Cumbria County Council

Inglewood

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

This was an unannounced comprehensive inspection which we carried out on 13 April 2017. We last inspected Inglewood in November 2015. At that inspection we found the service was meeting all of the legal requirements in force at the time.

Inglewood is a residential home for up to 40 people. On the day of our visit there were 28 people living in the home. The home cares for older adults, some of whom may be living with dementia. The home is one of the services operated by Cumbria Care, the in-house provider for Cumbria County Council.

The property is a two storey building with a passenger lift to assist people to access the accommodation on the first floor. People live in small units, each with a sitting and dining area. One unit specialises in providing care for people living with dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The feedback we received from people living in the home was excellent; they expressed great satisfaction with the caring attitude and the support received. People were all very enthusiastic about how the way in which care was given made a real difference to their lives. One person told us, "There's never a dull moment, everything's on offer here if you want it. We've had visiting donkeys, owls, rabbits! We go out for meals, trips to the garden centre, you name it. We've done it!"

The home had a very strong leadership team who promoted clear values and an open culture. The registered manager demonstrated a very good understanding of the importance of effective quality assurance systems in delivering a high quality service. We found the home to be very well run in order to meet the needs of each individual living in the home and their views were highly valued and acted upon.

The culture of the service was positive, clearly person centred and inclusive. People, relatives and professionals consistently gave us positive feedback about how the home was personalised to meet people's individual needs. One person living in the home told us, "I cannot praise the management and staff highly enough. From the minute I arrived they couldn't do enough for me."

People and relatives said staff were exceptionally kind and caring. One relative told us, "My [family member] is very happy and cared for by wonderful people. I cannot praise the Inglewood family highly enough. They go above and beyond their remits. A special place indeed." Another relative said, "An exceptional service providing love and care."

A real feature of the home was how engaged and in charge people were made to feel. One person said, "Oh

yes I'm definitely in control. I have a free reign to live my life here." A visiting social care professional told us, "Inglewood is home like in how it looks and how it behaves."

The home had become a community resource and hub for a wide range of community groups and this was a really positive feature for those living in the home. One person told us that this helped them to keep active and part of the local community. People joined in lots of activities and groups, such as a knitting group, The Stroke Club, a cake decorating club and a club for people with disabilities to meet and socialise.

Staff were very highly motivated and proud of the service. They were well trained, supervised and supported for their individual roles. The care and support offered to people living with dementia was exemplary with staff receiving training from Sterling University on current good practice in this field. Staff were skilful in translating this expertise in a way that was both professional and extremely caring.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. Thorough vetting checks were carried out on new staff to make sure they were suitable to work with people who needed care and support.

We found the home to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People were supported as appropriate to receive their medicines safely from staff assessed as competent to do so.

People also received exemplary end of life care at the home that was based on national best practice guidance and close links had been forged with health professionals to ensure continuity of care and treatment. People were treated with dignity, kept peaceful, and staff supported families and those that mattered to the person to spend quality time with them.

Thorough risk assessments were in place to promote people's independence. These accurately identified current risks to the person in order to minimise or appropriately manage those risks. The emphasis of the home was to safely support people to keep as much independence as possible. A wide range of group and individual activities and entertainment were available. People were very well supported to carry on a hobby or to take up new interests.

Menus were very varied and a choice was offered at each mealtimes. Staff supported people who required help to eat and drink and special diets were well catered for. People told us the food was home cooked and of a high quality.

People had a range of ways to give their views about the service and to influence how the home was run. One relative also told us, "My [family member] is a changed person since residing at Inglewood. From the age of 88 she started a new career and is part of the 'recruitment team'. I've gone to visit only to be told that she was busy interviewing all day!"

Infection control measures in the home were good. The staff team had been suitably trained and had access to personal protective equipment. The home was kept clean and orderly while still keeping a homely feel. One person told us, "It's always spotless."

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.

Staffing levels were sufficient to meet people's current needs safely.

Measures were in place to protect people from abuse and avoidable harm.

Risk assessments were comprehensive, up to date identified current risks to people's health and safety. People received their medicines in a safe way.

Regular checks were carried out to ensure the building was safe and good infection control measures were in place.

Is the service effective?

Good

The service was effective.

People were well supported by staff who were skilled and trained to meet people's needs.

People's rights were protected. Best interest decisions were made on behalf of people, when they were unable to give consent to their care and treatment.

Staff liaised with health care professionals to make sure people's care and treatment needs were well met.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs. Meals were varied and of a good quality.

Is the service caring?

Outstanding

The service was extremely caring.

Staff had formed strong caring relationships with people who used the service. Staff took time to listen to people and get to know them and went out of their way to make people feel valued, cared for and cared about.

Care was very individualised. People and their families were involved in their care and were frequently asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Staff supported and encouraged people to maintain their independence by gaining or regaining skills. New opportunities and experiences were offered to people.

Is the service responsive?

Good

The service was effective.

Care plans were very detailed, person centred and people's abilities and preferences were clearly recorded.

People had a wide and varied choice of activities and were supported to lead meaningful lives of their choosing.

People made choices about their lives and were central in decisions about their support and the running of the home.

People were aware of how to make a complaint should they need to and they expressed confidence in the process.

Is the service well-led?

Outstanding

The service was exceptionally well-led.

The service had a registered manager in post. People using the service, their relatives and staff were very positive about the registered manager's running of the home.

There were clear values underpinning the service which were focussed on providing high quality person centred care.

People were asked for their views about the service and knew that what they had to say mattered and would be acted upon.

The registered provider set high standards and monitored the quality of the service to ensure these were maintained.

Inglewood

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 13 April 2017 and was unannounced. The inspection team consisted of one adult social care inspector and one 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 for older people.

The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We spoke with 15 people who lived at Inglewood and five relatives. We also spoke with the registered manager, two senior supervisors, six care workers, one domestic worker, a member of catering staff and a visiting healthcare professional.

During the inspection we reviewed a range of records. This included six people's care records such as care planning documentation and medicines records. We also looked at five staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a selection of policies and procedures.

We contacted commissioners from the local authorities who contracted people's care and health and social care professionals working with the home.

Good

Is the service safe?

Our findings

People we spoke with told us they felt very safe. One person commented included; "I feel very safe here, very safe indeed." A relative said "I am in often and am not worried about anything."

All of the people we spoke with told us there were plenty of staff to safely meet their needs and that they came quickly when they needed assistance. One person living in the home told us, "The girls come promptly if you push the buzzer." Another person said, "There seems a lot of them. I don't often use my buzzer because the 'girls' just know what I want and when." A relative said, "There always seems plenty of staff around, including the manager and supervisors if you need them."

Relatives we spoke with also felt their family members were very safe while still promoting people's independence. One relative told us, "I think its great my [family member] could still go out for walks on her own, even though she had the beginnings of dementia. The staff worked really closely with my [family member] and us to make sure she was safe. They did a risk assessment and even followed her to check she was okay. She loved doing this at home and I think this keeps her body and mind active."

We saw that recruitment procedures were in place and were being followed in practice to help ensure staff were suitable for their roles. This process included making sure that new staff had all the required employment background checks, security checks and references taken up. For example, application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people. We saw relevant references and a checks from the Disclosure and Barring Service (DBS) had been obtained before applicants were offered their job. A DBS check is to determine people's suitability to work with vulnerable people. Copies of interview questions and notes were also available to show how each staff member had been selected.

We saw that the provider had systems in place to ensure that staffing levels were safe and met people's needs. The manager told us the staffing budget had a degree of flexibility in order to meet the needs of people living in the home. We looked at the staff duty rotas for a four week period which confirmed staffing levels were flexible to meet the individual needs of people using the service. Where people required additional support to go out into the community, extra staff were scheduled to work in order to meet their needs. Senior team members were available on call throughout the night in case of an emergency.

We viewed the safeguarding records and found concerns had been logged appropriately by the registered manager. Since 2015 five safeguarding alerts had been raised and shared appropriately with other agencies for example, the local authority safeguarding team. The care staff we spoke with told us they had received training in how to recognise and report abuse. Staff were aware of appropriate lines of reporting concerns within the organisation. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. We saw evidence that any concerns that were raised were taken seriously and treated in confidence.

People received their medicines in a safe way. Up-to-date policies and procedures were in place to support staff and to ensure medicines were managed in accordance with current guidance. We observed a medicines round and noted that these were carried out by trained senior supervisors. We saw the supervisor remained with each person to ensure they had swallowed their medicines. Medicines records were accurate and supported the safe administration of medicines. We found there were no gaps in signatures and all medicines were signed for after administration. All medicines were appropriately stored and secured.

Comprehensive individual risk assessments were in place that were regularly reviewed and evaluated in order to ensure they remained relevant, reduced risk and kept people safe. The risk assessments included risks specific to the person such as moving and assisting, mobility, nutrition and pressure care. For example, we observed staff moving residents in wheelchairs and using hoists. These were all used appropriately and safely with the correct equipment. We observed staff moving people appropriately with a variety of wheelchairs, walking aids and hoists . Staff used quiet encouragement and prompting to move residents safely. Risk assessments were of a very good quality and included risks to staff. For example where people required a wheelchair to mobilise the risk assessment of how to correctly manoeuvre a wheelchair safely were very detailed and comprehensive, keeping both the person and staff members safe.

People were kept safe in their living environment through appropriate health and safety risk checks carried out at the service. We saw fire risk assessments with action plans that were signed and dated when the action was completed. Fire safety equipment was regularly tested and a practice fire drill had recently been undertaken. The registered manager had analysed the outcome of the practice fire drill and had identified additional actions that could be taken to minimise risks. A personal emergency evacuation plan (PEEP) was available for each person taking into account their mobility, moving and assisting needs and their current cognitive abilities. The plans were reviewed monthly to ensure they were up to date. These were used in the event of the building needing to be evacuated in an emergency.

The provider had arrangements in place for the on-going maintenance of the building. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. We also saw records to show that equipment used in the home was regularly checked and serviced, for example, the passenger lift, hoists and specialist baths.

We found the home to be clean, tidy and fresh smelling throughout. Sufficient domestic cleaning staff were employed at the home and cleaning schedules were in place. Staff wore protective clothing such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their induction training. One staff member told us, "We used a 'light box' to show how to wash your hands properly and we all know the five steps that the training taught us." A light box is a training aid that allows staff to see how well they have washed their hands.

The home had a senior staff member who was the designated lead for infection control and they kept staff up to date on any legislative changes. A copy of the good practice code for infection control in care homes was on display in the home. These measures all helped to ensure that people were cared for by staff who were knowledgeable about the spread and causes of infection. The home had a five out of five star rating for food hygiene from the local authority.

Good

Is the service effective?

Our findings

People told us that staff in the home knew the support they needed and provided this at the time they needed it. One person living in the home told us, "I can do what I want and go where I want. It's been great coming here. The staff are really good at what they do."

We were told by everyone we spoke with that the meals were of a very good standard and the cook frequently popped to see them to check that they had enjoyed their meal. One person told us, "We had my favourite today, roast ham with pineapple which had been cooked overnight and fresh vegetables and new potatoes. There is always a hot homemade pudding on offer or fruit or yoghurt. Restaurant standards!"

Relatives told us the staff were very good and met the needs of people who used the service. Everyone we spoke with praised the staff team and spoke very highly of the support provided. One relative said, "An exceptional service providing love and care. My [family member] went from a frail old lady with the onset of dementia to a person who now has a quality of life all due to the care provided at Inglewood. The staff are very good at knowing how to care for people who have dementia."

A healthcare professional who carried out training for a number of care homes commented about the staff at Inglewood, "They have a positive attitude towards updating their knowledge, and ask relevant questions. The manager quickly arranged for all staff to attend including the night staff. Training sessions are always very well attended by staff from Inglewood."

All of the staff we spoke with told us they felt very well supported. Staff said they received regular supervision from the registered manager or one of the supervisors. We saw a very detailed supervision agreement that set out the responsibilities of the person being supervised and the supervisor in order to make them as effective as possible. One of the purposes was to monitor that each person was getting the right amount of personal development time allocated each quarter.

When staff started working in the service they completed an induction to ensure they developed the skills and knowledge needed to support people safely. Staff told us they shadowed a more experienced member of staff for a minimum of two weeks depending on how confident they felt. This ensured they had the basic knowledge needed to begin work. We spoke with members of staff who were able to describe their role and responsibilities clearly.

One supervisor said, "We know it can be daunting for new staff, so we will offer shadowing and extra support sometimes up to five weeks. We want the care to be right and to the standard as if it were one of our parents." Staff all commented how well the team got on together.

New staff enrolled on the care certificate which is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. We spoke to staff who told us the training was beneficial to their role and helped them develop skills and confidence to support people. One staff member told us, "I've had really good training and support. I can

ask for refreshers and my confidence has grown from strength to strength."

The staff training system was highly developed and made bespoke to the needs of people in the home through close liaison with health professionals. For example pressure ulcer training was provided to staff by visiting health professionals. Following this, to check staff understanding they had to complete competency tests. One staff member described to us this training, "We use a safety cross system that rates peoples risk using a traffic light system. This means we can keep on top of people's skin which can change so quickly and we can get the nurse in quickly as well using this."

We saw that staff had received specialist training in caring for people living with dementia and this had included how to support people who may become agitated, upset or challenge the service. One staff member told us, "I went on a 12 week course run by the local mental health team. What I came away with was the philosophy of 'therapy rather than medication'. I think the way we work with people on the dementia unit shows this works." The provider did not advocate the use of restraint and instead trained staff in diversion and distraction techniques to help calm people. Other training courses included nutrition, catheterisation, epilepsy awareness, Parkinson's disease, equality and diversity, and diabetes awareness.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a very good understanding and knowledge of this subject, and people who used the service had been assessed to determine if a DoLS application was required. We looked at the care files of people who had an authorised DoLS. We saw this was detailed in a care plan, which clearly described any imposed conditions and how these were being met. This ensured the person's needs were being met in the least restrictive way.

People were very well supported to maintain their healthcare needs. The service was excellent in seeking the advice of health professionals to ensure risk assessments were completed with the input of those with specialist skills. People's care records showed they had regular input from a range of health professionals such as General Practitioners (GPs), district nurses, the behavioural team, psychiatrists and a speech and language therapists (SALT).

Care plans reflected the advice and guidance provided by external health care professionals. One person told us how good they felt the support was with all aspects of their health since arriving at the home. They said, "I'm walking much better now and the nurse came to see me this morning, I had sores from the hospital but they are so much better now". We were told by a healthcare professional working with the home, "As Community Nurses we have had a very good working relationship with the staff of Inglewood, feeling able to share any concerns knowing they will be listened to and acted upon."

People who were at risk of poor nutrition were supported to maintain their nutritional needs. This included monitoring people's weight and recording any incidence of weight loss. Staff assessed people's risks of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and dietitian when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely. For example, where people had difficulty in swallowing, staff followed the health professional's advice to provide food that had been pureed. We observed people were provided with food that was suitable for their needs, for example, thickened fluids or soft foods.

Outstanding ☆

Is the service caring?

Our findings

Staff developed exceptionally positive, caring and compassionate relationships with people. Without exception, people told us they were very happy with the caring approach and attitude of the staff team. One person told us, "The care we get from the staff here is excellent. It's so warm and genuine, it really couldn't be better." Another person told us, "It's the little things that matter. One of the staff brings in rhubarb from her own garden because she knows I love it. Another one brings me in my favourite sweeties and cuts my hair."

People told us they were consistently looked after by staff that were exceptionally caring, understanding and compassionate. One person new to the home commented, "I'm in for two weeks, I just came out of hospital, it's very good, like a home from home" and "I wasn't too sure about coming into a place like this, you imagine all sorts of things, but this is so nice that if I had to come back I wouldn't worry about it at all now. In fact I would look forward to it. I've made so many friends and with the staff too."

People felt like they mattered, they told us that staff were patient, and demonstrated a huge amount empathy in how they looked after them. Everyone we spoke with said they would recommend it to other people. One relative said, "The staff sense of humour is great and I know that this has helped my [family member] and they have appreciated being treated as someone who still has something worthwhile to offer society despite suffering with dementia."

Visitors said they could visit their family members at any time and were always made very welcome by the staff. One relative told us, "Tea, coffee and chat are always on tap and that cheery hello on arrival for everyone is so welcoming. I cannot name an individual member of staff for special recognition. They are all part of an excellent team and clearly enjoy working together. If this were not the case I'm sure the atmosphere would be completely different. I travel abroad for months at a time. Do I worry? Not at all."

Another relative commented, "The staff are basically her family now and the caring is a two-way street. Knitting patterns are bought and requests for dolls, blankets and baby clothes seem to be always in her 'in tray'." Another relative told us, "[family member] has all she needs and if urgent the 'girls' will get it for her. I could become obsolete! My [family member] is very happy and cared for by wonderful people. I cannot praise the Inglewood family highly enough. They go above and beyond their remits. A special place indeed."

The staff we spoke with showed a dedication and passion for providing high quality care and enthusiastically described the support they provided to people based around people's preferences. Staff showed an excellent knowledge of the people we asked them about. For example detailed information on their likes and dislikes, and musical preferences, what newspaper they liked and what hobbies they had enjoyed. We saw a member of staff come on duty and bring in a host of local newspapers and a church magazine from a small parish a number of miles away that one person liked to read. She also brought in a flower basket that she had replanted with seasonal flowers saying to one person, "This is the basket your birthday flowers came in from your nephew. It's was so nice I've put some more bulbs in for you." People were delighted with these small acts of kindness. We saw people's faces light up, with smiles and laughter

and expressing their thanks to staff.

Staff developed exceptionally positive, caring and compassionate relationships with people. Staff we spoke with understood their role in providing people with effective, caring and compassionate care and support. This promoted people's wellbeing and self-worth. We saw people who lived with dementia were encouraged to make choices and be involved in decision making and the running of the home. People were given purposeful and meaningful activities by staff. One person in the unit for people living with dementia regularly helped out counting and cashing up the money from coffee mornings and fund raising events. This person had been a book keeper and really enjoyed this role. They sat at the table counting the money and said to us all, "This will keep me out of mischief. I'm given all this filthy money to count." People in the room commented and laughed.

New opportunities and experiences were offered to people. One person told us how she had remarked to staff several weeks ago about how much she liked donkeys. This had led to a member of staff bringing in her own pet donkey from her farm. We were shown photographs of this person with the donkey and a framed picture took pride of place in the sitting room. There was lots of conversation about this day and staff moved the conversation on to talking about an up and coming kite festival in the local seaside town and who fancied visiting. On the day of the inspection a visitor was sat with people with a 'petting' dog. This was a regular event arranged by staff. A healthcare professional told us, "This is what all dementia units should be like."

We saw staff engaged with people in a quiet and compassionate way. Staff modified their tone and volume to meet the needs of individuals. When staff spoke with a person they lowered themselves to be at eye level and if necessary offered reassurance with a gentle touch on the arm. They asked the person's permission before they carried out any intervention. For example, discreetly whispered in a person's ear, "Would you like to use the bathroom before lunch?" People looked clean and well presented. One of many people told us, "My clothes are washed every day, they are always washed and ironed lovely, you couldn't ask for better it's grand" Another person said, "They keep us turned out lovely. And that's important."

We saw how people were supported in a dignified way by staff who were skilled at supporting people living with dementia. For example, they ensured people were engaged and stimulated in a way that was meaningful. Adult colouring books were used and staff knowledge of individual people's histories allowed them to draw quieter people into conversations. Such as when staff instigated a conversation about animals in the lounge with a small group of people. One person was touched on the hand by a staff member and said, "You had a dog didn't you [Name]. What was he called? Oh I remember it was [Name]." This person became visibly animated and gave a big smile back to the staff member and began to listen to the conversation. We saw how staff also made sense of people's conversations when they had become confused and using their knowledge of the person staff worked out what they had meant and this allowed the conversation to carry on as normal.

Staff took every opportunity to engage with people. From domestic staff telling people what they were doing, "Right that's the dishes done, anyone fancy setting the table for tea?", to care staff checking if someone was warm enough, then putting a cardigan on them, leading to a conversation about what colour suited the person, who had knitted it and then on to when their relative was next visiting. We saw nothing that was about just doing a task as the people living in the home were really treated as if it was their own home. Staff also used appropriate touch frequently to make contact with people and used touch to calm and reassure people. There was lots of laughter, impromptu singing and storytelling between staff and people living in the home. This demonstrated a really clear feature of the home about how people were supported to be engaged to the best of their abilities. Staff supported and encouraged people to maintain

their independence by gaining or regaining skills. One relative told us, "The staff had created an atmosphere that can only really be described as a tangibly happy one with a real warmth factor."

Staff went to great lengths to ensure people were supported to stay in touch with friends and relatives. People were taken to visit relatives and to attend family parties and events. One person told us that the home had set up a computer and put Skype on it for residents to use. This was now a well-used facility in the home and one person said, "I can now keep up with the whole family who live down south. I never thought I would get into technology at my age." A relative told us, "I Skype once a week when I'm away and chat to whoever is passing the iPad. Australia to Wigton by Wi-Fi connection and it's as if I'm there. I can send photos and videos of my trip and [family member] does the same back."

We saw that staff had gone to considerable lengths to make the unit for people living with dementia as homely and interesting as possible, while also addressing people's needs to have clear signage and to be a safe environment. There were really pleasant and caring touches such as pictures and mirrors, fresh flowers, plants, matching cushions and throws, lamps, a fish tank, clocks, and radios. One person living in the home told us, "We had a competition to name the fish. The names fish and chips won." The sitting rooms and dining rooms had colour coordinated schemes chosen by people in the home. There was what the staff termed a 'nostalgia' sitting room that was smaller, cosy with an old style radio and furnished in 1950's style with music to play from that era. One relative said, "It's a lovely quiet room to sit in."

All around the home was evidence of the "Friends of Inglewood" fundraising. This group was a committee made up of volunteers, people in the home and staff. Of particular note purchased by this group was the high quality oak wood furniture for the sitting areas and a Japanese style garden. The most recent project had been to make a room for relatives to use that had to travel from a distance or if their relative was poorly or at end of life so they could stay over or to have a quiet place. This again had the high quality oak furniture, a sofa bed and was decorated to a high standard. There were nice thoughtful touches such as drinks, a kettle, a toiletries basket, bedding and towels for relatives to use. Staff were very involved in fund raising and often did sponsored events to raise funds for the benefit of people in the home. People in the home also told us that staff often popped in on their days off. Staff told us they liked to do this to keep in touch, to bring things in for people or to visit with their own families or pets.

There was information displayed in the home about advocacy services and how to contact them. We saw people had the involvement of an advocate where there was no relative involvement. An advocate is an independent worker who can help speak up for people and ensure their rights are promoted.

Records showed the relevant people were involved in decisions about a person's end of life care choices when they could no longer make the decision for themselves. People's care plans detailed when a 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive was in place. This meant up to date healthcare information was available to inform staff of the person's wishes, or best interest decisions, at this important time to ensure their final wishes could be met.

We saw that the home was part of the Six Steps End of Life care programme. The Six Steps programme aims to enhance end of life care people receive by supporting staff to develop their roles and confidence in this area. The staff team had received palliative care training and put this into action by helping to set up end of life care plans with the input of a multi-disciplinary team of health professionals.

Staff followed national best practice such as 'One chance to get it right' and NICE guidelines for end of life care (2015). The home worked with hospice nurses and the GP's to ensure people had comfortable, peaceful, pain free end of life care. We saw the home had good communication with the GPs about a

person's condition and this avoided delays in receiving end of life anticipatory medicines. This meant the person was kept comfortable.

We saw that the home had played a lead role in a national conference for promoting best practice in end of life care. The home had developed an audio tape with people living in the home and their relatives about their experiences of end of life care in the home. This had been specifically developed to be used at national conferences and for training of staff around the country to share the good practice developed in the home.

Good

Is the service responsive?

Our findings

People told us the staff were very responsive to their needs. One person told us, "The staff are lovely. They look after me in every way." Another person commented, "We go out for meals sometimes, we go to the pubs and restaurants. We go to the seaside and to garden centres. We all enjoy that." Another person said, "There is always plenty to do if you want and some days the home is a hive of activity, visitors coming and going and groups happening."

Relatives told us staff were proactive in informing them if they had any concerns about their family member's health or well-being. A relative of a person who had been in hospital for many months before being admitted to the service told us, "The care [family member] has received has had to change over the years due to her deteriorating health, but all staff have shown nothing but respect and consideration for [name] and my wishes have always been taken into consideration. I feel that because the staff do take time to get to know the residents and their families they are able to make suggestions that they know would be what the resident would decide were they able to do so themselves." Another relative told us, "The transfer of my [family member] from another care home was handled very professionally and efficiently. Both management and staff answered all our questions and provided reassurance where needed."

People living in the home told us that there was a wide range of group and individual activities and entertainments available. People were very well supported to carry on a hobby or to take up new interests. For example, one relative told us, "My [family member] always has a project on the go. Electric sewing machine - not a problem she always loved to sew and still does with enthusiasm even at 90+ years old. I met Lilly for the first time this week. Lilly visits weekly [family member] says and they all love her and make a fuss. Lilly is a therapy dog and very well behaved. The coffee mornings are always well planned and well attended. Visiting entertainers are a welcome distraction for my [family member] from all the other pending jobs and family visitors and friends."

When we spoke with this person she told us of going on a trip to a garden centre with staff and coming back with an electric sewing machine. She told us, "I knew it wouldn't be a problem because this is my home and I feel confident I can do what I like. The good thing is it has the added bonus of great staff to help you do things as well." Other people spoke of being supported to use an iPad connected to the homes Wi-Fi. Another relative told us, "When I visit my [family member] is generally in the dayroom of her unit so whoever is there at the time gets to join in the visit - one big happy group. Do not however disclose the storyline of a current TV programme. They may not have caught up yet with iPlayer!" One person living in the home told us, "I didn't think I would be using technology at my age. The staff have been great showing me how to do it."

The home was arranged in order to meet peoples different social needs; each unit smaller of between 8 to 10 people had link sitting areas as well as separate sitting rooms. These sitting areas were individually designed and decorated to make a quiet homely space, with comfy chairs, tables, ornaments and things for people to do like dominoes, board games and books. We saw two people using these areas to play a board game while another person chose to sit here with a visitor. They were a real positive feature of the home and

met the needs of people living in the home. We saw one person had a small lounge decorated like a lounge at home to themselves with a TV on, a drink beside them reading a newspaper. They told us, "That's a Smart TV, you can get all sorts. They (staff) know my routine so pop in at the times I like a cuppa things like that or just for a chat. But this sitting room is nice because I like my own space." Another person was sitting in one of the many link sitting rooms told us, "There are things to do but I can come and sit here on my own, I like to do that. You really couldn't ask for better."

People and their relatives told us they were treated and responded to as individuals, and felt the service provided was very personalised. The initial referral was combined with the service's own comprehensive assessment of the person's physical and mental health needs, and their social and spiritual requirements. Specific areas addressed included medicines, nutrition, communication, personal care, continence, cognition and capacity, self-expression and interactions, and night time care needs. Care records showed assessments were regularly updated, as required by changing needs and referrals were made to health professionals, as appropriate. Social care professionals told us they were very impressed with the quality of people's assessments and resulting support needs.

The service demonstrated very well that people were empowered by support tailored to help people to maintain a life of their own choosing. From speaking with people living in the home and looking at their care records, we concluded that the staff were knowledgeable about the individuals they were supporting and about what was important to them in their lives. A relative said, "We come in when we want. It's nice to see my relative playing games and doing crafts, its nice stimulation, keeps the brain working. We like it very much here; it more than meets her needs."

The ethos of the home was one of inclusion. People were also empowered to be part of the running of the home. One person was the editor of the homes Newsletter "The Owler". While other people in the home were members of the amenity committee, the Friends of Inglewood and the residents committee. People living with dementia were supported to play a part on these committees. There was an Inglewood cookbook which people living in the home told us was to be reprinted as it had been so popular. Each page had a photograph of each person, a section on their life then their recipe underneath.

People had meaningful craft occupations as they sold items to raise funds for the Amenity fund. For example, they knitted small items, made peg bags and baked cakes. A programme advertised activities that were available and these included armchair exercises, skittles, art and crafts, board games, quizzes, one to one time, pamper sessions, reminiscence, bingo, movie afternoons and baking to name a few. The home had a large and well stocked activities room and this was used by a wide range of community groups and people living in the home frequently joined in these groups.

Care plans we viewed included an assessment of the person's practical abilities and dependencies. We also saw how the home was keen to look at the person as a whole and take into account their emotional, social and psychological needs. Staff spoke of developing 'Life Journals' for people with cognitive needs so that people's past lives were explored with relatives. These journals included photographs and pictures that could be used by staff to strike up conversations and engage people in activities they enjoyed.

People were encouraged to be involved in the development and review of their care plans and were enabled to be independent. One person living in the home described to us the sort of daily records staff kept and what level of information they contained. All the other people in the room gave similar information, agreeing they had been involved in setting up their care plans to suit their needs.

The service had a formal complaints policy and procedure. People we spoke with said that they had never

needed to make a formal complaint, as they were very happy with the service they received. However, people said they knew how to complain. People told us that the manager saw them every day to speak to and always had time for them. At the time of our inspection the service had no outstanding formal complaints. A person commented, "I'd speak to the manager if I needed to."

Outstanding ☆

Is the service well-led?

Our findings

The home had a registered manager who had been in posted for more than twenty years and was due to retire at the end of the month. They were fully aware of their registration requirements and had ensured that the Care Quality Commission (CQC) was notified of any events which affected the service. The registered manager understood their role and responsibilities with regard to safeguarding and notifying the Care Quality Commission (CQC) of notifiable incidents. They had ensured that notifiable incidents were reported to the appropriate authorities and independent investigations were carried out if necessary.

People we spoke with made many very positive comments about the registered manager, the senior supervisors and all levels of staff employed at the home. They told us that the service was very well managed and said they could speak to any of the staff about issues. One person told us that the home was "very efficiently run." Another person said of the registered manager that, "He walks the floor every day and knows exactly what was going on." While another described him as "Marvellous, nothings ever too much trouble, such a lovely manner about him. You genuinely feel he cares. We have a lovely home to be proud of because of this."

A health care professional told us they had extremely good working relationships with the registered manager and staff at Inglewood. They told us how highly they and the whole multidisciplinary team rated the care delivered by the home saying, "Obviously these things don't always happen easily and we wish to acknowledge that the quality of the care provided for residents is due in no short measure to the managerial style, skills, personality and very hard work of the manager. We hope the running of the home, the quality of the care provided and our close working relationship continues to this very high standard with the new manager."

The new manager had been appointed and was in the middle of a hand over period with the departing registered manager. The new manager described how thorough this had been with a detailed report giving an overview of the home and its running. She told us, "I've learnt a lot already from [name] that I intend to keep up. For example, he does a 'sweep' of all the units every morning just to say hello. He carries out a medication round when he's on duty so that he does an audit to see that it's being done right. He also covers some weekend shifts so he gets to see the home and staff at different times of day to get the complete picture. It's a tight run ship but very non-threatening."

The registered manager demonstrated a passion for providing really high quality care by putting people at the heart of all they do. People knew their views mattered, were valued, respected and acted upon. This was demonstrated in many ways. For example, people were encouraged to take an active part in the running of the home by being on committees and by sitting on staff interview panels, either formally or informally by meeting potential candidates. Feedback was always sought from people living in the home about job candidates. Another example was that one person in the home was the editor of the home's monthly newsletter. Staff were particularly skilled at including those people living with dementia to have a say over the running of the home.

Staff in the home were very knowledgeable about the Care Quality Commission, our role and the areas and that we inspect under. People in the home also had been advised as to our role by the home and the registered manager had ensured that staff were confident to speak about their roles to inspectors. We saw posters in staff work areas that detailed each CQC domain and how these could be applied to the home.

There was a strong focus on continually striving to improve. The registered manager and the provider had carried out checks on how the service was provided and identified areas where the service could be further improved. A relative told us, "I am impressed at the way management at the home have implemented new methods and activities and have taken time to keep up to date with different ways of dealing with residents with dementia."

We had contact from the a local vicar who told us, "My perspective is as the Vicar of Wigton, who has been in Inglewood hundreds of times, particularly to take services but on many other occasions too. I have the highest regard for Inglewood's approach to care, and this view is widely shared in the community. The manager is a person who is held in very high regard in Wigton and community and I think the job he has done is outstanding. Also, outstanding to my mind is the attitude and care of the staff in many different roles, all of which contributes to making Inglewood a much loved and respected home."

A healthcare professional who carried out training for a number of care homes told us, "The manager, (name) was very supportive when we set up the training programme. He was generous with the resources that they had available at Inglewood, and encouraged all the staff to attend." Another healthcare professional told us that the care of people living with dementia and end of life care was "a beacon of how a home should be." We were also told by a visiting healthcare professional about the partnership working that the home had built up over the years was "second to none."

A supervisor in the home told us, "We are constantly adapting and tweaking people's roles for the needs of the organisation and to utilise people's strengths." We saw how the home had developed roles such as medicines' supervisors, and champions in specialist areas to ensure the high quality of the service. These included infection prevention and control, pressure care and four staff were leads on moving and handling training and assessing. Each of the champions had a responsibility in keeping up to date with current good practice and to relay this to the whole staff team. Those staff were supported to attend additional training and to attend conferences. The majority of the senior team had received training from Stirling University a recognised leader in the field of dementia care.

The home strived for excellence through consultation, research and reflective practice. For example, we saw numerous examples of current recognised best practice in the care of people living with dementia in the home. The registered manager and staff had strong links with Sterling University who were recognised leaders in the field of dementia care. Staff used this training to design the environment and to deliver a model of 'person-centred' dementia care that made a difference to people's lives. The care offered to people living with dementia was exemplary and people had clearly benefitted from the amount of focus the home had dedicated to training and supporting staff in this area. For example, when we spoke to the cook they were very knowledgeable about the support needs of people living with dementia.

Staff told us communication was very effective in the home. One staff member told us of an initiative to make staff more visible and available to people. They said, "We decided to write up our daily notes sat in the dining room or lounge. The manager got us trollies with pull along handles to make it easy to bring the files out and then to quickly put them away. It's worked really well we notice much more by doing this and see even small changes in people." Staff reported that this made it easier to keep on top of paperwork as well.

We saw many other examples of how good practice was shared with the whole staff team through training, supervisions, staff meetings and staff forming specialist groups, such as the care of people with pressure sores. We saw that there were numerous posters displayed in the kitchen relating to the quality of care. One was called "The 10 Absolutes of Providing Care with Dignity and Respect." in relation to nutrition.

Good practice ideas and guidance was seen all around the home in the form of posters, in people's records and in supervision and staff team minutes. For example, one of the areas of promoting good practice was the home's commitment in signing up to a 'Charter for Incontinence'. Another was that new staff were given pocket sized safeguarding cards that held internal and external contact numbers and key steps for protecting people. Safeguarding had a very high profile generally in the home. It was raised at every team meeting and within every staff member's supervision. Staff spoke of being encouraged to come forward with ideas and suggestions and how their opinions mattered too. They spoke of an open and inclusive culture and "fantastic teamwork."

The culture of the service was caring and fully focused on ensuring people received the care and support they needed. The staff we spoke with were highly motivated and proud of the care and support they provided. The registered manager had high expectations of staff and gave them as much support and training needed to provide a really high quality service to people. The staff records we looked at showed that care staff were frequently observed carrying out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager and supervisors to monitor the quality of the service provided. Staff told us, "We welcome being observed now." and that the home was "extremely open". One staff member told us, "We have excellent management. We are treated with respect. The office door is always open and we are listened to."

The registered manager had developed extremely strong links with the local community. The home promoted the importance and value of social care within the community and social cohesion locally. One social care professional told us, "The [registered] manager has made the home a community resource and a real hub for local groups and people. It's provided a meeting point and offers support to vulnerable people as well." The registered manager had encouraged local support groups and local volunteer groups to meet in the home by making use of the large activity room. Such as the Stroke Club, a club for people with disabilities to meet and socialise as well as clubs to promote hobbies such as a cake decorating club.

The home was also used for meetings such as the 'Wigton council for dementia awareness'. This is a group set up to make the local town more dementia friendly. The registered manager had taken a lead role in this group. In addition to this the home held coffee mornings, Christmas fayres and fundraising events not only for the home's amenity fund but for other good causes. They invited local people, and often invited residents in the sheltered housing who lived in the same cul-de-sac so that they were less isolated.

Care records accurately reflected the daily care people received and were up to date. Medication records were of a very high standard and reflected the close scrutiny these were given by the registered manager and supervisors. Records relating to staff training were also of a high standard and reflected the comprehensive training and supervision staff had received. We found that records were securely stored in the registered manager's office to ensure confidentiality of information. Risk assessments were very thorough and kept up to date as people's needs changed. There was a comprehensive range of risk assessments and these were cross referenced to the providers polices. For example a moving and handling risk assessment for one person contained information about the providers policy and procedure for the safe use of a wheelchair and a hoist.

We found there was an open, fair and transparent culture within the home. Staff told us they felt that they

worked well as a team and they all helped each other. They told us they felt the management team were approachable and listened to their concerns and ideas for improvement. Additionally to this the provider sent out annual surveys to seek feedback on the quality of care.

The provider had invested in an electronic audit system called "share point" which allowed more scrutiny and a more rapid response to issues identified as in need of improvement. This meant regular analysis of incidents and accidents had taken place. The registered manager told us learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of re-occurrence. For example, records showed where a person had fallen more than twice they were referred to the falls clinic. Staff meeting minutes showed if an incident occurred it was discussed at a staff meeting and within individual supervisions. This meant that people's changing needs were very well monitored and support needs adapted to ensure people were safe and well cared for.