The Regard Partnership Limited

Inglewood House

Inspection report

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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
Inglewood House provides care to people that have a learning disability most of whom have a physical disability. There were 12 people living at the service at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service is a large home, bigger than most domestic style properties. It is registered for the support of up to 12 people. This is larger than current best practice guidance. However. the size of the service did not have a negative impact on people. This was because the building design fitted into the local residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going out with people.

People's experience of using this service and what we found
Relatives fed back that at times there could be more activities in the service. However, we did see that people were able to take part in activities outside of the service. Care plans were detailed and person centred to the needs of people. The registered manager was passionate about providing good end of life care to people.

People care was provided in a safe and effective way. The environment was set up to ensure that people could access the home regardless of their disabilities. Bedrooms were personalised with the things that were important to people.

Staff were kind and caring towards people and encouraged them to be independent where possible. Training and supervisions were provided to staff and additional training was sought around people's particular health conditions.

People liked the food at the service and staff ensured that people had enough to eat and drink. Where there were any concerns with people's health staff consulted health care professionals.

Relatives and staff said that the leadership at the service was good and that they felt supported. People were given opportunities to feedback how they wanted their care to be delivered. Audits regularly took place to look at the quality of care.

Rating at last inspection
At the last inspection the service was rated Good (the report was published on the 10 November 2016).

Why we inspected
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up
We will continue to monitor intelligence 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 well-led Details are in our Well-Led findings below.	Good

Inglewood 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
Our inspection was completed by two inspectors.

Service and service type
Inglewood House 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 Inglewood House is registered to provide personal care for up to 12 people.

The service had a registered 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'. 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. The registered manager was present on the day of the inspection.

Notice of inspection
Our inspection was unannounced. The inspection took place on the 10 May 2019.

What we did before the inspection; During the inspection; and After the inspection.

Our inspection was informed by information we already held about the service. We also checked for feedback we received from members of the public and local authorities. We checked records held by Companies House. On this occasion the service was not sent a Provider Information Return due to a technical error. This is information we require providers to send us at least once annually to give some key

information about the service, what the service does well and improvements they plan to make.

We spoke with one person who used the service, the registered manager and four members of staff. As most people were unable to verbally communicate with us we observed interactions between staff and people. We reviewed four people's care records, three staff personnel files, training and supervisions for staff, audits and other records about the management of the service.

After the inspection we received feedback from four relatives and two health care professionals.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

● Relatives told us that they felt their loved ones were safe living at the service. One relative said, "He is 100% safe. I go there all the time and I never had a concern." We saw that people felt relaxed and at ease with staff.

● Staff understood what they needed to do if they suspected abuse. Staff told us that they would not hesitate to raise concerns. One member of staff said, "I would raise my concerns. It could be physical or emotional. There is a long list of things." Staff received safeguarding training and there was a whistleblowing policy that staff could access.

Assessing risk, safety monitoring and management

● Assessments were undertaken to identify risks to people and protect them from harm. These included the risks related to going out, moving and handling, behaviours that challenged and safe evacuation procedures. One relative said, "He [their family member] can walk but staff support him."

●The risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people. For example, we saw in one care plan that the person was to be given a drink five minutes following their meal to ensure that they were not keeping food in their mouth. We saw that this was done.

Staff were knowledgeable about reducing risks to people when giving care. One told us, "Clients are supported to eat as they are at risk of choking. There are other people that are at risk of falling. You need to make sure their shoes are done up properly and the floor is clear for them."

Staffing and recruitment

● Relatives told us that there were enough staff. One relative said, "I go there a lot and there's always a lot of staff." One member of staff said, "There are enough staff here. I'm not called upon all the time to cover." A health care professional said. "In my experience there are enough staff."

● During the inspection we saw that where people needed support this was provided. During lunch three people required support and each of them had a member of staff to assist them. Where additional staff were required for an activity this was organised by the registered manager.

●The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

● There were appropriate systems in place to ensure the safe storage and administration of medicines. People's medicines were kept securely and only senior staff were able to access them.

● People's medicines were recorded in all the MARs and were easy to read. The MAR chart had a picture of

the person and details of allergies, and other appropriate information, for example if the person had swallowing difficulties. There were medicines prescribed on 'as required' (PRN) basis and these had protocols for their use.

● The registered manager told us that all staff undertook eLearning for medicines but only senior staff administered the medicines. They said seniors had additional face-to-face medicines training and that their competency was observed and assessed before they were signed off. We saw that this took place.

Preventing and controlling infection

● The service was clean and well maintained. Throughout the day we saw staff cleaning bedrooms and communal areas. One relative said, "The home is very clean."

● Staff understood what they needed to do to ensure that people were protected from the risk of infection spreading. One member of staff said, "We make sure that we wear gloves and aprons. We use different cloths and mops for different areas of the home."

● We saw that laundry room was set up to reduce the risk of infections spreading. The registered manager undertook hand cleaning audits and ensured the environment was clean and tidy. Staff received infection control training and there was a policy in place.

Learning lessons when things go wrong

● Where accidents and incidents occurred, staff responded appropriately to reduce further risks. This included where people had behaviours that challenged or where people had fallen.

● One member of staff said, "If someone fell I would call a member of staff and we would assess what we would need to do. I would record it so if bruising came out we would have a record of the incident."

● All accidents and incidents were reviewed by the registered manager to look for trends. Actions were then taken to reduce the risk of incidents occurring. For example, where one person was at risk of choking, a plan was developed to ensure that the person was encouraged to eat slowly.

Good

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.

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

● Information about people's needs had been assessed before they moved in. This was to ensure that they knew the service could meet their needs.

●The assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition.

● Information from the pre-assessment was then used to develop care plans for people. The registered manager took steps to ensure that staff were working with approved guidelines. For example, one person that had a particular health care condition. The registered manager has obtained a lot of information for staff about the condition and had arranged training with a specialist professional.

Staff support: induction, training, skills and experience

●Relatives told us that they felt staff were competent in their role. One relative said, "We are more than happy with the care. He [their family member] is very well cared for."

● Staff completed a full induction before they started caring for people. The registered manager said of staff, "When they first come they do a week of reading files then a week of shadowing with staff."

● Staff were provided with training that was specific to their role including, autism training, supporting people with a learning disability and diabetes. Staff were also booked on to additional training including Huntingdon's training. One member of staff said, "I love the training. [The registered manager] puts thing up on the board. We have training coming up for the care for the dying."

● The registered manager told us, "We expect staff to complete all relevant training and where possible will look outside the organisation for additional training if it is of a particular interest to member of staff and the people, we support would benefit from staff completing that training."

● The registered manager undertook regular supervisions with staff to assess their performance and to provide support. One member of staff said, "One to ones are useful. If I am not doing something properly we can discuss it. Gives you time to think about things."

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

● People were provided a selection of nutritious food and drink that met their needs. One relative told us, "He does enjoy the food. They have meetings to talk about the menu." During lunch people were offered choices of food and drink.

● Staff chatted to people during lunch and offered appropriate support where needed. We heard one member of staff saying, "Is that nice [person's name]. Eat slowly, ok? Would you like a tea of coffee?" Another said, in a gentle way to a person, "Come on then. Try your food."

● Where people were at risk of dehydration or malnutrition there were plans in place to address this. One person required extra calories due to their health care condition. We saw that they had put on weight since

they had moved in. One member of staff said, "If people stop eating or drinking then you need to start recording this."
The registered manager told us that people were encouraged to participate in cooking meals at the home. They said, "They've [people] started to show an interest in cooking." [Person's] pride and joy was that he made a lasagne last week."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked well as a team to provide effective care to people. There was a handover at the end of each shift where staff shared information to ensure changes in needs were highlighted, or to confirm care had been given as required.
● Relatives told us that their family members were able to access health care services when needed. One told us, "I know that [the registered manager] makes sure that he has all the medical attention he can get."
● Staff worked alongside healthcare professionals and other organisations to meet people's needs. One relative said, "He did stop eating but they called the GP, they worked very hard with him and gave him loads of milkshakes and he is ok with eating now."
● Information recorded in care plans showed that people had access to all healthcare professionals. Including the GP, dentist, opticians and hospital appointments. We saw that staff were following any guidance provided by health care professionals. One member of staff said, "If someone is unwell then we would ring the GP. They all have access to health 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 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.

● During the inspection we saw staff asked people for consent before they delivered any care.
● Staff were aware of the principles of MCA. One member of staff told us, "You assume that everyone has capacity. You must let them do things by themselves. If they do refuse care then you seek support from the family and inform the GP."
● Where people's capacity was in doubt MCA capacity assessments were completed and these were specific to the particular decisions that needed to be made. For example, in relation to receiving care, having medicine and having bedrails. We also saw applications that had been submitted to the local authority where the registered manager believed that people's liberties may be restricted.

Adapting service, design, decoration to meet people's needs
● The service was adapted to meet the needs of people. One relative said, "He [their family member] has the space to move around the home." The corridors and rooms were spacious to allow people to move freely. Each person's room was tastefully decorated with modern fixtures and fittings.

● The garden was well maintained and had a ramp for wheelchair users. There was a purpose-built sensory room at the back of the garden that we saw people using.
● There were signs on communal doors including the bathroom and toilets to help orientate people. There was also a stair lift to assist people to access the upstairs.

Good

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; equality and diversity

- Relatives told us that staff were caring to their family members. One relative said, "They [staff] are very fond of him. They know him well." Another told us, "They [staff]do chat to him. They know him well."
- We saw staff interacting with people in a caring and gentle way. A member of staff approached a person, gently rubbed their arm and said, "Shall we move you to your wheelchair? Do you want to bend your knees? That's it, well done." On another occasion a member of staff complimented a person on what they were wearing, "I do like this colour on you [person's name]."
- Staff had developed caring relationships with people. One member of staff was moving a person in their wheelchair. They said to the person, "Forwards and round we go. There we go my darling." The person smiled at the member of staff in response.
- Staff told us they enjoyed forming relationships with people and supporting them to live their lives as they chose. One member of staff said, "You build a rapport with the service users, you get to know them and what they like and don't like."

Respecting and promoting people's privacy, dignity and independence

- People were treated in a respectful and dignified way. One relative said, "They [staff] will listen to him. He talks and they will listen."
- When people wanted to spend time in their room on their own staff respected this. We saw staff knocked on people's doors before entering.
- Staff spoke to people in an age appropriate way. For example, a member of staff was congratulating a person. We heard them say, "Well done, good man" when the person was showing them something they had done.
- Staff were discreet when assisting people with their personal care. We saw one member of staff assisting a person with their trousers to ensure their dignity was protected. One member of staff asked a person if they could wipe their face for them.
- People's religious and cultural needs were respected. One person was supported to go to their preferred church for a service each week.
- People were supported to learn independent living skills. For example, one person went to work independently whilst another was supported to go to work with staff. One member of staff said, "You let them do as much as they can for themselves. Treat people like adults."

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

- People rooms were personalised with things that were important to them. They were involved in how they wanted them to be decorated and you tell what their hobbies and interests were. For example, one person has large pictures of their favourite television programme.

● There were people that had been offered the opportunity to move to supported living but had chosen to stay here as they regarded the service as their home.
● People and their representatives were involved in the care planning. People were asked what their preferences were and how they would prefer to spend their day. One member of staff said, "It's important to always come in in a friendly manner. Listen to people and show that you are interested."

Good

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

- There were detailed person-centred support plans and 'Health action' plans for each person that outlined individual's care and support. The support plans included information such as medication, medical history, communication and behaviours. There was also detailed information about the person's background, their interests, hobbies, religious beliefs, preference over personal care products and measurements in clothes.
- Each support plan had a 'Things I would like you to know about me' booklet which had information on what made people happy and what triggered their anxieties. Staff were very knowledgeable about the people they provided support to.
- The daily notes clearly recorded support that had been provided regarding the person's personal care needs. This assisted care staff in ensuring what care had been delivered and whether there had been any concerns they needed to be aware of.
- Relatives had mixed responses about the activities on offer. Comments included, "I don't think there is an awful lot going on in the home", "There are days when [their family member] has nothing to do", "They [staff] do loads with [their family member]." We did feedback these comments to the registered manager who told us that they would look into this.
- Activities included bowling, nail painting, clubs, sensory, work, café, cinema and walks.
- People had opportunities for holidays, trips, and work, as well as courses at college. There were people that had been taken on holiday abroad when the inspection took place. One member of staff said, "They get out and about a lot. They have always got something going on." Another said, "There are loads of things for people to do. There is always something planned."

We recommend that people always have access to activities inside as well as outside of the service that are meaningful to them.

Meeting people's communication needs

- From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- We saw that all information for people was in picture format for people to understand more easily. Staff communicated with people in their own individual ways either by particular signs that people made or understanding their different expressions.

End of life care and support

- The registered manager had developed an end-of-life care plan document. This recorded people's wishes

about their end-of-life care, including an 'End-of-life care agreement', which stated their preferences for after their death. They told us, "It's a privilege to care for someone at the end of their life." They said, "I have developed a care plan called 'My Last Journey' which is for people who know they have life limiting illnesses, this is a very simple document that encourages the person to remember events in their lives that had real meaning to them."

● One health care professional fed back to the service, "I was extremely impressed with the level of care and compassion displayed by [registered manager] and her team. They pulled out all the stops in very challenging circumstances." A health care professional told us, "The team are proactive with end of life work and plans are in place as appropriate to the service user."

Improving care quality in response to complaints or concerns

● People were supported through one to one meetings to talk about anything that they were unhappy about. One member of staff said when asked how they would support a person to make a complaint, "Get them to talk. Anything they tell me I would then speak to the manager and support the person."

● People's concerns and complaints were listened and responded to and used to improve the quality of care. We reviewed the complaints records and saw that they had been investigated and responded to. For example, one person had raised that another person had blocked the toilet. The registered manager put plans in place to ensure that staff would 'discreetly' check the toilet after the person had used it.

Good

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.

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

- Relatives were complimentary about the registered manager at the service. One said, "[The registered manager] is fantastic. A credit to herself and the company she works for." A health care professional told us, "She [the registered manager] is always prepared to" go the extra mile" and is supportive towards the staff and residents."
- Staff were positive about the registered manager. One member of staff said, "She [the registered manager]is the best manager I have ever had. She listens and she understands."
- The registered manager told us that they felt supported by the provider's regional manager. They said, "He's the best I've ever had."
- The registered manager clearly knew all the people at the service and their needs very well. They were passionate about providing the best possible quality of life for people. They spoke highly of their staff team and valued them for the work they did supporting people. They said, "I have excellent staff."
- During the inspection the registered manager ensured that the needs of the people came first. When they saw us speaking with one person they immediately came over to ensure they we were aware of the signs the person would make if they became distressed with our presence.

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

- People were given opportunities to talk about things they would like at the service through regular resident's meetings. We saw from minutes of the meetings that people were asked if they wanted a locked cupboard in the kitchen and they said they did not. Plans for holidays and activities were also discussed in the meetings.
- People, relatives and health care professionals were also asked to complete surveys to assess the quality of care. All of these were positive. One relative fed back, "All the staff are very caring and supportive. Good caring home for young adults." One health care professional fed back, "I have always found the care to be excellent."
- Staff attended meetings and were invited to contribute to the running of the service. One member of staff said, "If we have got any issues, we can bring them up [at the meeting] or if you think there's a different way of doing things that might be better." Another said, "They [meetings] are very useful so you can get things off your chest."
- Staff told us that they felt supported and valued. Comments included, "I do feel valued. I'm often told that I'm doing a good job. It's a good place to work" and "I love working here." The registered manager said, "I think we are a nice, normal house. As long as the people we are looking after are ok. We are here to provide a

service, if they want it, they have it."
● The registered manager told us, "By appreciating the staff we also believe this inspires them and creates an emotional connection between themselves and their line manager which in turn promotes a positive and effective professional working relationship."

Continuous learning and improving care; Working in partnership with others
● The provider and registered manager undertook audits to review the quality of care being provided. We saw from the most recent health and safety audit of the service that no areas of concern had been identified.

● The registered manager told us, "We promote reflective practice within Inglewood and have a debrief with staff involved in incidents to ensure we look at what worked and what didn't and how we can change the approach or support next time to avoid reoccurrence of the incident, this will usually mean an update of a support plan or risk assessment to make all staff aware." We saw that this took place.
● The provider and registered manager worked with external organisations to drive improvements in care. The service liaised with other organisations such Mencap, Simply Day Services where people attended Karaoke and Discos and a 'Reminiscence' group that came in every week.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.
● We saw from the records that relatives had been contacted where there had been an incident with their family member. Relatives confirm with us that they were contacted were incidents had arisen.