

Crystal Care Services Ltd

Inglewood Care Home

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Inglewood care home provides residential and nursing care for up to 48 people. At the time of inspection, 19 people were using the service. Inglewood care home is a purpose-built building providing care over two floors.

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

Staff worked together to support people. Relatives were confident people were safe; all said they were happy with the care provided. Care records did not support the oversight of risk and they did not reflect the care which people received. Staff recognised the importance of completing care records but had found it difficult to achieve consistency with them.

Staff were observed to be kind and caring towards people. They supported people with their nutrition and hydration. People had received support from professionals with their dietary intake when risks had been identified. Relatives said they were happy with people's dietary intake and felt there was lots of choice with meals.

Communication with relatives and staff needed to improve. Further developments with quality assurance measures were needed. A working action plan was in place to support the home to make improvements. Staff remained committed and relatives said they were confident in the quality of care. Comments included, "The home is very good" and, "Care is pretty good."

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

Rating at last inspection

The last rating for this service was good (published 12 June 2019).

Why we inspected

The home had been placed into a serious concerns protocol forum on 11 May 2020 by the local authority. We undertook this targeted inspection to check on specific concerns which we had about the safety of people living at the home, including nutrition and hydration and oversight of the home. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to record keeping and measures in place to monitor the quality of the home at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Inspected but not rated.

Details are in our safe findings below.

Inspected but not rated

Is the service effective?

Inspected but not rated.

Details are in our effective findings below.

Inspected but not rated

Is the service well-led?

Inspected but not rated.

Details are in our well-led findings below.

Inspected but not rated

Inglewood Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to follow up on specific concerns we had about people living at the home. Concerns had been shared with us about the management of risk at the home, particularly in relation to nutrition and hydration.

Inspection team

Two inspectors carried out this inspection.

Service and service type

Inglewood care home 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 did not have a manager registered with the Care Quality Commission. This is someone who, along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

A manager had not been in post since 19 May 2020. An operations manager and peripatetic manager were overseeing the management of the home. The provider was recruiting for a manager at the time of inspection.

Notice of inspection

We gave a short period of notice of the inspection. This supported the home and us to manage any potential risks associated with COVID-19.

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 via a serious concerns protocol forum. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two relatives face to face and 10 relatives over the telephone. We spoke with five staff face to face and nine staff over the telephone. This included the nominated individual, an operations manager, two nurses, five care workers, three domestic staff, a chef and a member of the kitchen team. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 five people's care records and a variety of records relating to the quality of the home.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check the safety of people using the service. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- Records to support the management of risk were inconsistently completed. Staff completed safety checks of people, however these were not always recorded. The management team addressed this with staff following feedback.
- Staff understood the risks to people. They felt able to rely on one another to support people and felt they were well cared for. They said, "I've no concerns about the home, we've been going through a crisis. Bits have been missed, but I have no concerns about that. I would be happy for my relative to be in this home. And, "This is a brilliant home. Staff do their best and residents are looked after well."
- Relatives told us they were happy with the care their loved ones received. Comments included, "Staff are lovely and kind. I'm never worried" and, "Care is absolutely brilliant. Their understanding of dementia is second to none. We are kept up to date and are encouraged to ring the home" and, "The staff are doing a lovely job. They are all caring and look after [person] very well."

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check the support people received in relation to their nutrition and hydration. We will assess all of the key question at the next comprehensive inspection of the service.

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

- Records to manage the risk of malnutrition and dehydration did not reflect the care which people received. Gaps in records were noted. This included food and fluid balance records. There were also gaps in the frequency of which people's weights were checked. Some inaccuracies within the information contained in records had not been identified.
- Staff were confident people's nutritional needs were being met. They openly discussed the difficulties in completing records. Comments included, "Residents are getting enough to eat and drink. The issue is the records don't support it. Carers priority is the residents; we do try to do the records" and, "Staff work hard, particularly with residents who don't want to eat."
- Some people received a fortified diet to increase their nutritional intake. Referrals for support from health professionals had been completed.
- Relatives said they were happy with people's dietary intake. They said, "The food is good and [person] really enjoys it" and, "[Person] has gained weight. This is very reassuring" and, "We have no concerns about [person's] diet. They get plenty to eat. There is lots of choice."

People were supported with their dietary intake; however, records did not support the risks associated with this. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to record keeping.

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 good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to review the systems in place to manage the risks of people living in the home.

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

- Measures were in place to monitor the quality of care. These had not been entirely effective in embedding improvements. An action plan was in place to support positive changes at the home.
- The home had been placed into a serious concerns protocol forum for a second time. There was a delay in telling relatives that the home was currently within this forum.
- Communication needed to improve. Staff and relatives told us they needed consistency in the way information was provided. There were mixed reviews about the timeliness of information provided.
- Overall, staff and relatives felt that the home had started to get better. Staff remained committed to working at the service. Relatives had confidence about the care which people received. One comment included, "[Person] is well looked after and I have no concerns about [person's] care."
- A registered manager was not in place. Managers had been recruited, however this had not led to an application to become registered. A manager had been recruited following inspection.

Continued improvements were needed to ensure the risks to people were consistently managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to record keeping.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	(1) Complete and accurate records were not in place. Quality monitoring had not identified all areas for improvement. The quality of the home had not been maintained.