

Inglewood Residential Home Limited

Inglewood Rest Home

Inspection report

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Willenhall
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Date of inspection visit: 14 April 2015
Date of publication: 17/07/2015

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	

Overall summary

This inspection took place on 14 April 2015 and was unannounced. We last inspected this home on 1 May 2014 we found that the provider was meeting the requirements of the Regulations we inspected.

Inglewood Rest home is a residential home providing accommodation for up to 20 older people. At the time of our inspection 19 people were living there.

There was a registered manager in post. 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'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everyone who lived at the home told us they felt safe. Relatives and staff felt people were safe. Staff had received training and knew their responsibility to protect people from abuse.

Summary of findings

Some people told us that they felt staff were busy. We found that the registered manager ensured that there was enough staff available to meet people's physical and social needs. Staff received training and support that ensured people's needs were met effectively.

People's medicines were managed, stored and administered safely.

Assessments of people's capacity to consent had been completed and records and decisions had been completed in a person's best interest. The registered manager and staff understood their responsibility to comply with the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to have sufficient food and drink to maintain a healthy diet. Staff understood the importance of offering meals that were suitable for people's individual dietary needs. People had access to healthcare professionals as required that provided advice, treatment and guidance to support their healthcare need.

People told us staff were kind and caring. Staff understood people's needs and preferences and respected people's dignity and privacy when supporting them.

People and their relatives felt comfortable to raise any concerns or complaints. The provider had a system in place to handle complaints and concerns. The provider encouraged feedback from people and acted on information received to improve the quality of care provided to people who lived at the home.

There were management systems in place to monitor the quality of the home. There were regular checks of people's care plans, medicine administration, incident and accidents. There was evidence that learning and improvement took place from audits and changes were made to improve the home.

Summary of findings

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.

People were safe because staff understood their responsibilities to protect people from abuse. Risks to people's care and health needs had been identified and plans put in place to minimise risks. People were supported by sufficient numbers of staff. People received their medicines safely, however improvements were needed in how 'as required' medicines were given.

Good



Is the service effective?

The service was effective.

People received the care and support they required by staff that had the skills and training to meet people's needs. People's rights were protected. People were supported to have enough food and drink when and how they wanted it and staff had an understanding of people's nutritional needs. People had access to healthcare professionals as required to meet their health needs.

Good



Is the service caring?

The service was caring.

People and relatives told us staff were kind and caring. People and relatives were involved in making decisions about their care. People's views and preferences were respected by staff and people felt that their dignity and privacy were maintained.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place. People and their relatives were listened to. People's complaints were handled sensitively and actions taken to address issues. Staff supported people to be involved in activities and maintain relationships.

Good



Is the service well-led?

The service is well-led.

People their relatives and staff were complimentary of the registered manager and told us the home was well managed. There were systems in place to monitor the quality of the service and where issues were identified action had been taken to address concerns. Staff felt confident to raise any concern of poor practice in the home and felt that concerns would be addressed appropriately by the registered manager.

Good



Inglewood Rest Home

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 unannounced inspection took place on 14 April 2015. The inspection team consisted of two inspectors. As part of the inspection we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We contacted the local authority to gain their views about the quality of the service provided. We used this information to help us plan our inspection of the home.

During the inspection, we spoke with six people who lived at the home and three relatives. We spoke with three staff and the registered manager.

We looked at the care records for three people to see how their care and treatment was planned and delivered. Other records looked at were two staff recruitment and training files; to check staff were recruited safely, trained and supported to deliver care to people living at the home. We also looked at records relating to the management of the home and a selection of policies to ensure people received a quality service.

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.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us, “Yes I feel safe because no one can get in.” Another person told us, “Yes I feel safe here.” People told us they would speak with staff or the registered manager if they had any concerns about their safety. Relatives were confident their family members were kept safe from harm. One relative told us, “Yes [person name] is safe it’s always reassuring.”

Staff we spoke with were able to tell us what they understood by keeping people safe; they were able to explain what signs they would look for. For example, physical signs such as bruising and changes in a person’s mood. One staff member told us, “It’s not just physical it’s verbal and not giving choices.” Another staff member said “It’s pulling faces behind backs it’s the little things you got to watch.” Staff told us they would report concerns to the registered manager and felt confident concerns would be taken seriously and appropriate action would be taken. One staff member told us, “I would go to the manager first.” Staff knew they could share information or ask for advice from CQC or the local authority if required. We spoke with the registered manager who told us about the processes in place and action they would take to protect people in the event of an allegation or suspicion of abuse. We saw that people felt confident to discuss concerns with staff who responded in a supportive way. For example, we saw one person who became upset we observed staff offering support and speaking with the person to find out what was worrying them. We saw that the person was comfortable and relaxed with the staff that supported them.

People were supported to manage their risks with the support of staff where needed. For example, some people had support to administer their own medicines. Staff we spoke with understood how to support people where there were risks identified. Staff told us people living at the home or their relatives were involved in completing people’s risk assessments. We observed people being supported by staff during tasks, such as walking with aides from the dining area to the lounge. We looked at the risk assessments detailed in people’s care plans and saw that support was being provided as directed. We saw that information had been updated and reviewed regularly to ensure staff

continued to meet people’s needs. For example, we saw information had been updated for a person who had an increased risk of falls because of a change in their medicines.

We saw that staff recorded incidents, accidents and falls appropriately and reported to the registered manager. The registered manager analysed information from the reports and took action to minimise the risks of re-occurrence. For example, falls assessments had been completed and where necessary falls referrals made.

People told us they were not left waiting for assistance for long periods of time. One person told us, “Some carer’s are very overworked, they could do with more staff.” One relative told us, “I think there are enough staff in the home.” We saw that staff were able to spend time with people and we observed that staff spent time chatting to people and responding to requests. We observed one person asked a member of staff if they would take them for a walk. We saw that a staff member responded to the request and took the person out for a walk. We saw that there was sufficient staff on duty to assist people with their care needs and support throughout the day. The registered manager told us that the staffing numbers were determined by the needs and dependency levels of the people who lived at the home. We saw that this was reviewed every two or three months or more frequent if people’s needs changed. The number of staff working was in line with the provider’s staffing rationale.

Staff spoken with said all recruitment checks required were undertaken before they started working. We saw that the provider had an effective recruitment process in place to ensure that staff were recruited with the right skills and knowledge to support people. Appropriate pre-employment checks had been obtained before employment commenced. This included references from previous employers and Disclosure and Barring Service (DBS) reports for all staff. DBS help employers make safer recruitment decisions and prevents unsuitable people from being recruited.

One person told us, “I always get my medicine on time staff give it to me when I need it and I have never known them to run out of medicines.” One relative told us, “There is no problems with [person’s names] medicines.” We saw people were supported to take their medicines when they were required. We saw that staff ensured people received their medicines at particular times of the day or when

Is the service safe?

required to manage a health need. Staff told us that staff who gave medicines had received appropriate training which ensured they were competent to do so. We saw medicines were audited regularly and no issues had been identified. Some people took their medicines 'as required', such as for pain relief. We saw that guidance was available for staff to follow. However information had not been

reviewed therefore there was a risk that staff did not have appropriate guidance they needed to know in relation to how to administer medicine's when required. The registered manager told us they would review this process and ensure the system was improved to accurately reflect when medicines should be used.

Is the service effective?

Our findings

One person told us, “Staff know me” and “They know what they are doing.” People and relatives we spoke with told us they thought the staff were trained and had the appropriate skills to support people. We saw that staff supported people with their physical and social needs. We observed staff assisting a person to move from one room to another. We saw staff offer encouragement and support which demonstrated that people were involved in how they were supported and cared for.

Staff told us they had received training and were encouraged to develop their skills. Staff told us what it meant for people who lived at the home. For example, one staff member told us how they cared for people who were not able to express their needs. Staff told us that they felt well supported in their role and had regular meetings with the registered manager. One staff member told us, “I have supervisions every two to three months and appraisals yearly.” We looked at records and saw that training was provided which helped ensure staff had the skills and knowledge to support people who lived at the home such as, dementia awareness training.

People told us that staff sought their consent before providing care and support. One person said, “Staff always ask for my consent.” Where possible, people or their representatives had signed the care plan to indicate that they agreed with the planned care. We saw where people did not have the capacity to consent to their care, we saw that mental capacity assessments had been done and a decision to provide care in a person’s best interest had been completed. Staff we spoke with told us how they gained consent from people and what they would do if a person refused such as with medication.

The registered manager told us some people had authorisations in line with the Deprivation of Liberty Safeguards (DoLS). The registered manager told us a further application had been submitted. We saw that the registered manager had complied with the law to ensure people’s rights were protected.

One person told us, “Food is very good here, we are offered two choices and alternatives as well.” Another person told us, “You get a good choice of meals.” One relative told us, “The meals are beautiful.” We observed people were supported to have sufficient food and drink. One person told us there is ‘plenty to drink’ we saw that people were offered a choice of drinks at different times during the day. One person told us, “If you don’t like certain foods you’ve only got to say something and you don’t have it again.” We observed people were offered a choice of meal and if they did not like the meals offered an alternative choice was offered. Staff knew which people needed to be encouraged or assisted to eat and drink. We saw one staff member sit with a person to encourage the person to eat their meal.

The cook told us they knew people’s individual dietary needs and preferences. We saw that food was cooked fresh on site and that there was adequate food which ensured people had a good choice of food that met their preferences and needs. Staff told us that fortified foods were provided to support people at risk of poor nutrition. We saw that the food provided was nutritious and people received enough to eat. We saw that the provider used a nutrition risk assessment to regularly monitor people’s weight. Appropriate referrals were made to healthcare professional and plans in place which ensured people received the necessary care.

People told us they were supported to see healthcare professionals regularly. One person told us, “Healthcare people come in opticians, chiropodists and the GP.” Another person said, “If I am poorly they soon have the doctor in.” We looked at people’s health record and saw the home worked with other professionals which ensured people’s health needs were met. We saw that referrals had been made promptly by staff where concerns were identified and staff knew who was currently being provided care by the doctor, district nurse and the advice they had given. This demonstrated that staff understood people’s health care needs.

Is the service caring?

Our findings

All the people who lived at the home and relatives spoken with said that they thought that staff were kind and caring. One person told us, “Staff are kind and good to me.” Another person said, “They’re all very nice.” Relatives we spoke with told us, “They are good carers and very caring” and “Kind.” Relatives told us they knew the staff well and felt that all staff were good at providing care and were friendly and approachable. We saw that interactions between staff and people were kind and compassionate. For example, we saw one person who became upset. We observed staff spoke calmly to the person offering re-assurance and answering their questions this helped to reduce the person’s anxiety. We observed people responded positively to staff by holding their hand, laughing and joking. One person told us, “Staff are very attentive.” We saw that staff offered support to people when required such as with their mobility and with their care needs.

Staff we spoke with were able to tell us about people’s individual needs, likes and dislikes. We observed people were supported to express their views and be involved as much as possible in making decisions about their care and treatment. Relatives we spoke with told us that staff kept them up to date with their relatives care needs. One relative said, “Staff are getting a good understanding of [person’s name] needs and I am kept informed of any

issues.” We observed staff respected and supported people’s choices. One person told us, “You can get up and go to bed when you want” and “You can choose if you prefer a bath or shower it’s your choice.”

People told us staff respected their privacy and dignity. Staff we spoke with had a good understanding of how to promote people’s dignity and respect their choices and why this is important. We observed one member of staff talking to a person who was feeling unwell. We saw the staff member sit next to the person and talk quietly to them, asking questions and listening to the person’s response. We observed one person who had lifted their dress above their knees. We saw the staff member go over and speak to the person and cover the knees to protect their dignity. People told us they were supported to maintain their independence as much as possible. For example, one person told us they were supported to choose their own clothes and we observed another person being prompted to eat their meal.

People and relatives we spoke with told us there were no restrictions when visiting. People told us they could see their visitors in the privacy of their own rooms, if they wished. One relative told us, “It’s okay to come anytime there are no restrictions.” We observed that staff were caring towards people’s visitors. We saw that they offered drinks and engaged them in conversations. One relative told us, “Staff are great very welcoming.” This demonstrated the home supported people to maintain family and friend relationships.

Is the service responsive?

Our findings

One person told us, “It doesn’t matter what you need you’ve only got to look at them and they are over in a flash.” People and relatives we spoke with were positive about the care and support they received. One relative told us, “Staff respond quickly to people.”

People and their relatives told us that where possible they had been involved in the planning and review of their care needs. We saw that people or their representatives signed care plans to confirm that they had discussed and agreed how they would be cared for. One relative told us care plans are, “Reviewed every six months with the family.” We saw that people’s choices and preferences had been taken into account in the planning of their care. For example, people’s food preferences had been recorded. We saw staff were kept informed of changes in people’s needs on a daily basis. We saw daily records were completed by staff which contained information about a person’s needs so they could assess when a person’s needs had changed. We saw information was used to update care plans and minimise newly identified risks such as nutrition. This demonstrated that the staff and registered manager were responsive to people’s changing needs.

People living at the home told us about social activities that took place at the home. One person said, “Yes there are activities, trips, sing a-longs and bingo.” One relative told us, “There are activities but they need to do more things to keep [person’s name] mind occupied.” People we spoke with told us about various activities the home provided such as making Easter bonnets, skittles and visits to the park. We observed some people taking part in activities during our visit. These included bingo, reading, listening to music and one person going out for a walk with

a member of staff. One person told us, “In the summer we sit outside and have BBQs and a summer fete. Relatives are invited.” We saw that staff spent time talking to people in the lounge areas engaging people where possible in conversation.

One person told us, “If I had any concerns I would see the manager.” Another person said, “I have no concerns if I did I would speak to the manager.” One relative said, “I feel confident that the manager would deal with any issue raised.” People and relatives told us they were comfortable with raising complaints and concerns and had been given the information to enable them to do so. We looked at records and saw that any complaints received had been recorded, investigated and responded to appropriately. All the staff we spoke with knew how to raise concerns on people’s behalf. Staff told us that if they received any comments or concerns they would pass the information to the registered manager. Staff told us that a complaints form was available in each person’s bedroom and we saw that the policy was displayed in the hallway.

The registered manager told us they had recently undertaken a process of obtaining feedback from visitors and relatives who visited the home, through the use of a survey. Relatives we spoke with confirmed they had been asked to complete a survey to obtain feedback on how to improve the quality of care provided. One relative told us, “If I have ideas I talk to the manager or staff.” We looked at the feedback and saw that it was all positive. Comments included, ‘my concerns and viewpoints are always listened to’ and ‘staff are aware of each person and their needs.’ We looked at records and saw that information obtained from residents and relatives surveys had been analysed and used to develop a refurbishment programme for the communal areas of the home.

Is the service well-led?

Our findings

People we spoke with told us they felt happy living at the home and were satisfied with the quality of the service. One person told us, “The manager comes in everyday and speaks to everyone individually.” Another person said, “The manager always makes themselves available.” People told us the provider encouraged people to make suggestions and provided feedback about improvements. People and relatives told us that the registered manager held regular meetings. One person told us, “I have been to one residents meeting since moving into the home” and it was “Very informative.” People told us they felt the registered manager was ‘very approachable’. One person told us, “She’s lovely.” We saw that ‘Residents and Relative’ meeting were planned regularly and one person we spoke with told us they been asked to complete a survey. We looked at records and saw people were encouraged to be involved in discussions about improvements they would like to see. For example, people were asked about activities provided and the choice and quality of food.

Staff told us the registered manager provided guidance and they felt supported to provide a good service to people living at the home. Staff told us they attended regular meetings with the registered manager to address concerns and discuss any issues relevant to their roles and responsibilities. All staff spoke positively about the leadership of the home. One staff member said, “She’ll come out on the floor and help” and “She’s a good

manager.” All staff we spoke with told us the registered manager was available and listened to any concerns. Staff felt confident that the registered manager would deal with any issues raised appropriately.

There was a registered manager in post who managed the home on a day to day basis. We spoke with the registered manager and they demonstrated good knowledge of all aspects of the home including the needs of the people living there, staff members and her responsibilities as a registered manager. The provider has a history of meeting legal requirements and notifying us about events that they were required to do so by law.

The provider had systems in place which ensured the effective running of the home. For example, processes in place to learn from events such as incidents and accidents and complaints. We looked at action taken in response to a complaint and saw that a system had been developed to list belongings which was used when people transferred to hospital. We saw that the provider carried out monthly audits of the home. These included medicines, health and safety and care plan audits. We saw that the registered manager analysed information to see if any trends or patterns were developing. Information was used to develop plans to improve the service provided to people living at the home. Staff we spoke with told us the registered manager informed them of any improvements or action that were needed to address any concerns raised. We looked at minutes from staff meetings and saw that information was shared with staff and staff were involved in taking actions to address concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.