

Inglewood Residential Care Home Limited

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Inspection report

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Date of inspection visit:
07 March 2016

Date of publication:
11 May 2016

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

The inspection took place on 7 March 2016 and was unannounced.

Inglewood Residential Care Home Limited (Inglewood) is a privately owned, family run home. The home is registered to provide accommodation and personal care for up to 26 older adults.

The home is situated in a residential area to the west of Carlisle city centre. Inglewood is set in its own grounds, with garden areas and a car park.

Accommodation is provided in single bedrooms, most of which have en-suite facilities. There are communal facilities available, including dining and lounge areas, bathrooms, shower rooms and toilets.

There is a registered manager in post at the service. 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.

One of the people that lived at Inglewood told us; "I can ask staff for anything I need. I am treated nicely by the girls (staff). We have a bit of banter, which I like, the staff are never rude to me, I'm treated very nicely thank you."

People said; that the staff were "very good" and that they were "very happy" with the service. One person told us; "The staff are very good. They know what they are doing and I always feel safe when they are helping me."

One visitor to the home told us; "The staff are very good here. I have never seen or heard anything untoward and my relative has been here over seven years." Another commented; "My relative is looked after very, very well. Placing my relative in a home was a difficult decision to make. The staff were lovely and the manager helped me with the decision making. It has worked out very well and we are both very pleased and very satisfied with the service provided."

We spoke to the community nurse who was visiting the home at the time of our inspection. The nurse told us that the people who used this service "Always appeared well cared for and happy." The nurse also said that staff "always follow any instructions we leave" and that any referrals to the nurses were "appropriate and timely".

There were some minor omissions in falls risk assessment records and staff recruitment checks. However, risk assessments had been completed and prospective staff had undergone the more important checks prior to their employment. Records relating to people's care and treatment were stored securely and generally provided an up to date account of care and support needs. We saw that people had received reviews of their care needs but dates of reviews were not consistently recorded. We discussed these matters

with the registered manager at the time of our inspection.

We looked at the way in which the service protected the rights of people who may lack the capacity to make particular decisions. The senior staff that we spoke to could give us an overview of the process and they told us that they had received some training on the subject. However, there were no formal procedures in place to help ensure staff acted within the law.

Staff at the home had been provided with training to keep their skills and knowledge up to date. They also met regularly with the senior staff to enable them to discuss their work and further training needs.

We found that the home was clean, tidy and fresh smelling. The people we spoke to during our visit told us that the home was "always lovely and clean" and "there are never any unpleasant smells." Staff understood their roles with regards to infection control and prevention. Although people had their own personal bedrooms at Inglewood, there was a variety of communal areas for people to spend their time in if they wish. For example; comfortable lounges, garden room, garden areas and specially adapted bathrooms and shower rooms.

People were well supported with their nutritional and hydration needs. Likes, dislikes and preferences had all been sought and recorded. People were able to choose what they wanted for their meals. Everyone we spoke to about the food and meals provided were very satisfied and very complimentary about the standard of meals provided.

We observed that staff showed concern for people in a caring way. Staff approached people in a friendly manner, provided explanations or just stopped to have a chat with someone.

People told us that staff supported them to attend hospital appointments and we observed that staff responded quickly to concerns about health and wellbeing.

People who used this service received an assessment of their care and support needs. The assessments took account of people's independence and preferences.

People had access to social and leisure activities, both in the home and in the wider community.

There was a complaints process in place at the home. People knew who to raise concerns with, but no one we spoke to had ever made a complaint about the service.

The service carried out quality assurance surveys, the last one being 18 months ago. We looked at a sample of the returned surveys and the final report. We found that everyone was happy with the quality of service they received.

Maintenance records kept at the home showed that equipment was regularly serviced. There were risk assessments in place at the home and included emergency contingency plans should the home need to be evacuated.

We have made a recommendation about the assessment and prevention of falls in older people.

We have made a recommendation that the service reviews their recruitment processes.

We have made a recommendation that the service reviews its processes in order to reflect best practice in

the application for DoL orders.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

There were some gaps in in falls risk assessments and staff recruitment records. These were minor issues and did not place people who used this service at risk.

Medicines were managed safely. People received their medicines as their doctor intended and accurate records were maintained.

Infection control and prevention were well managed. Staff understood their role for maintaining high standards of cleanliness and hygiene.

Is the service effective?

Good 

The service was effective.

Staff at the home were provided with suitable training and updates to help ensure their skills and knowledge were kept up to date.

Senior staff had received training with regards the Mental Capacity Act and the Deprivation of Liberty Safeguards. There was information about these matters available in the home and staff were able to provide an overview of the process. However, the service did not have formal processes in place should a person need to be deprived of their liberties.

People who used this service were well supported with their nutritional and hydration needs. People told us that the food was very good.

Is the service caring?

Good 

The service was caring.

Staff knew the needs of people living at Inglewood very well and were able to provide detailed overviews of people's individual care and support needs.

People who used this service were treated in a respectful and

dignified manner.
Staff took time to provide people with explanations or simply just have a chat with them.

Is the service responsive?

Good ●

The service was responsive.

People who used this service received an assessment of their care and support needs. The assessments took account of people's independence and preferences.

People had access to social and leisure activities, both in the home and in the wider community.

There was a complaints process in place at the home. People knew who to raise concerns with, but no one we spoke to had ever made a complaint about the service.

Is the service well-led?

Good ●

The service was well led.

There were general risk assessments in place for home and emergency contingency plans in place.

There was a rolling programme of general maintenance and re-decoration for the home to help ensure a safe and pleasant environment.

The registered manager had oversight of staff training requirements and provision. Checks were carried out on staff practice, understanding and implementation following training courses to help ensure staff operated to the standard expected by the service.

Information and care records belonging to people who used this service were stored securely and generally provided an up to date and accurate account of people's care and support needs.

Inglewood Residential Care Home Limited

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 inspection took place on 7 March 2016 and was unannounced.

The inspection was carried out over one day by one adult social care inspector.

Prior to our visit to the home we reviewed the information we held about this service.

During our visit to the service we spoke to five people who used the service, three relatives and a community nurse who were visiting the home at the time of our inspection.

We spoke to four of the staff on duty, including the registered manager. We looked at a selection of records that the service is required to maintain. This selection included the care records of three of the people living at Inglewood, three of the staff recruitment records, staff training records and a sample of the home maintenance records. We also reviewed the accident and incident records kept at the home.

We observed staff supporting people in the communal areas of the home during our visit.

Is the service safe?

Our findings

One of the people that lived at Inglewood told us; "I can ask staff for anything I need. I am treated nicely by the girls (staff). We have a bit of banter, which I like, the staff are never rude to me, I'm treated very nicely thank you."

A visitor to the home told us; "The staff are very good here. I have never seen or heard anything untoward and my relative has been here over seven years."

We spoke to the community nurse who was visiting the home at the time of our inspection. The nurse told us that the people who used this service; "Always appeared well cared for and happy." The nurse told us that they thought people who used this service were protected from harm and abuse. They added that they had "Never seen anything at the home to raise concerns."

The sample of care records we looked at all contained personalised information about supporting people should the home need to be evacuated in an emergency.

We found that the service had carried out risk assessments to help ensure the environment and property were safe. People who used this service had also undergone the risk assessment process to help ensure their individual needs were met safely and appropriately. Although there were clear instructions for staff to follow to help ensure any risks were mitigated, the level of risk to each individual had not been recorded, for example whether someone was at high risk of falling.

We looked at the accident and incident records kept at the home. We found that these matters had been well documented and included details of any injuries and of the treatment provided to anyone who had suffered an accident. Although personal and individual records had not always been dated at the time, we could track back in people's records that risk assessments and care plans had been reviewed following any incident.

The staff we spoke to confirmed that they had undertaken safeguarding training and understood what was meant by abuse. Staff were able to explain various aspects of abuse and describe the actions they would take if they suspected someone was being abused.

Staff training records showed that staff had received training with regards to adult protection, abuse and safeguarding. The service had policies and procedures in place to help ensure any concerns were reported to the right people in a timely manner. We noted that the registered manager had carried out checks to make sure staff were clear about adult protection and safeguarding.

At the time of our inspection there were a sufficient number of staff on duty to meet the needs of the people who used this service. No one raised any issues with us about the staffing levels at the home. People told us that the staff were "very attentive." People told us that staff attended to them when they needed them and no one had to wait long for assistance. The staff we spoke to during our visit thought that there were

"enough" of them to meet the needs of the people that lived at Inglewood.

We noted that people who used this service had all received an assessment of their dependency levels. This helped the registered manager decide the appropriate staffing levels of the home. There was a process in place to help identify when staffing levels may have needed to be increased as people needs changed.

We looked at the staff recruitment processes in place at the home, including a sample of staff recruitment records. We found that prospective staff had completed application forms and attended in person for an interview with the registered manager, prior to being selected for the job. We found that checks had been made on prospective employees to help ensure only suitable people were selected to work at Inglewood. There were some gaps in the checking processes, for example in employment histories. We discussed these with the registered manager during our inspection visit to the service.

During our visit to the home we observed the administration of the lunchtime medicines and we checked the systems in place that helped ensure medicines were managed safely.

At the time of our visit there was no one at the home who managed their own medicines. We checked people's care records and found that risk assessments had been completed with regards medicines management and that people (or their relative where appropriate) had given consent for the service to manage and administer their medication.

We found that there were procedures in place to help make sure that the right medicine was given to the right person at the right time. Medicine administration records had been completed and were up to date. Where people may have refused their medicines this had been recorded and referred to their GP as necessary. Medication audits had been frequently carried out by the senior care worker and the dispensing pharmacy. There was a system in place for returning medicines to the pharmacy. Staff responsible for the administration of medication had received appropriate training and updates.

Medicines were stored appropriately and securely. For example medicines needing refrigeration had been kept in the fridge with the temperature monitored. Medicines that are liable to mis-use (controlled drugs) were securely stored with the register, kept up to date and appropriate stock checks made.

We looked at the way in which creams and ointments were managed. Some of the people who used this service told us that staff supported them with the application of this type of medication. We looked at records and found clear information to help ensure staff applied the creams appropriately. For example there were body maps identifying the areas for application and records to show when they had been administered. Creams and ointments had been stored safely in people's own bedrooms.

We spoke to the housekeeper during our visit to Inglewood. The housekeeper told us about the cleaning schedules that were in place. They told us that there were "always" enough cleaning products and equipment available to help ensure the home was clean and hygienic. The housekeeper confirmed that they had been provided with training appropriate to their job role and that there was always a good supply of protective clothing available for all staff, throughout the home.

On the day of our visit the home was clean, tidy and fresh smelling. The people we spoke to during our visit told us that the home was "always lovely and clean" and "there are never any unpleasant smells."

Care staff at the home had participated in training about the prevention and control of infection. We saw staff demonstrating good infection control practices, such as hand washing and the use of protective

clothing when needed.

We recommend that the service finds out more about the assessment and prevention of falls in older people, based on current best practice.

We recommend that the service reviews their recruitment processes to help ensure detailed information is consistently obtained about prospective employees.

Is the service effective?

Our findings

The people we spoke to during our visit to Inglewood all told us that the staff were "very good" and that they were "very happy" with the service. One person told us; "The staff are very good. They know what they are doing and I always feel safe when they are helping me."

One of the visitors to the home told us; "This is a homely home, not at all clinical. It suits my relative perfectly."

The community nurse told us that staff "always follow any instructions we leave" and that any referrals to the nurses were "appropriate and timely".

People who used the service told us that they were helped by staff to attend hospital appointments, arrange visits from their GP or other health care professionals.

The staff that we spoke to during our visit told us of the training and support they received from the registered manager and senior care worker. We looked at a selection of their training and supervision records. These documents helped to confirm what we had been told.

We found that all staff employed at the home had been provided with a variety of training including first aid training, health and safety, moving and handling and protection of vulnerable adults.

Staff with specific responsibilities for medication had received appropriate training to help ensure medicines were administered safely. Where necessary refresher training had been provided and there was a staff training plan in place for 2016.

We noted that staff regularly met with the registered manager or the senior carer to discuss their work, practices and training needs (supervision). We saw evidence to confirm that staff had their practices checked by direct observation and senior staff working alongside them.

We observed staff supporting people with their daily needs and activities. We saw that staff used good techniques when supporting people with their mobility for example. We saw that equipment was used correctly and that staff provided people with explanations to help reduce any anxieties they may have had.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at the way in which the service protected the rights of people who may lack the capacity to make particular decisions. The senior staff that we spoke to could give us an overview of the process and they told us that they had received some training on the subject. Their training records confirmed this to be the case.

The registered manager told us that there was no one at the home subjected to DoLS.

The service had a statement in place with regards to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) but there were no formal procedures in place to help ensure staff acted lawfully should a person need to be deprived of their liberties.

The sample of care records that we looked at recorded that people had given their consent to care and treatment and consented to the home managing their medicines for them. One person's records had been signed by a relative, but this person told us that they "asked and preferred their relative to deal with paperwork." We heard staff asking people about their needs and if they required help. Staff respected the wishes of the people they were supporting.

We looked at the way in which people who used this service were supported with their nutritional and hydration needs.

People had received nutritional assessments and had their likes, dislikes and preferences recorded. Where necessary people had their body weights monitored to help make sure they maintained a healthy weight and to help the service identify when specialist advice, such as the dietician, may be needed. In the sample of people we tracked, we did not find anyone who was at risk from malnutrition.

Everyone that we spoke to at the home told us that the food provided was "very good", "excellent" and one person in particular commented; "I am a picky eater but I must say the food is very good. The girls (staff) do very well." A visitor to the home commented on the meal that had been provided for Christmas lunch. They said; "I have never seen a lunch like it. There were so many choices; it was all laid out lovely. The food here is very, very good."

We observed the service of the lunch time meal. The dining room provided a pleasant and sociable environment for people to eat their meal in. Tables were nicely laid with napkins and condiments. People were given choices as to what was available for the meal. We noted that most people could eat independently but where any help was needed, staff intervention was minimal and very discreet.

During our visit to Inglewood we visited all areas of the home. Almost all of the bedrooms provided en-suite accommodation. Bathrooms, toilets and communal areas were clean, fresh and clearly signed to help people orientate themselves around the home. There were handrails around the home to help people move around the home safely and independently. A passenger lift connected the ground floor to the first floor. Bathrooms and shower rooms were equipped to help people access these facilities either independently or with help from staff.

People who used the service also had access to a garden room and pleasant garden areas.

We recommend that the service reviewed its processes in order to reflect best practice in the application for

DoL orders.

Is the service caring?

Our findings

One of the people that lived at Inglewood commented; "The staff are very nice, they take care of me very well."

Visitors to the home made the following comments;

"The staff always let me know if there is a problem with my relative, they are very good. I am very happy with the care."

"My relative is looked after very, very well. Placing my relative in a home was a difficult decision to make. The staff were lovely and the manager helped me with the decision making. It has worked out very well and we are both very pleased and very satisfied with the service provided."

We saw that staff showed concerns for people's wellbeing in a caring way. We observed a visitor come to get a member of staff because their relative had been ill. The member of staff responded straight away and got the doctor to visit too.

We observed staff working in communal areas with some of the people who used this service. They approached people in a friendly manner, provided explanations where necessary or simply stopped to have a chat with them. Staff also supported people to get out of the home and go for walks. Where people needed support with personal care, staff dealt with this in a discreet way without limiting people's independence.

People who used this service were treated in a respectful and dignified manner by the staff who worked at Inglewood. We observed that people were given time to make choices and decisions about a variety of things throughout the duration of our visit.

The staff we spoke to during our visit knew the needs of people living at Inglewood very well and were able to provide detailed overviews of people's individual care and support needs.

We looked at a sample of people's care plans. The plans were written specifically for the individual and clearly recorded the level and type of support each person needed on a daily basis. The records also identified the things people could do for themselves, this helped to make sure that their independence was respected and supported by staff.

At the time of our visit there was no one at the home requiring care and support at the end of their life. We spoke to the registered manager about end of life care. The manager told us about the links with community nursing services, GP's and how specialist equipment or end of life medications would be obtained when required.

In the sample of care records we looked at, we noted that some people had 'Do not attempt resuscitation'

orders. We found that these had not been routinely reviewed and updated by the person's GP. We spoke to the manager about this matter, who assured us that this would be followed up with the GP as soon as possible.

Is the service responsive?

Our findings

One of the people we spoke to during our visit to Inglewood told us; "I couldn't be in a better place. There are no restrictions on what I want to do, I can go out with my family, they can come here and I can go out for a walk if I want to."

Another person who had not lived at the home very long said; "I am struggling to settle down with it. The home is OK and the staff do very well. Any problems I have had have been dealt with efficiently and quickly. The staff are getting used to me and I think I am altogether spoiled by them."

The community nurse that we spoke to during our visit told us: "The staff will ring us if they have any concerns about people and will ask for follow up visits if necessary too. Staff follow any guidance and instructions we leave about people's care. People seem happy and well cared for here."

The care records that we looked at during our visit, showed that people had received an assessment of their care and support needs, either before they came to the home or very shortly afterwards. We saw that people had been asked about their likes, dislikes and preferences and about their hobbies and interests. One person told us; "They (staff) have asked me what I like and what I don't like and also what I want. They're very good I can ask staff for anything I want or need."

Care plans clearly identified where people needed support and what they could do for themselves. The plans had been kept under review and amended as people's care needs changed. We saw from the records, and people told us, that their relatives had been involved with the assessment and care planning processes. One person who used this service said; "My relative went through all these records with me. I prefer them to deal with all this kind of stuff."

People told us that they could see their visitors when they liked and if they chose to, they could see them in the privacy of their own rooms. One person told us; "There are no restrictions and we are not tied down. I can go out for a walk or out with my family when I like. There are things going on in the home too. Bingo, singers and entertainers come in, games and other things which my family can attend if they like."

We found that people were supported to have access to the talking book service and their own daily newspapers and magazines.

We observed that staff spent social time with people who used this service, chatting to people or playing games.

There was a complaints procedure in place at the home and this was accessible to people who used the service, their families and friends.

The people we spoke to during our visit had never had to raise a concern or complaint about the service. Someone who had recently moved into the home told us that they had initially had some "small queries"

but these had been dealt with "quickly and efficiently by staff."

We spoke to the registered manager. They told us that they had not received any major complaints or concerns. When we checked the complaints record we saw that there had been a few concerns raised about items of clothing being mixed up in the laundry, all of which had been dealt with appropriately.

Is the service well-led?

Our findings

People who lived at Inglewood and their visitors all told us about their satisfaction with the service. We did not receive any complaints or adverse comments during our inspection of this home.

The registered manager of the service was also the owner of the home. The registered manager had a daily presence in the home, working with people who use this service and alongside the care staff. Everyone we spoke to knew who the manager was and were confident that if they had a concern or suggestion to make, they would be listened to with actions taken.

Visitors to the home told us that they were kept up to date with relevant information about their relative's health and wellbeing. We received very complimentary comments about the staff and registered manager at the home, particularly from one visitor who had needed support when placing their relative in the home.

The home produced a monthly newsletter for people who use the service and their visitors. This helped to keep them up to date with what is happening at the home. Quality assurance surveys were carried out from time to time, the last one being 18 months ago. We looked at a sample of the returned surveys and the final report. We found that everyone was happy with the quality of service they received.

We looked at a sample of the maintenance plans and quality audits that had been carried out at the home.

The records showed that equipment was adequately serviced and maintained. Water temperatures were regularly checked and monitored as was the risk of Legionella. General maintenance checks included the effective functioning of nurse call bells, fire alarms, firefighting equipment and lighting.

There were risk assessments in place for home and emergency contingency plans should it be necessary to evacuate the premises.

The registered manager had a rolling programme of general maintenance and re-decoration of the home to help ensure a safe and pleasant environment.

The registered manager had oversight of staff training requirements and provision. Checks were carried out on staff practice, understanding and implementation following training courses to help ensure staff operated to the standard expected by the service.

We found that information and care records belonging to people who used this service were stored securely and generally provided an up to date and accurate account of people's care and support needs. There were some records that had not been dated once a review had taken place. We were able to track that reviews had taken place and staff were able to give us a verbal update on the people they supported. The risk of people receiving inappropriate care was minimal. However, we spoke to the registered manager about this during our inspection as this needed to be attended to quickly to help ensure staff were working with the most up to date version of people's care plans.

