

Cumbria County Council

Inglewood

Inspection report

Low Moor Road
Wigton
Cumbria
CA7 9QL

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Inglewood is a residential care home for up to 40 older people operated by Cumbria County Council. The home had three units for permanent residents including a specialist unit for people living with dementia. The fourth unit was for people in need of rehabilitation. There were twenty-eight people in the home during the inspection. People had single bedrooms, some with ensuite facilities. There were suitable shared facilities and a pleasant garden. The home does not provide nursing care.

People's experience of using this service

Inglewood is an exceptionally well-led service with a commitment to quality. The manager had managed the home through a time of change, maintaining and enhancing the team's commitment to a service that engaged fully with people. She had established a successful service for rehabilitation and continued to provide meaningful person-centred activities. Her position is in the process of ratification and her registration is underway.

The service provided an outstandingly caring approach where the staff team put the needs of people first and where person-centred care was fundamental. The care extended to the wider family and sensitive care delivery was an accepted part of the daily life of the home. People were treated with the utmost dignity, respect and compassion throughout their time in the home. Staff worked hard to support people to live as independently as possible. People's needs, and wishes were recognised and met in an exceptional way.

The service was very much a hub of the local community, being involved in local initiatives like the stroke club and the local bowling club. End of life care was exceptional, and families felt they were supported at this time. Activities were outstanding in their far reaching and varied content. People told us they were always busy and that they had participated in activities that had enhanced their lives. One person said, "I have been too staid but now I am joining everything."

People told us they felt very safe. Staff understood their responsibilities in protecting people from harm and abuse. New members of staff had been suitably vetted. Accidents and incidents were responded to appropriately. Staffing arrangements ensured that people got the best care possible.

Staff had an in-depth and far reaching understanding of individual needs and wishes. The staff team had suitable training and experience in their different roles. Good attention was paid to health needs and people had their nutritional needs met well. The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Outstanding (Published 27 June 2017).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led

Details are in our well led findings below.

Inglewood

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager who was in the process of registering with the Care Quality Commission. This means that until the registration of a manager is completed the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a recent provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seventeen people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, supervisors, care workers, housekeeping staff and the chef. We met four health care professionals who supported the team with the rehabilitation of people in the home's community resource beds.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A selection of records relating to the management of the service, including rosters, meetings with staff and quality audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received information related to registration, training data, compliments and quality reviews.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from harm and abuse.
- People said they felt safe. One person said, "Of course it's alright...I'd square them up if it wasn't but they are alright." Relatives said they felt people were safe, one relative said, "The staff are [my relative's] kind of Wigton folk always looking out for him and the other residents."
- Staff were knowledgeable about protecting adults and told us they had regular training updates and the contact details for making referrals to the local authority on cards that the provider had given them.

Assessing risk, safety monitoring and management

- Risk was lessened and people were kept as safe as possible because good management systems were in place.
- Detailed risk assessments were in place related to the delivery of care, moving and handling, trips out, fire and food safety. These had been regularly updated.
- One person said, "They asked all sorts of questions to make sure I had what I needed." Another person explained to us how they had been assessed by health care professionals and that, "The staff here checked with me if this was right and if there was anything else I needed."

Staffing and recruitment

- Staffing levels were monitored and recruitment completed effectively, following legislation and the procedures of Cumbria County Council.
- We noted that staff recruitment was underway to strengthen the staff team to continue to meet people's needs, especially when people were in the home for rehabilitation.
- People said, "We get involved and we can choose new staff." The manager confirmed that people were part of the selection process and any candidate had to be approved by people who would be cared for by the new staff member.

Using medicines safely

- Medicines were appropriately managed.
- Medicines were stored securely, closely monitored, ordered, administered and disposed of safely. People had regular reviews of medicines to make sure they had the right medicines for their needs. The manager had started to put individual storage boxes in bedrooms to allow for more people to self-medicate.
- One person said, "I get my pills on time. I have Parkinson's and they tell me it's important to have them on time."

Preventing and controlling infection

- Suitable arrangements were in place to prevent cross infection and to ensure the home was clean and hygienic.
- The home was clean and fresh on the day of our visit with suitable equipment and materials in place. The senior team monitored infection control and used appropriate procedures to reduce the risk of cross infection.
- One person said, "My bedroom is clean and tidy, the whole place is spotless. The staff take pride in it." A recently admitted person said, "My clothes are clean and my bedroom is nice; nice clean bed."

Learning lessons when things go wrong

- The provider and the manager ensured they had a focus on improving systems if things went wrong.
- The home took admissions from hospital to support people with rehabilitation and to free up hospital beds. The senior team had reviewed the admissions on a weekly basis and made changes to the protocols for admissions to ensure these continue to go smoothly.
- The supervisors had met with hospitals, the local surgery and the pharmacy to look at ways to make the management of medication run even more smoothly when there were numerous admissions and discharges.

Is the service effective?

Our findings

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

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

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

- People's needs were suitably assessed and their choices respected. This was done in line with standards, guidance and the law.
- Detailed assessments were completed prior to admission and this was ongoing ensuring people's changing needs were understood.
- People who came in for rehabilitation had thorough joint assessments. One person said, "I had an assessment before I came in and they do it as they go along".

Staff support: induction, training, skills and experience

- Staff were supported through induction, support and ongoing training.
- One member of staff said, "I had a good induction and have done the basic training. I am doing dementia training next week." Two other staff said they had worked in the home for more than twenty years and had done a short university course on caring for people living with dementia. A supervisor spoke about her experience delivering rehabilitation to people in their own homes.
- We saw the record of training completed and this was comprehensive with more courses planned for the end of the year. New training on understanding learning disability was underway.
- One person said, "The staff know what they are doing." Another person said, "They get training. If you wanted to you could join in. I think one person went to some training." One person had joined a specific training session to give their insight into a health condition.

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

- People were given a varied and nutritious diet and encouraged to maintain their hydration.
- Nutritional plans were in place. Soft diets, vegetarian diets and individual preferences were catered for. Kitchen staff had attended training on nutrition at a further education college. The chef was looking at new ways to meet cultural needs and said, "We need to make sure we can provide things like vegan diets and gluten free meals as people's preferences are changing."
- People said, "The food is very nice, basic but well cooked and a good choice", "The food is excellent" and "I like the food here it's tasty."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported because the staff team worked well with health and social care agencies.
- We met health care professionals who said, "There are no problems, we all work together to help people return to the community."

- People told us about prompt and appropriate support from other health and social care professionals. "I had a fall but they sent me to hospital and I have seen the doctor and the nurses since I came back."

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

- Inglewood is a purpose built home situated in a residential area of Wigton. It has been modernised and adapted to meet the needs of older people and people who need rehabilitation.
- The home was well decorated and furnished. Changes had been made to the rehabilitation unit, making rooms more spacious, with suitable adaptations to meet people's mobility needs.
- People lived in small group living units with lounge and kitchen areas. The garden was easy to access with sheltered seating areas and a tranquil Japanese zen garden. People told us they were comfortable in the home.

Supporting people to live healthier lives, access healthcare services and support

- People were helped to maintain good health and were supported to access health care services.
- People told us, "I am blooming. I feel very well and I can have the doctor if I need." People admitted for rehabilitation saw physiotherapists and occupational therapists during their stay.
- Records showed regular visits from chiropodists, GPs, community nurses, dentists and other specialists. New training on mouth care was being planned. Staff could identify when a person needed emergency treatment and were trained in emergency first aid.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Consent to care and treatment was sought in line with good practice and the law. Deprivations of liberty were managed in the least restrictive way possible.
- People told us, "They speak nicely to you, there is no telling you what to do, they ask you." We observed staff asking for consent before any interactions.
- People were asked for consent and, if necessary, their capacity had been assessed. Detailed records relating to 'best interest' meetings and DoLS authorisations were in place.

Is the service caring?

Our findings

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

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

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

- The manager and staff continued to create a caring and supportive atmosphere in the home that allowed people to feel cared for in a person centred way.
- Every person we spoke to told us how kind and caring staff were. One person said, "We are treated as people...not 'residents' or 'patients' or 'old people' but as people who are valued." Another person said, "We are all treated the same, but we are also treated as individuals." We observed positive practices by staff who emotionally supported people with compassion and kindness. They were respectful and empathic, friendly and kind without being patronising or over familiar.
- A relative contacted us because they judged the care to be truly outstanding, "I remember those early meetings when the manager and other staff...showed real kindness to [my relative] and to me and other family members.[My relative's] transition into Inglewood, especially under the tragic circumstances, was always going to be difficult...Inglewood has shown the care and kindness needed and [my relative] has truly moved forward."
- Staff confirmed they had received equality and diversity training and spoke about how they applied this in practice.

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

- The staff team were committed to enhancing the experiences of people living at the service. They ensured people were empowered and included in the care they received. People were assertive and told us they felt in control of their lives.
- People told us they had influenced menus, décor, outings and entertainments. They continued to be active participants in daily decision making, the recruitment of staff and their own individual and group planning. People attended residents' meetings, were members of the amenity fund committee, participated in training and wrote their own regular newsletter 'The Owler'.
- The manager held regular meetings with everyone in the service, spoke to individuals on a daily basis and also consulted visiting relatives, where appropriate. People told us their views were valued and acted upon.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. People and their relatives said that people's privacy and dignity were always maintained. People were supported to achieve their goals and encouraged to reach their full potential, no matter their age or infirmity.
- People told us how they were listened to and supported to do what was truly important and meaningful to them. This person-centred approach had a positive impact on each person's life and was used to help

people maintain a sense of self, retain their privacy and dignity and encourage independence. This care continued even after death. A social media comment stated, "Very touching to see a line of staff outside the home, in tears, paying their respects to a funeral cortege. Nice to see carers who really care."

- People told us how they had regained independence because of the support they were given. This was evident in all of the units, not just in the rehabilitation unit. One person told us how their mobility had improved and a relative said, "I have never seen [my relative] look so well and be so keen to go out and to join in activities. The staff give the kind of care that was needed to build up [their] confidence."

- People were supported to be as independent as possible. One person in the rehabilitation unit said, "The staff are working with me so I can get back home which is my dearest wish. I am optimistic." People's wishes and abilities were known by staff and they did not interfere but offered subtle support. One person said, "I'm pretty independent and I put my own gel on but the girls look in and ask me if I can manage and fetch me a cup of coffee, they know I get up at 6 am and get dressed, so they look in and see if I want a drink"

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People told us that the exceptional levels of support staff gave them allowed their needs and preferences to be known and respected. People, their families and professionals told us that people had meaningful choices and had real control over their lives, including the recruitment of staff and decision making on how fundraising was managed. Care plans included goals that people wished to achieve and staff helped them to take the steps to meet these goals. These encompassed physical achievements through rehabilitation and sport; social, spiritual and cultural goals because the team listened to suggestions and acted on peoples wishes.
- Care plans were detailed and reflected the strengths, needs and wishes of people. People living with dementia had plans detailing strategies to lessen any disorientation or distress. These strategies followed current good practice in the field. Staff were supporting a person in the dementia care unit to review their care plan.
- People were encouraged to be assertive and said the staff were responsive. One person living with dementia said, "Whatever we ask for we expect to get." People told us that if their needs and wishes changed the staff, "Write it up and they all know about the change."

Meeting people's communication needs

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

- Staff were knowledgeable and understood different approaches for the varied and individual needs of people living with impairment and disability. The provider had ensured specialist training for communicating with people with sensory loss was in place. People could use computers and tablets, where this helped with disturbances of speech or hearing.
- There was an active, weekly group in the home for people living with effects of stroke. This ensured that people in the home and wider community were provided with support and specialist communication tools, including the use of new technology. Staff were excellent at supporting people where their communication skills had been damaged by stroke.
- People whose communication skills had been eroded by dementia were given support because the provider took advice from specialists in the field. They followed the guidance of Stirling University in the use of signs and provision of other environmental prompts. This meant that people could find bathrooms, their

own room, could easily identify where their belongings were and knew the time of day and the season. Staff used these prompts in an easy and effective way. People were well orientated and this made the specialist unit a calm and happy place.

- Staff were provided with communication training specific to people's individual needs. A care plan for a person living with dementia identified the types of vocal and physical alerts so that the person's needs and wishes were met promptly. Updates to training were being delivered so staff could understand the communication needs of a prospective new person living with a learning disability. The manager had ensured this was in place so that their rehabilitation could be done with ease.

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

- The staff team were committed to ensuring people were offered wide ranging opportunities to develop relationships both in the home and in the community. Meaningful cultural, social, sporting and spiritual activities continued to enhance people's lives. The service ensured those with more complex needs were also fully involved in activities. People in the dementia unit were supported to communicate their emotions through art therapy delivered by an art specialist with training in this field.

- The home had a wide variety of activities and opportunities for people, including a weekly trip to bowling that was part of a 'Living life to the full' project with Sport England. This had been developed because people had stated they had wanted to participate in community activities and to enjoy the psychological and physical benefits of sport. This had been a great success, so much so that the grant from Sport England had been increased. People noted improvements to balance and mobility and an increased feeling of self-worth. Several people proudly said, "I have learned a new sport. I am now a member of the Wigton bowling club". The project, under the leadership of the manager, had been adopted by other services of the provider who were developing their own sporting projects.

- People found activities to be meaningful and life changing. We met people who were confident and fully engaged with the life of the home and the wider community. They said they were, "Busy bees!" One person said "I write the 'Owler' [The monthly residents' newsletter] and it has given me a new purpose in life", Another person said, "I go to everything there is to go to, I want to keep my mind active". One person gave us real insight into how the activities and entertainments had changed them. "I went to a Halloween party... there was loud music and singing and I had never been to anything like it before, and there I was waving my arms about. I said to the girls, I've missed out on so much in my life, I've been too staid, so I think I am going to everything."

Improving care quality in response to complaints or concerns

- The provider ensured that complaints and concerns were dealt with and care quality improved, when necessary.

- The provider had a suitable complaints policy and procedure. No complaints had been received. People told us, "I would just speak to the manager who would sort it."

A relative said, "Where the family has had small concerns staff at the home have always responded quickly and efficiently and I have full confidence in them."

- Staff told us there was a procedure to follow and they spoke to the supervisors or the manager if someone wanted to complain. They said they could support someone who had a complaint. People told us the manager was "always about and easy to talk to".

End of life care and support

- The home provided exceptional end of life care with the support of health care professionals. They gave both practical and emotional support to the dying person and to their families. Staff were trained in end of life care.

- We spoke with a visitor whose relative had died in the home. This relative continued to visit as part of their grief process and to give something back to the service. "My relative died in here and I couldn't fault them. We stayed all night and... we couldn't have asked for better [support]. We could come in when we wanted and they couldn't have looked after [our relative] better. We have no worries at all, we couldn't have had anywhere better." People said that they were able to ask about how people were and were always informed of the death and the funeral arrangements. They had confidence in the care staff supporting them when they reached this stage.

- The end of life was considered to be part of the holistic care in the service. The home had a quiet lounge with a sofa bed and relatives were encouraged to use this private space. This allowed relatives to be present for their relative for as long as they wanted at the last stage of life. We saw cards and letters thanking the team for their compassionate and sensitive care of the dying. Some families had held funeral teas in the home, some funerals had left from the home and corteges came past the building so that staff and people in the home could show their respects. This showed that end-of-life support was given in an open way, was very much a part of the service and was given to people, their families, staff and the wider community in Wigton.

Is the service well-led?

Our findings

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

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

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

- The manager and staff demonstrated a commitment to providing high-quality, person-centred care. The culture of the home reflected the positive and empowering vision and values of the provider. The manager and staff were flexible and would often work beyond their paid hours to ensure good outcomes for people.
- The manager had previously been registered for the service. Due to the provider reorganising management arrangements across north Cumbria, she had stepped down from being the registered manager but had continued to manage the service for some considerable time through this process. These considerations had been resolved and the manager was now re applying to be the registered manager.
- People spoke positively about how the manager had given consistent leadership and support. "Always around making sure we are happy." A relative said, "[The manager] is a strong leader and is both compassionate and caring and I feel that the finger is very much on the pulse at Inglewood." People told us that the manager encouraged them to expand their experiences and be involved in everything going on in the home.
- The manager told us, "I like to capture people's joy !" We saw around the home notices about 'The ten absolutes of providing care'. These gave staff guidance on the true meaning of empathy, respect, dignity and empathy amongst other qualities. These 'absolutes' were discussed in team meetings and in individual supervision meetings. The manager had made sure these theoretical perspectives could be identified in staff practice and were discussed in formal feedback to staff. Staff told us they followed these principles and they too wanted to make people happy. One staff member said, "This is their home, I only work here".
- Staff told us, "The manager has continued to encourage us to [strive for excellence] and is so enthusiastic. I think we are doing even more things with the residents than we did in the past. We haven't stopped. We want this place to be as good as it can be."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The staff team understood their roles and were committed to running a high quality service that met with regulatory requirements.
- Cumbria Care had a detailed quality monitoring system and both internal and external audits were completed in this service. An annual quality report had been completed and actions taken to ensure continuing high standards of care and support.
- Staff said they were aware of their role and how it fitted into the whole team. They also had a good understanding of legislation, good practice and the need to maintain standards.

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

- Good systems were in place to engage with people, the public and staff, both formally and informally.
- People and their families received regular surveys and these were analysed centrally by the provider's quality team and changes made where necessary. Review meetings were arranged and informal discussions held with people, their visitors and visiting professionals about individual care needs. People told us they were involved in recruitment, could attend staff training and were able to influence menu planning, décor and furniture purchase. At least four people were members of the amenity fund committee and had "a big say" in how money was spent.
- People confirmed they were treated equally and told us, "We are all treated the same...but they respect our differences." Staff confirmed they had attended Cumbria County Council equality and diversity training and management would ensure they complied with these policies.

Continuous learning and improving care; Working in partnership with others

- The home had a focus on improving care through quality monitoring, listening to people, training staff and developing the team.
- The manager had taken advice from other professionals and kept up to date with current good practice. Recent development work had involved small workshops where staff had spent time reflecting on what was good practice and how they could implement this in their work. Training and development were ongoing and the team had identified nutrition, oral care and support of people living with a learning disability as key issues and training was underway to cover these subjects.
- The rehabilitation service had been established and was working well, new activities and changes to the environment had all been managed well because the manager and staff team showed a commitment to ongoing development. One supervisor said, "We want to keep our outstanding rating and we keep thinking of new things and different ways to support people. Our rehab and day care is part of our wider work with the community and we want to be a resource for Wigton."
- We met three health care professionals who worked with the home to support people discharged from hospital and they said, "This is a great place and the staff are keen to develop rehabilitation in this unit. They are learning all the time."