendly environment. Historical pictures of the local area had been sourced. The provider was still looking at solutions to access the outside area from the dining room. During inspection a lounge was in the process of being painted, a bathroom was in the process of being refurbished and a medicines cupboard had been extended to house another medicines trolley.

A ramp was now in place to support people to access the garden area with ease. Bedrooms, communal areas and bathrooms were still in need of updating. Bedroom furniture and soft furnishing was worn in places. The provider told there were plans in replace furniture in the lounge once it had been redecorated.

The cleanliness of the environment was significantly improved. Some areas of the environment contributed to the risks of infection prevention and control because they were worn. This included a toilet stand aid which has rusted, tiles and grout which were broken or worn, flooring which had lifted and furniture which was worn.

We asked the registered manager to take immediate action to cover exposed wiring which they did. They told us that the wires were not live and did not pose a risk to people. We found areas of the service were accessible to people which had increased the risk of potential harm. Two cupboards with access to equipment and electrical wiring were open and unlocked. To under sink bathroom cupboards did not have a lock. When we opened them, we had access to wiring and debris. A lounge in the process of being decorated which contained a variety of equipment and trip hazards had not been locked.

This was a continued breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were involved with health and social care professionals when needed. Staff acted quickly when people became unwell. During inspection we observed people receiving visits about their healthcare needs.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection of the service in July 2018, we determined that the service needed to make improvements across the service to make sure people received safe care. An ineffective auditing system was in place, confidentiality was not maintained and action plans in place by health professionals had not been addressed. Staff were not united in their approach to manage the risks to people. The practices being followed by staff increased the risk of harm and abuse to people.

At this inspection, we found the provider had started to address some of the concerns identified at the last inspection. With the support of health and social care professionals, people were now receiving a pureed diet and one-page profiles to manage the risks for nutritional needs were in place. Some aspects of the environment had been updated and the cleanliness of the service had improved. Continued improvements were still needed with nutrition, the environment, support for staff and good governance to ensure the service was safe for people. The improvements in place needed to be sustained in order for the service to be rated at least Good.
Further improvements were also needed in respect of record keeping. Staff were more consistent in completing supplementary records. However, there were inconsistencies in weight records. This included gaps in checks of weights, incomplete records and failure to take action when weight records did not match. Records showed that the risks to people had increased, placing people at greater risk of harm, yet care records gave no indication of the reason for this increased risk. Care plans stated that staff needed to act in people's best interests, but did not state what these were.

Audits had been regularly carried out and had identified some areas for improvement. For example, people were receiving a pureed diet and staffing at mealtimes had improved. However, audits had not identified that people who needed a fortified diet had not received one, that menus were limited and repetitive and that some areas of the service were accessible to people when they should have been locked. The quality of audits needed to be further improved to ensure they captured all aspects of the service.

Of the audits carried out, action plans had been put in place. Where action plans had been addressed, they had resulted in some improvements to the service. Actions plans in place for care records had not been addressed. We identified that they had been allocated to the clinical lead who did not have capacity to complete them because their workload was high.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection, the manager had successfully applied to the Commission to become a registered manager.

Staff practices had improved and during inspection we observed positive interactions between people and staff. Staff were respectful and friendly when providing care and support to people and when interacting with them. This was reflected in the smiles we observed in people's faces. We heard one person tell a staff

member, "You are always so wonderful."

Staff told us morale had improved. They told us they were committed to working at the service and were supported by the registered manager and the senior leadership time were visible at the service.

Surveys and meetings with people and their relatives had been carried out. Feedback had been obtained and the information was being used to improve the overall quality of the service.

The service was working to build up their links with the local community. The registered manager told us that the local primary school was going to be involved in naming each of the units at the service.

The service had been supported by the local authority since the last inspection. Reviews of people and the service had taken place as a means of driving improvement. South Tees speech and language therapy team had been engaged with the service providing advice and support for people with nutritional needs and care records. They had also been carrying out observations of mealtimes and had been working with staff to increase their knowledge and drive improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs (1) People's nutritional and hydration needs were not met. Records relating to nutrition and hydration did not support people to achieve an appropriate dietary intake.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment (1) Further improvements were needed to ensure the service was safe for people to use and was properly maintained.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance (1) The quality of record keeping and quality assurance procedures needed to be further improved.

The enforcement action we took:

We imposed a notice of decision to restrict admissions in July 2018 and this remains in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing (2) Supervision, appraisal and training remained outstanding.

The enforcement action we took:

We imposed a notice of decision to restrict admissions in July 2018. This remains in place.