

Crystal Care Services Ltd

# Inglewood Care Home

## Inspection report

1 Deal Road  
Redcar  
Cleveland  
TS10 2RG

Tel: 01642474244

Date of inspection visit:  
15 April 2019  
17 April 2019  
23 April 2019

Date of publication:  
12 June 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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: Inglewood care home is a care home for up to 48 people aged 65 and over who require nursing or residential care. At the time of inspection, 31 people were using the service.

People's experience of using this service and what we found: People and their relatives told us they were happy with the care and support which they received. They told us the overall quality of the service had improved and spoke highly of the interim manager. Staff were supported in their roles and were committed to working at the service.

There were gaps in some of the maintenance records reviewed. The number of accidents and incidents had reduced. Staff lacked confidence in managing incidents and felt that further training was needed. Safeguarding alerts had been raised when needed and appropriate action had been taken by the provider and interim manager. Some staff had limited knowledge in the application of safeguarding. There was evidence that lessons had been learned since the last inspection and following safeguarding incidents.

Quality assurance measures had been completed more robustly and action plans were in place. Staff were committed to the improvements put in place and understood time was needed to embed the improvements. Feedback was sought and used to promote change. Everyone spoken with told us significant improvements had taken place at the service and felt that this had positively impacted on the overall care which people received.

Good processes were in place to safely recruit staff. There were enough staff on duty. Medicines were safely managed, and action plans were in place to make continued improvements. The service was clean and tidy.

Improvements had been made to the assessment process. Staff were supported in their roles. Supervision and appraisals were more routinely carried out. Training was up to date.

People received a diet in-line with their needs. Robust monitoring was in line for people at risk of malnutrition and dehydration. Records for monitoring weight and dietary intake had significantly improved.

Staff were responsive when people's needs changed. Referrals to health professionals for additional support had been carried out when needed. Significant improvements had been made to the environment, with further planned improvements in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Although people were given choice and staff sought people's consent, some staff knowledge of the Mental Capacity Act and people subject to Deprivation of Liberty Safeguards was limited.

Staff treated people and their relatives with kindness and respect. Staff knew people well and included

people into all aspects of their care. People's privacy and dignity was always maintained. All staff worked together as a team to deliver good care to people. Relatives were made welcome and kept informed.

People received the care which they needed and told us they were happy with the care provided. Care records were significantly improved. Staff were up to date with people's care needs and communicated with each other when people's needs changed. People, relatives and staff spoke highly of the new activities for people.

Everyone knew how to raise a complaint if they needed to and told us the interim manager was approachable and felt able to raise a concern with them.

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

Rating at last inspection: The overall rating was Requires Improvement, (Published 25 December 2018). This was the third consecutive time the service had been rated Requires Improvement.

At the last inspection we identified breaches in relation to safe care and treatment, respecting and maintaining people's dignity, nutrition, the premises, quality assurance, staffing levels and support for staff by way of supervision, appraisal and training. We issued a notice of decision to restrict admissions to the service without the consent of the Commission. We met with the provider to discuss the improvements they planned to make, and we asked them to provide an update each month by way of an action plan which they did.

Why we inspected: This was a planned comprehensive inspection based on the previous rating. Following the last inspection, the provider sent us action plans outlining how they intended to improve the service. We carried out this inspection to monitor the improvements.

Follow up: We will continue to monitor the service through the information we receive and discussions with partner agencies.

## 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** 

### 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** 

# Inglewood 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. 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: One adult social care inspector, one assistant mental health inspector and one expert by experience carried out inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background in the provision of care for older people including those living with a dementia and related conditions.

Service and service type: The service 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 registered manager had left the service on 4 March 2019. An interim manager already working for the provider had been in post since 4 March 2019. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The first day of inspection was unannounced. The second and third day of inspection were announced.

What we did: We reviewed the information we held on the service. We also contacted professionals involved in caring for people who used the service. This included Redcar and Cleveland local authority commissioning and safeguarding teams, South Tees Clinical Commissioning Group (CCG), South Tees infection control team, South Tees Better Care Fund Nutrition & Dysphagia Project and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also reviewed information the provider has sent to us, such as notifications.

During the inspection, we spoke with the nominated individual, an operations manager, a human resources

manager, the interim manager, a compliance officer, one nurse, six care staff, one housekeeper, a maintenance member of staff, an activities coordinator and two kitchen staff. We also spoke with four people using the service and five relatives.

We reviewed six care records, four medicine administration records, three staff recruitment and induction records and five staff supervision and appraisal records. We also reviewed the training matrix for all staff and a variety of records relating to the day to day running of the service. Most people were unable to speak with us. 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.

After the inspection we reviewed survey information, mealtime observation records, analysis of safeguarding and nutrition and newly planned activity records.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents were well managed by the provider and interim manager. Staff knowledge of the application of safeguarding was varied.
- People said they were safe living at the service. Comments included, "I am very safe living here." And, "I am happy with the security [of the service]."
- Key staff from all areas of the service met each day to discuss the current risks. This included falls, abuse and malnutrition. Areas for action were allocated during this meeting.

Assessing risk, safety monitoring and management

At the last inspection, the practices in place increased the risk of harm to people. They had been addressed at this inspection.

- The risk of harm to people had reduced. The changes put in place needed to be sustained to ensure the risks to people were continually managed.
- The management of incidents had improved. Staff told us training to managing incidents did not equip them with the skills needed. The provider had started to discuss training needs with staff during inspection.
- Staff were confident with fire safety. Certificates for the safety of the building were up to date. Planned fire drills for night staff were carried out following inspection.
- Most maintenance checks were up to date. Staff liaised with the maintenance member of staff when repairs were needed, such as with call bells.

Staffing and recruitment

- Robust procedures were in place to manage recruitment.
- Sufficient staffing levels were in place. Comments about staffing included, "There are enough staff. I have a call bell and they [staff] come quickly." And, "There always seems to be plenty of staff around."
- An additional staff member was needed when incidents occurred. Staff told us this staff member was needed to monitor the safety of other people when they were dealing with incidents. The provider started to review this during inspection.

Using medicines safely

At the last inspection, medicines were not managed safely. At this inspection, the concerns had been addressed.

- People's medicines were generally managed safely. Areas for improvement had been identified during

medicine audits and action plans were in place.

- People received their medicines when they needed them. Staff had access to accurate information about people's medicines.
- There were gaps in fridge temperature checks which the interim manager added to the action plan for medicines. This was overseen by the provider.

### Preventing and controlling infection

At the last inspection, the cleanliness of the service had not been maintained. This had been addressed at this inspection.

- The cleanliness of the service had improved. One person told us, "I have a nice room. It's kept clean." An infection and prevention control nurse told us, "The home has continued to progress and develop. Significant improvement has been noticed. Staff have been very responsive."
- Staff had access to equipment to reduce cross infection. A key staff member to lead on infection control was in place.

### Learning lessons when things go wrong

- Lessons had been learned since the last inspection. Continued improvements had been made. Time was needed to sustain the improvements in place.
- The number of accidents and incidents had reduced, and regular analysis had taken place.
- Lessons learned were discussed when safeguarding alerts and incidents took place.



# 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.

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

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 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.

At the last inspection, comprehensive records were not in place to support people's capacity. At this inspection, this had been addressed.

- Staff worked in-line with the principles of the MCA. Care staff relied on the management team to make decisions and undertake assessments because their understanding of MCA was limited.
- An action plan was in place to support the continued improvements with MCA.
- People were asked for consent during the inspection. Staff always sought advice if they felt a MCA assessment was needed.

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

- The assessment process was improved. The service only admitted people whose needs they could meet.
- All nursing staff were now involved in the assessment process. The service followed best practice guidance to deliver good care.

Staff support: induction, training, skills and experience

At the last inspection, staff had not been regularly supported in their roles. At this inspection, this had been addressed.

- Staff were supported with induction, supervision, appraisal and training. They had the knowledge and skills needed to support people.

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

At the last inspection the risks to people's dietary intake was not safely managed. At this inspection, this had been addressed.

- People received a diet in-line with their needs. Consistent monitoring was in place for people at risk of malnutrition and dehydration. Additional staff training had taken place.
- The quality and consistency of meals had improved. Comments included, "The food is excellent, healthy and nutritious. You get a choice and portions are good." And, "The food is hot when it is supposed to be hot. The staff are good at bringing me drinks."
- Records for risks relating to malnutrition had improved. A Speech and language therapist told us they were happy with the progress the service had made and no longer needed to be involved.

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

- People had regular access to health professionals. They had regular check-ups with their GP, optician, dentist and chiropodist. A relative told us, "Staff are good at arranging appointments."
- Timely referrals for support were completed. Care records were updated when people's needs changed or following recommendations from health professionals.
- People were supported to make healthy choices in-line with their needs, wishes and preferences.

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

At the last inspection, many areas of the service needed to be improved. At this inspection, this had been addressed.

- Significant improvements had taken place throughout the service. One person told us, "An awful lot of work has been done on the décor." The remaining areas for action had been planned in.
- The décor had been renewed in communal areas and bedrooms. Flooring and tiles had been repaired or replaced. New furniture was in place in some areas.
- Communal areas now included beach and garden themes. Displays were stimulating and reminiscent of past times. Plans were in place to introduce a sensory garden.

# 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.

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 were treated with kindness. Comments included, "[Staff] are kind and compassionate. I watch the staff, they are very tactile with the residents. I like that they give [person] lots of hugs. I am happy with the care." And, "The staff are the best thing about this home."
- Equality and diversity needs were respected. One staff member told us, "Some residents have a preference of gender of staff and we respect this." One person told us, "A vicar comes in regularly. I've been here when the service is on." We observed a clergyman visiting during inspection.
- Staff used people's life history books to ensure care was in-line with their preferences.

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

- People were involved in making decisions. A relative told us, "Staff had a good understanding of [person's] health. Staff were incredibly caring and compassionate. We were involved in all decisions about care."
- Staff were aware of people's communication needs. One staff member told us, "We have lots of people who can't [verbally] communicate. We learn the other ways they communicate, such as with their gestures."

Respecting and promoting people's privacy, dignity and independence

At the last inspection people's dignity had not continually been maintained or respected. At this inspection, this had been addressed.

- Staff provided care and support to people in a dignified manner.
- People were encouraged to maintain their independence. One person told us, "I have no help with washing and bathing. I am OK to dress myself. I like to keep a bit of independence."
- People were supported to maintain contact with those important to them. One person told us, "[Relative] is welcome. They are always offered a cup of tea." Staff had supported one person to attend a family event which they enjoyed.

## Is the service responsive?

### Our findings

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

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.

At the last inspection, care records were not accurate or up to date. Staff knowledge of these records was limited. At this inspection, this had been addressed.

- People received individualised care and support. Staff knowledge of people's needs was good. Care records contained accurate information.
- Good activities were available to people. These included massage and music therapy sessions, crafts, colouring, sensory play and a tea dance.
- The service had links with the Prince's Trust. Links with local schools and the local community were being re-established.

Improving care quality in response to complaints or concerns

- Good systems were in place to manage complaints. People and relatives had confidence their complaint would be addressed. One person told us, "The [interim] manager is approachable, and I could go in [to see them] if I had a problem."

End of life care and support

- No-one was receiving end of life care during inspection. Improvements to end of life care records were underway.
- Staff understood the importance of end of life care. A relative said, "The care received at end of life was outstanding. Staff were supportive and caring."

# 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.

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.

At the last inspection, people did not receive safe care, quality assurance processes were ineffective and action plans from health professionals had not been addressed. At this inspection, these concerns had been addressed.

- The quality of care had improved. There was continued oversight by the provider and effective quality assurance practices were in place.
- Staff understood and promoted the values of the service. Staff recognised time was needed to sustain improvements and were committed to this.
- Systems to allow staff to raise concerns needed to be clear.

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

At the last inspection, good leadership was not always in place. This had been addressed at this inspection.

- An interim manager was in place. People, relatives, staff and health professionals spoke highly of them. Recruitment for a permanent manager was taking place.
- Staff were supported. One staff member told us, "The [interim] manager is very approachable. I would be quite happy if they were the [permanent] manager."
- Notifications had been submitted when required.

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

- Meetings for people, relatives and staff were taking place more frequently.
- Relatives were happy with the improvements to meetings. They felt able to contribute and felt listened to.
- Interim results of the staff survey showed staff were happy and understood their roles and responsibilities. Improved communication had been included into an action plan as a result of this survey.

Continuous learning and improving care

- Positive improvements had taken place as a result of feedback. One relative told us, "Staff work their socks off and interact well with the residents."
- The provider had recognised improvements needed to be sustained. All feedback was shared with staff to embed learning and promoting change.

Working in partnership with others.

- The provider and interim manager were transparent. They had responded to feedback and had continued to work with all professionals.