

# Salisbury Christian Care Homes (Inwood House) Limited

## Inwood House

### Inspection report

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Salisbury  
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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: Inwood house is a residential care home that was providing care to 19 people aged 65 and over at the time of this inspection.

People's experience of using this service:

- We made recommendations about the management of some medicines.
- People told us they liked living at Inwood house and relatives told us that they knew their relatives were receiving good quality care.
- People told us they felt safe at Inwood House.
- Staff were safely recruited, they knew how to keep people safe from avoidable harm and there were enough staff available to meet people's needs.
- Accidents and incidents were analysed to prevent re-occurrence.
- The premises was clean and followed infection control guidelines.
- 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 were very positive about staff and management and felt confident that concerns would be listened to.
- People were supported to pursue their hobbies and interests.
- People were supported to maintain relationships with those important to them, and develop new friendships with other people.
- People told us that staff were caring and always willing to support people.
- Rating at last inspection: This service was rated Good at the last inspection (published 22 December 2016).

Why we inspected: This inspection was scheduled based on the rating at the last inspection.

Follow up: We will continue to monitor this service to ensure people using this service receive high quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 well-led

Details are in our Well-Led findings below.

Good ●

# Inwood House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by two inspectors, and an inspection manager.

#### Service and service type:

Inwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 registered with the Care Quality Commission. This meant that they and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.

#### Notice of inspection:

This was an unannounced inspection.

#### What we did:

Before the inspection we reviewed the information we held about the service, this included notifications sent to us by the provider. Notifications are information about specific events that the service is legally required to tell us about.

We looked at the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We sought feedback from the local authority, professionals working with the service and Healthwatch, which is an independent organisation that collects people's views about health and social care services.

During the inspection we spoke with three people and four relatives of people who live at Inwood House. We also spoke with the co-owner of the business, care workers, chef, domestic staff and visiting health care professionals. We examined several documents, these included seven care plans, staff files and other documents relating to the management of the service.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Inwood House. Relatives also told us they believed their family member was safe.
- Staff had received safeguarding training and knew the different types of abuse. Staff were clear about how they would report their concerns.
- Staff told us they would also know how to whistle blow if needed. Whistleblowing is when a member of staff passes on information concerning wrongdoing at work.
- The service had reported safeguarding concerns to the local authority and CQC when it was identified.

Assessing risk, safety monitoring and management

- Regular fire safety checks had been carried out including fire alarm testing, means of escape checks and fire drills for staff.
- Equipment used to assist people to move, such as hoists and wheelchairs, had internal and external checks in place to ensure they were in safe working order.
- People had risk assessments in their care plans to guide staff to provide safe care. The service assessed risks for areas such as developing pressure ulcers and malnutrition.
- Where people had been identified as being at risk, there were appropriate safety measures in place. For example, where people were at risk of developing pressure ulcers some had specialist mattresses and cushions. We observed people using these on our inspection.

Staffing and recruitment

- Staff rotas showed consistent staffing levels. If needed the owner or the registered manager worked alongside staff. People, relatives and staff told us there were enough staff on duty. One relative told us, "There are always enough staff around, and it is always the same faces, there is a continuity of staff here."
- Staff were recruited safely. The required pre-employment checks were carried out including obtaining references and a check with the Disclosure and Barring Service (DBS).

Using medicines safely

- Relevant national guidelines on the storage of medicines were not always followed, temperatures of the room where medicines were stored were not always checked regularly; when they were checked and found to be out of the recommended range, action was not always taken. This meant that the integrity of some medicines may have been affected.
- Clear guidance was not always in place for people who may lack capacity to make decisions about taking medicines and may need to have medicines administered without their consent.
- Where people required topical medications or creams, there was not always clear guidance in place to

show where these should be applied.

- There was some information available to guide staff on medicines that were prescribed to be taken 'when required'. However, this information lacked detail such as how to know when people may need these medicines, or what to do if the medicines had not been effective.
- People received their regular oral medicines as prescribed. Staff told us they had enough training and we saw evidence of regular observations and competency checks for staff who administered medicines. We saw staff administering medicines safely during our inspection.

We recommend that the service reviews guidance regarding topical and 'when required' medications.

- We recommend that the service implement a more robust system to ensure medication is stored in line with national guidelines.

#### Preventing and controlling infection

- The home was clean with no malodours. We saw domestic staff carried out cleaning duties throughout the day.
- Staff had training on infection prevention and control and were seen to wear personal protective equipment when appropriate.
- Food hygiene training was provided and the kitchen had achieved a '5' rating in an inspection by the local authority. This meant they had very good hygiene standards.

#### Learning lessons when things go wrong

- Records were kept of accidents and incidents. The registered manager reviewed these regularly to identify areas for improvement.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- We observed that where people lacked capacity to consent, the best interest process was not always documented appropriately for interventions that may restrict people's freedom, such as a sensor alarms
- Staff received training on the MCA and understood how it applied to their role. One member of staff told us, "People have the right to take risks and make unwise decisions, we support them to do this safely."
- We saw that people's capacity to consent to living at the service had been assessed, where someone lacked capacity, a process was followed to ensure the decision made was in their best interest.
- DoLS applications had been made to the supervisory body appropriately.

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

- Prior to moving into the service, people's needs had been assessed. This assessment was available to staff in people's files. Needs were then continually assessed with any changes noted.
- Staff assessed people's needs using nationally recognised assessment tools such as Malnutrition Universal Screening Tool (MUST). MUST is a tool designed to identify people at risk of malnutrition. This assessment was carried out regularly to make sure the service would be aware if people's needs changed.
- We saw that people's religious needs, spiritual needs, sexuality and gender identity were considered when assessing and planning their care.

Staff support: induction, training, skills and experience

- Staff received regular training and supervision, this meant staff were trained and supported to enable them to carry out their roles effectively.



- New staff had a thorough induction and observations of their competence. Once their induction was completed they received ongoing updates as needed.
- There was a training manager employed who organised and planned training depending on the needs of the service. They told us they adapted the training delivery dependent on the needs of the staff. For example, they told us they would sit and talk through training with staff on a one to one basis. They gave examples of how they had done this for staff with literacy difficulties. They said this had given staff confidence to continue to learn.

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

- People had enough food and drinks and told us they enjoyed the food. We observed people being offered drinks and snacks throughout the day. One person told us, "The chef is lovely, I get on with them and I like the food."
- Support was given to help people to eat and drink where needed; people had adapted crockery and cutlery if required.
- Mealtimes were a relaxed and social event. There was a choice of meal and alternatives offered where people did not want what was on the menu. One relative told us, "The food always looks good and smells delicious."
- For people living with dementia the chef brought food out for people to smell. We observed once a cake was baked the chef brought it out of the kitchen, so people could smell it. They then had it with a cup of tea. The aroma of the cake lasted for the morning. A visiting professional told us the aim was to stimulate people's senses, so they would want to eat.
- Where people were at risk of dehydration, fluid recording charts were in place and used effectively. There was clear guidance for staff on how to assist people to stay well hydrated.

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

- People's records and our observations indicated people were able to see a healthcare professional if needed. During our inspection we observed an optician visited to check a person's eyes and a community nurse visited.
- Staff had a hand-over prior to them starting their shift. This made sure all staff were up to date with people's needs.

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

- People had been able to personalise their own rooms. Relatives told us they had brought in personal belongings and small pieces of furniture. Rooms we saw were homely.
- People and relatives, we spoke with, told us they had chosen the service because it was an older style property and had a homely feel.
- Risks in relation to premises were identified and well managed.
- There was a secure garden area with garden furniture.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring. Comments from people included, "The staff are lovely, they always ask me what I want", "I am treated with respect by the staff" and "The staff are kind."
- We observed friendships had developed between people. People enjoyed sitting with others and reached out to hold hands.
- We saw people were relaxed with staff and approached them when they needed help or support.
- Relatives told us how their family member had blossomed since moving into the service. Comments included, "I cannot praise the staff here enough for what they do", "[Relative] has changed so much since being here, for the better, she is a different person" and "[Relative] is well cared for because the staff know how to care, they know what [relative] likes."
- Regular support groups for people living with dementia were held. A visiting dementia professional told us about peer support groups they facilitated. These were weekly groups for people living at the service, where people could discuss their feelings and support each other. The professional gave us examples of important life history information they had learned through these sessions which was then shared with staff.
- Support and learning sessions for families were held in the evenings. This enabled relatives to learn more about dementia and how it may affect their family member.

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

- Details of advocacy services were available at the service if people needed them. An advocate is someone who can speak up independently for a person if they need them to.
- We saw staff tailoring their communication style and pace to suit different people's needs; this enabled them to understand and make choices about their care and routine.

Respecting and promoting people's privacy, dignity and independence

- We saw staff treating people respectfully, when people required assistance, this was done discreetly and privately.
- People's independence was promoted. We saw some people had a pendant worn around the neck, when we asked one person what this was for, they said, "I wear it so I can ring for help when I need it, it means I can go anywhere in the building or the garden." This enabled the person to remain independent, calling for help when needed.
- We saw people's information being stored safely and confidentially.
- People and their relatives told us there were no restrictions on visiting. Relatives told us they visited whenever they wished and were always offered refreshments.
- People were supported to sustain meaningful relationships with people who were important to them. We saw people were assisted to use electronic devices and mobile phones to stay in close contact with their

families. The service also held social events to help people spend time with their relatives and friends.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported to enjoy a range of activities; people had a plan for the week in their rooms and were encouraged by staff to join in with daily events.
- During our inspection we saw people using the garden, singing and going out with friends. People could follow their own interests. For example, one person attended a local day service, three days a week and another person told us, "I go out for a walk when I want to."
- We saw staff being responsive to people's wishes at short notice. For example, staff supported some people to go out for lunch after they had said it was 'a nice day for it' that morning.
- Daily records seen were positively written and recorded people's mood and well-being, as well as personal care given.
- People had a personalised care plan, this included information on their life history, hobbies, likes, dislikes and religious and lifestyle choices.
- The service identified people's communication needs as part of their assessment, these were recorded and highlighted in their care plan. We were told adapted documents were available if needed.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain. One person said, "I would complain to [staff] they listen to me and would do what I needed."
- Where people had complained, concerns had been responded to appropriately and promptly.

End of life care and support

- There was nobody requiring end of life support at the time of our inspection.
- We saw some end of life wishes had been recorded in people's care plans and management told us more detailed end of life care plans were available when needed.

# 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

Good:  The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives told us they liked being at Inwood House. Comments included, "It is very nice here, the staff are good", "I am quite happy here" and "It is absolutely fantastic here."
- Company values were visible on notice boards and were written in collaboration with the whole staff team.
- Staff told us they felt valued at Inwood House and one relative told us, "This is a happy place, the staff are happy, the residents are happy, that is the ethos."
- When we spoke to the management team, they showed commitment to high quality person-centred care and told us they regularly observed staff to ensure this was happening.
- We saw where concerns had been found, apologies had been given in line with the duty of candour.

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

- People, relatives and staff told us they thought the service was well managed. The owners and registered manager were visible and there was always someone on call if staff needed support.
- The registered manager regularly undertook a range of audits to ensure quality of care and health and safety regulations were maintained.
- CQC had received appropriate notifications from the service since their last inspection.

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

- Morale was good at the service, staff told us they loved their jobs and enjoyed working at Inwood House. Comments included, "It is a very homely place, we all work together and chip in and help each other" and "It is fantastic here, I feel so well supported."
- Staff told us they could voice their ideas and felt listened to. One member of staff told us, "We are always being asked to share ideas about how to improve, I am able to speak freely."
- Staff surveys were sent out yearly, we saw the most recent questionnaires had received mostly positive feedback about working at Inwood house.
- Relatives feedback was sought both formally and informally, questionnaires asking for feedback about Inwood House were sent to relatives once per year.

Continuous learning and improving care

- Staff were supported and encouraged to do work based qualifications.
- We saw suggestions and feedback was encouraged at Inwood house and used to make improvements to

the service where possible.

- The owner of Inwood House told us they used supervision to develop staff skills and discuss themes such as development of the service and good leadership.

Working in partnership with others

- The service worked well with other community services, they maintained good relationships with local healthcare services in order to achieve good outcomes for people
- People were supported to attend community events and provisions, such as day centres, where possible.