

Inglewood (Cumbria) Limited

Inglewood

Inspection report

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Date of inspection visit:
31 October 2022
02 November 2022

Date of publication:
30 December 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Inglewood is a residential care home providing personal care to up to 26 people in an adapted building. The service provides support to older people, some of whom are living with dementia-related conditions. At the time of our inspection there were 22 people using the service.

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

Fire drills were not up to date for some staff and they were unclear about how to safely evacuate people. The provider took immediate action to retrain staff in this.

People and relatives praised the staff for their care and kindness. Staff were friendly and engaging. People received very personalised care from staff who knew how to support each person in the way they preferred.

People were treated with dignity and respect. Their independence was encouraged and they were invited to be involved in staff recruitment and other key decisions about their home.

People were protected from abuse by staff who understood how to identify and report any concerns. The registered manager sought to learn from any accidents and incidents to continuously improve the service.

Staffing levels were sufficient to meet people's needs safely, and ensured people received consistent support. Staff were recruited safely and received appropriate training and support to enable them to carry out their role.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

People and relatives said the service was well-run and praised the management team as helpful and approachable. They had information about how to raise issues and were confident about discussing anything with the management team.

Staff were happy in roles and said the provider and registered manager were supportive.

The provider was committed to continuous improvement of the service. A full refurbishment programme of the building was in process.

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

Rating at last inspection

This service was registered with us on 22 September 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 31 October 2018.

Why we inspected

This was a planned inspection of a new service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have made a recommendation about ensuring staff have regular fire drills and are confident about evacuation plans.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Inglewood

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Inglewood is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Inglewood is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 8 relatives. We spoke with 8 staff including day and night care staff, catering staff, maintenance staff, head of care and the registered manager.

We reviewed a range of records. This included 5 people's care records and multiple medicine records. We looked at 5 staff files in relation to recruitment and supervision. We also viewed a variety of records relating to the management of the service, including audits, policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

- The provider had not always made sure staff were fully up to date with fire evacuation practices. The provider addressed this immediately by retraining staff in evacuation procedures and arranging for the majority of staff to be trained as fire wardens.
- Risk assessments and strategies were in place for most people to minimise the risk of avoidable harm. We highlighted gaps in the risk assessments for one person which the registered manager addressed immediately.
- Routine maintenance checks were carried out to ensure the safety of the building although these had not identified a small number of wardrobes that were not secured to the walls. The provider addressed this immediately.

We recommend the provider keeps fire safety practices under review to ensure these are always kept up to date.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place to protect the people who lived at the home.
- People and relatives told us it was a safe place to live. One person commented, "This is my home and I feel really comfortable and safe here."
- Staff were trained in safeguarding adults and understood their responsibilities to report any concerns.

Staffing and recruitment

- The provider made sure there were sufficient staff on duty to provide safe support for people.
- Staff were attentive towards people and responded quickly to requests for assistance. One relative commented, "I think the staff are pushed and busy but it doesn't affect how well they care for people."
- The provider had systems for the safe recruitment of staff. Checks were carried out prior to appointments to ensure staff were suitable to work with vulnerable people.

Using medicines safely

- Medicines were managed safely. People were supported to manage their own medicines where capable of doing so.
- The provider used an electronic recording system which alerted staff to the time and dosage of any medicines. This reduced the risk of errors.
- Staff had training in medicine management and had regular competency checks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some surfaces in the home would be difficult to keep clean due to wear and tear. The provider was undertaking a full refurbishment programme which would address this.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People and their relative were happy with the visiting arrangements and the infection control measures. Relatives commented, "Staff always wear masks and there are masks for visitors in the entrance hall."

Learning lessons when things go wrong

- The provider used an electronic reporting system for incidents and accidents. These were regularly analysed by the registered manager for any trends.
- The provider had oversight of the records and checked whether actions had been put in place reduce the risk of recurring incidents.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The provider had a system for assessing people's needs before using the service to make sure the right care could be provided.
- People or their representatives were fully involved in discussions about their care package and agreements about how their care was provided.

Staff support: induction, training, skills and experience

- The provider had training systems in place to make sure staff received essential training in health and safety. Staff also received relevant training to support them in their roles, including care of people with dementia and learning disabilities.
- People and relatives described staff as "knowledgeable" and "competent". One relative remarked, "The new providers are very fortunate to have retained some existing core staff who are very skilled."
- Staff said they were well-supported by the management team. They received supervision to support them in their role.

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

- The provider made sure people had choices about meals and were supported with their individual dietary needs and preferences.
- People described the meals as "delicious". The cook spoke with people every morning to discuss their menu choices either verbally or using photos. There was a well-stocked 'snack station' in the dining room, where people helped themselves to fruit, biscuits and sweet treats whenever they wanted.
- Management, care and catering staff worked together to keep people's dietary needs under review. Soft textures and fortified foods were introduced if people needed this to support their nutritional health.

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

- The staff made sure people had access to healthcare services when required.
- People described weekly input from their GP and relatives said the service kept them well-informed about any updates from health professionals.

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

- The home was an older building that had not originally been designed or decorated to support the needs of people living with dementia. At the time of this inspection, refurbishment work was being undertaken to improve the quality of the accommodation and it was also intended to also improve the dementia design.

- There was hoist equipment and an assisted bath to support people with mobility needs.

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 MCA 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. 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.

- The provider and staff understood people's rights to make their own decisions and sought their consent.
- In the small number of cases where people lacked capacity, DoLS applications had been made to the local authority. The progress of those applications was being monitored by the registered manager.
- The management team verified and recorded whether relatives had Lasting Power of Attorney (LPA) status. This made it clear who would have the legal right to make decisions in the future on behalf of people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People described staff as kind and caring. They told us, "They are all lovely" and "They've made this my home. I wouldn't move anywhere else because of them."
- Relatives praised the compassionate, helpful staff team. Their comments included, "It's not just care, it's loving care" and "We have recommended this place to several people because staff are so great."
- There was lots of friendly chats and laughter between people and staff. There was a warm, welcoming atmosphere and this was fostered by all the members of staff. The registered manager described how people said "home, sweet home" when they came back after a trip out.

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

- People were fully involved in making their own decisions and their choices were respected. One person said, "They ask what you would like and then they do it for you." It was very good practice that people were involved on the interviews of new staff.
- Staff were very clear that people were the decision-makers in the home. People were offered lots of choices throughout the day and were encouraged to follow their own preferred daily routines.
- Relatives described being supported to still be involved in the care of their family member. One relative commented, "We like to bring meals in to feed her tea because we want to be involved and the cook happily heats it up for us."

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that upheld their privacy and dignity. People were always asked first before any assistance was given and staff offered lots of time for people to make choices.
- A relative told us, "The respect and dignity they show my family member is marvellous. She can be quite challenging to care for, but they take it in their stride and still treat her with the utmost respect. They chat with her and let her know what they're going to do and they go at her pace."
- People's independence was continually promoted. For example, some people went out on their own and some people managed their own medicines. Relatives described how being at the home had improved the family member's independence. They told us, "My family member uses a zimmer frame. The staff encourage her to walk so she actually walks better now than when she first came in."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a personalised service that met their individual needs. Staff were very familiar with each person's preferences, abilities and needs.
- Relatives said staff were very knowledgeable about each person and how to support them. A relative commented, "Staff are very skilled at spotting the subtle changes in people. They know my family member inside out and what she needs even though she is not very verbal."
- People's individual needs were set out in plans of care. People's needs were reviewed regularly although changes had not always been recorded on the care plans for all staff to see. The registered manager addressed this immediately.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records included details of their communication needs.
- People had been supported in a variety of ways with information that suited their communication styles. Staff had used a speech-to-text app to support people who had hearing needs and used flash cards and large print where appropriate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff provided good support for people to keep in touch with relatives and be involved in the wider community. The staff had set up a private Facebook group to share photos of various social events. People's faces are hidden behind flowers, so they are not identifiable.
- People spoke positively about the social activities on offer. They told us, "There's plenty to do and we've had parties too." They described activities including balloon tennis, painting, flower arranging and icing biscuits.
- People's pastoral needs were also supported. The staff had arranged for various clergy to attend to people's spiritual needs.
- People who were cared for in bed were also supported with social inclusion. A relative commented, "My [family member] can't get up now but staff spend time chatting with her and the activity staff washes her hair."

Improving care quality in response to complaints or concerns

- The provider had a procedure for managing complaints. People had information guides which included the complaints procedures and it was also displayed in the entrance to the home.
- People were encouraged to give their comments and suggestions. People and relatives said they knew who to discuss any concerns with and were confident that these would be dealt with.
- There had been two complaints over the past year. These had been investigated and any lessons learnt were used to improve the service. It was difficult to retrieve the records of the complaints and the registered manager was going to look at alternate ways of storing these.

End of life care and support

- Staff provided compassionate and empathetic care to people who were at the end stages of their life.
- Staff had training and experience in supporting people with their palliative care needs. A staff member commented, "It's probably the hardest part of the job because we care so much about them and their family. We miss them and the relatives when they've gone."
- People's care plan's included details about their preferred last wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the home was very positive and aimed to provide people with personalised care. People were empowered to be involved in key decision-making, for example as members of the interview panel for new staff. People were encouraged to lead their own, lives.
- Relatives told us the home was very family-orientated and they also felt supported by the staff. One relative told us, "The ethos is very caring and they teach this to new staff by example. They are supportive towards families as well as residents."
- The staff team worked well together to provide a good quality of life for people.

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

- The registered manager was experienced and understood their role and responsibilities. The provider had a senior management team, including an operations manager and quality and compliance manager, who supported the governance of the service.
- The provider had systems to monitor the quality and safety of the service and set out actions where improvements could be made.

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

- People had good opportunities to give their views at regular residents' meetings. The staff designed regular newsletters for people and relatives about forthcoming events. People said there was good communication with staff and the management team.
- The provider sought the views of relatives via a formal survey. The most recent one had taken place in September 2022 and relatives had scored the services as 'good' or 'excellent' in all areas.
- Relatives told us there had been improvements in communication with the home. A relative told us, "The management is better now than previously, more open and approachable. Staff are very approachable and communicative and let us know what's happening."

Continuous learning and improving care; 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

- The provider and registered manager were committed to continuous improvement. Since the new provider had taken over the home a year ago they had introduced a number of new systems and were in the

process of a significant refurbishment programme.

- The provider held monthly managers' meetings for the care homes it operated so managers could discuss lessons learnt and share areas of good practice.
- The provider and registered manager were aware of the duty of candour and their legal responsibility to be open and honest.

Working in partnership with others

- The service worked alongside other health and social care professionals who were involved in people's care.
- The home had some links with the local community, and this helped people to be included as citizens of the local area.