

Croftwood Care UK Limited

Ingersley Court Residential Care Home

Inspection report

Ingersley Court, Lowther Street
Off Church Street, Bollington
Macclesfield
Cheshire
SK10 5QA

Tel: 01625574233

Website: www.minstercaregroup.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ingersley Court Residential Care Home is registered to provide accommodation and personal care for up to 46 people. At the time of the inspection 28 people were using the service.

People's experience of using this service and what we found

People living at Ingersley Court Residential Care Home told us they felt safe. Their comments included; "It [the home] has exceeded all my expectations for care, safety and maintaining dignity" and "Very nice, I enjoy living here, I feel safe." Safeguarding systems, policies and procedures ensured people were safe and protected from abuse. Risks to people's health safety and welfare were identified and managed safely with the involvement of the person or their representatives. Safe recruitment procedures were followed. Medicines were safely managed, and systems were in place for reporting accidents and incidents and learning from them.

People's care, treatment and support achieved good outcomes and promoted a good quality of life. People told us they were involved in discussions about their care and their outcomes were good. Comments included: "The staff and the care are marvellous they do things the way I want them to be done" and "It [the home] is very good, all my needs met."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated well, and their privacy, dignity and independence was promoted and respected. People and family members were given opportunities to openly express their views and opinions and they felt listened to. Their comments included: "Very good standard of care, very caring, smashing all round." "Yes, they are no problems, yes always treated with respect" and "Staff are marvellous never been kept waiting for anything".

The atmosphere in the home was warm and welcoming. Staff had developed good relationships with people. Care plans were personalised and reflected people's individual needs, their history and preferences. People told us staff knew them well and provided them with the right care and support.

The registered manager was clear about their role and responsibilities and they promoted a positive and person-centred culture. Staff worked well together as a team, and there was good partnership working with others to meet people's needs. Staff morale was good, and staff felt well supported. Effective systems were in place for checking on the quality and safety of the service and making improvements where needed. However, we found examples where two audits had not been completed effectively. No one was in any way harmed by this and managers acted effectively to make sure people were safe and protected from harm.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 29 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was safe

Details are in our well led findings below.

Good ●

Ingersley Court Residential Care Home

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 inspection manager.

Service and service type

Ingersley Court 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 did not have a manager registered with the CQC. The previous registered manager had left the service and a new manager had been appointed and had been in post for four months at the time of the inspection. The new manager had made application to the Care Quality Commission for registration as manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons', which means that they and the provider are 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 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two family members about their experience of the care provided. We spoke with eleven staff members including the manager, support manager, deputy manager, regional manager, two care team leaders, one senior care assistant, one care assistant, a laundress, a domestic assistant and an activities coordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included four people's care records, multiple medication records and records of four staff in relation to their recruitment and supervision. A variety of records relating to the management of the service were also reviewed.

After the inspection.

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly visited the service to gather their views on the quality of care provided.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the environment was not always maintained to ensure people remained safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Significant improvements had been made in that effective systems were in place to identify, manage and mitigate risk, to help keep people safe.
- Regular maintenance and safety checks were carried out on the environment, equipment and utilities.
- The service had contingency plans in place to manage unforeseen emergencies and each person had an up to date personal emergency evacuation plan (PEEP).
- Managers and staff responded effectively when circumstances indicated people were at increased risk and where required least restrictive safeguards were agreed and put in place.
- People spoke highly of the home, the staff and the standard of care provided. One person told us how staff had responded effectively when the nurse call alarm failed. They said: "They [staff] came in regularly to check I was ok, I felt safe and well cared for as I always do." A family member said: "They [staff] instil confidence because they always know, and you can rely on them."

Staffing and recruitment

At our last inspection the provider had failed ensure there was always enough staff on duty to meet people's needs in a timely way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough suitably qualified and trained staff on duty to meet people's needs and to ensure their safety and wellbeing.
- A dependency tool was used to ensure staffing levels were appropriate.
- The provider followed safe procedures for the recruitment of staff and all appropriate checks had been made prior to deployment in the home.
- The provider obtained information about agency staff prior to them working in the home, to make sure they were fit and suitable.

Using medicines safely

At our last inspection medicines and were not always administered safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were received, stored, administered and disposed of safely.
- Staff involved in handling medicines had received training around the management of medicines and had access to relevant guidance regarding the administration of all medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were familiar with the provider's safeguarding policies and procedures. They described what constituted abuse and what action they would take if they saw any incidents of concern.
- People told us they felt safe. Their comments included; "It has exceeded all my expectations for care, safety and maintaining dignity" and "very nice, enjoy living here, yes I feel safe."
- The manager reported any safeguarding concerns to the local authority and CQC as required.
- A representative of the local safeguarding authority told us that the manager and staff worked in partnership to ensure people were safe and protected from abuse and avoidable harm.

Preventing and controlling infection

- The environment was clean and well-maintained. Staff followed cleaning schedules to maintain standards of cleanliness and hygiene.
- Staff received training in infection control. They used appropriate protective equipment (PPE) when required to minimise the spread of infection.
- The provider carried out regular checks and audits to ensure effective infection control measures were safely followed.

Learning lessons when things go wrong

- Accidents and incidents were recorded along with the actions taken to control and reduce risk.
- Incidents were analysed by the management team to look for trends. Records showed action was taken when things had gone wrong to ensure people were safe.

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 and choices were assessed, and care plans were developed with the involvement of the person. These provided clear guidance for staff on how best to meet people's needs in the way they wanted them to be met.
- People told us they were involved in discussions about their care and they experienced good outcomes. Their comments included: "The staff and the care are marvellous they do things the way I want them to be done" and "It [the home] is very good, all my needs met."
- Monitoring charts were in place and used effectively to monitor and evaluate aspects of people's care.

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.

- Staff had completed training around the MCA and they understood the principles of the act and associated DoLS.
- Staff knew which people had a DoLS in place and what it meant for the person. DoLS authorisations for people were being effectively monitored.
- Staff obtained people's consent before providing any care and support. One person said: "They [staff] always say: "It is your home, it is for you to decide what you want to do."

Staff support: induction, training, skills and experience

- New staff received an induction training which consisted of training in key areas, and shadowing more experienced staff, to ensure they were competent before they could work unsupervised.
- Staff were skilled and knowledgeable about meeting people's needs. Staff received training in a variety of

appropriate and specialist topics to help guide them in their role.

- Staff told us that they were well supported and appreciated the support and direction from the management team. Staff received regular group and individual supervision.
- People told us they thought the staff were knowledgeable and well trained. One person said: "They are well trained, so polite and caring, I really can't fault them." A family member said: "The staff present as well trained and on the ball."

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

- People's nutritional needs were assessed and planned for using a nationally recognised tool.
- Records showed that people were offered and, where necessary, supported with sensitivity and care to eat a balanced and nutritious diet.
- People had access to drinks and snacks throughout the day and they praised the standard of catering. Comments included: "Food is very good," "Lunch was delicious" and "Food is very good."
- The dining experience was relaxed, pleasant and sociable, and people enjoyed their meal.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People told us that their health care needs were met.
- People had routine access to healthcare professionals and had been referred to specialists when required.
- Visiting healthcare professionals told us that staff worked closely with them to ensure people's health care needs were met.
- Information regarding people's changing health needs was shared between staff during shift handovers, and people's care needs were adjusted as required.

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

- The design and layout of the environment met the needs of people living at the home.
- Technology and equipment was available to meet people's care and support needs.
- The home was suitably decorated throughout.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence. Ensuring people are well treated and supported; respecting equality and diversity.

- Staff continued to be consistently caring. They treated people with kindness and respect and, promoted people's choice. Staff sought people's consent and offered emotional support when needed.
- The atmosphere in the home was warm and welcoming. Staff knew people well and had developed good relationships with them.
- People praised the standard of care provided. Their comments included: "Very good standard of care, very caring, smashing all round," "Yes there are no problems, yes always treated with respect" and "Staff are marvellous never been kept waiting for anything."
- Staff were caring and kind when providing support.
- People's personal information was kept confidentially and securely.

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

- People, along with family members, were encouraged to share their views about the care provided during care plan reviews, and meetings organised by the activities coordinator.
- People were provided with Information about services they could access if they needed independent advice and support.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection care plans were not always reviewed regularly and did not always reflect people's current needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Care plans were personalised and reflected people's individual needs, history and preferences.
- People told us staff knew them well and provided them with the right care and support.
- Care staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they preferred.

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.

- Care plans contained information about how to support people's communication needs.
- Staff were familiar with each person's communication needs and encouraged and enabled people to express their needs and wishes using their preferred method of communication.
- Information was provided to people in different formats where this was required.

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 atmosphere in the home was always sociable, welcoming and friendly. People were supported to maintain relationships and relatives were welcomed into the home.
- An activities coordinator provided a range of activities on a group or individual basis and people's hobbies and interests were supported.
- People told us that they had enough to keep them occupied. One person said: "They [Staff] seek to make each day meaningful and bring pleasure and joy to every day."

End of life care and support

- Staff received training in end of life care and afforded people opportunity to discuss and plan their end of life wishes with support of others such as family members and the person's doctor were appropriate.
- Where required end of life care plans were in place. These reflected the person's expressed needs and wishes and made provision for a comfortable, dignified and pain free death.
- The appropriate documentation, authorised by their doctor, was in place where people had expressed a wish to not be resuscitated.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people knew how to raise any concerns they had.
- Complaints were recorded, investigated and responded to appropriately.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection systems in place to monitor the quality and safety of the service were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective systems for checking on the quality and safety of the service and for making improvements were in place and were being followed. However, two audits had not been carried out thoroughly.
- The managers walk around audit had not been recorded on the day of the inspection and two sluice room doors were left open and the areas were unattended. A recent medications audit had not picked up an error in the controlled drugs book. Managers acted to address these issues on the day of the inspection.

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

- The manager understood their responsibilities to act in an open and transparent way when things went wrong. Incidents and accidents were analysed, and learning shared with the staff team, to help ensure people received safe and effective care.
- The manager and staff completed training and kept up to date with the law and current good practice guidance to update their knowledge and learning.
- The CQC had been notified about incidents and events which occurred at the service, in accordance with the regulations.

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

- The management team promoted a culture of person-centred care by engaging with staff, everyone using the service and relevant others such as family members.
- People and family members spoke highly of the management team. A family member told us; "The managers are excellent".
- Morale amongst the staff team was good. Staff told us that they appreciated support, guidance and direction of the management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The service continued to involve people and family members in discussions about the quality of care provided.
- Family members and other visitors were welcomed and there were no restrictions for visitors creating a warm and inclusive environment.
- Staff told us that they felt involved in decisions made about the service; and were confident sharing their ideas and views and felt they were listened to.
- Managers and staff worked in partnership with other agencies to ensure good care. A visiting healthcare professional said: "The staff here are lovely, caring and compassionate, they treat people with respect and work closely with other professionals to ensure people's health needs are met".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.
- The ratings from the last inspection were clearly displayed at the service and on the providers website.