

Mr & Mrs J A Barton

Inglewood Residential Care Home

Inspection report

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Tel: 01663762011

Date of inspection visit:
09 December 2015

Date of publication:
11 March 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was unannounced and took place on 09 December 2015.

This service was last inspected on 11 October 2013 where it was found to be compliant in all the areas we looked at.

Inglewood Residential Care Home is a three-storey Victorian building located in Disley near Manchester. The home provides care and accommodation for up to twenty two people. The building is situated in its own grounds and has a purpose built extension with a conservatory. Accommodated is situated on the lower ground floor, ground floor and first floor. Most of the rooms have an en-suite toilet and sink and there are two bathrooms with shower and bath. Access between floors is via a passenger lift or staircase. On the day of our inspection there were 19 people living in the home.

Inglewood 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.

At this inspection we identified breaches of the relevant regulations in respect of the need for good governance, the need for consent and notifications. You can see what action we told the provider to take at the back of the full version of the report.

Whilst we found that people were provided with care that was person centred, sensitive and compassionate, records of care were not been kept consistently and effectively so changes or increased risks to people's care were not clearly identified.

Although the people living in the service we spoke to told us they felt safe and the provider had a safeguarding policy, we found that staff could not sufficiently describe the possible abuse and were not clear on the correct procedures to protect vulnerable people from abuse and neglect.

We found management were conducting very few audits of the systems and processes which meant that they are not learning from past events, or taking effective corrective action to improve the service.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that it was up to date. We found a number of gaps where training had not been updated that needed to be addressed.

The provider had a range of policies and procedures which included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, however staff and management were not clear on the processes to be followed when someone lacked mental capacity.

The provider was not submitting the required notifications to the CQC as required by the regulations.

We found that the staff team were very caring and knew the residents very well. We saw care being carried out in a dignified and respectful manner.

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.

The people using the service told us that they felt safe, however the staff we spoke with were not fully aware of how to recognise, and of their responsibilities to report, signs of abuse outside of their organisation.

There was no analysis of accidents and incidents and risk assessments were not consistently kept under review. This meant that people may not be safeguarded from unnecessary hazards.

Recruitment records demonstrated there were systems in place to help ensure staff employed at the home, were suitable to work with vulnerable people.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People told us that they were well cared for and the staff team presented as caring and committed to the provision of person centred and compassionate care. However, there were gaps in staff's knowledge and skills which could put the people who lived at the home at risk of their needs not being met. Records were not being consistently kept to ensure risks were identified promptly.

Managers and staff were not acting in accordance with the Mental Capacity Act 2005 to ensure people received the right level of support with their decision making.

Requires Improvement ●

Is the service caring?

The service was caring.

We asked the people living at Inglewood about the home and the staff members working there and received a number of positive comments about their caring attitudes.

The staff members we spoke to could show that they had a good

Good ●

understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people.

Is the service responsive?

The service was not consistently responsive.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised, however the care plans were not consistently reviewed and updated to reflect the current needs of the individual.

The provider had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There was a Registered Manager at the home.

There were very few internal audit systems to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. Managers and staff were not routinely analysing accidents and incidents so opportunities to learn from past events and near misses were being lost. The service was not providing notifications to CQC of incidents other than notifications of deaths.

Requires Improvement ●

Inglewood Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 09 December and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about Inglewood.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of four people living there, one visiting relative, a visiting District Nurse, a training provider and nine staff members including the registered manager and two assistant managers. The people living in the home and family members were able to tell us what they thought about the home and the staff members working there.

Throughout the inspection, we observed how staff supported people with their care during the day. 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 to us.

We looked around the service as well as checking records. We looked at a total of three care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas;

risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Is the service safe?

Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Inglewood was a safe environment. They told us, "I feel very safe living here", "I feel safe".

We saw that staff were aware of individual needs and people we spoke with felt that they were well cared for. Comments included, "the carers know my needs and I can go to them at any time if I need to".

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any possible concerns that arose were dealt with openly and people were protected from possible harm. We noted that the policy had out of date contact details for the local authority. Staff we spoke to understood the need to report to the manager any concerns. However, they were not able to clearly identify where something could be a safeguarding concern and were unsure of reporting incidents outside of the organisation. Whilst the manager knew that they needed to report concerns to the local authority, they were not able to give clear examples of instances when this should happen and they were not aware that they needed to notify safeguarding concerns to the Care Quality Commission [CQC]. Providers such as Inglewood are required to notify the CQC and the local authority of any safeguarding incidents that arise.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they would speak with a member of the management team if a safeguarding incident occurred, however they were unable to give clear examples of what constituted a safeguarding incident. They were unclear what to do if the incident involved a member of the management team and of the need to report any incidents outside of the organisation. Staff members were familiar with the term 'whistleblowing' and each said that they would report any concerns regarding poor practice that they had to senior staff. One staff member told us, "First I'd go to the senior and if unhappy with their response, I'd go to the owner or the CQC". We were able to view the Whistleblowing policy and this had not been updated since July 2013. It contained inaccurate information in terms of the contact details for the relevant local authority office.

Whilst the provider was regularly updating their training in this area, it was not evident from our conversations with staff and the managers that they were clear on their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective systems and processes in place to prevent abuse of service users.

Risk assessments were carried out, however they were not consistently kept under review. For instance, we found that when an individual's health and mobility had improved care plans and risks assessments had not been updated to reflect a lesser risk from pressure ulcers or their current needs. When we spoke to staff and the management team, they were all knowledgeable about the person's current care and needs, however the paperwork did not accurately reflect this in order to inform any person reading the care plan.

We saw that there was an incident and accident book where events were recorded. We spoke with the assistant manager and she confirmed that there was no audit or analysis done of incidents and accidents. This meant that patterns and recurring incidents may not have been identified.

These issues are a breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

We looked at the files for six members of staff that were present on the day of inspection. All the files were neat and tidy and contained the relevant information regarding the employment process. Each file contained the application form, references, terms of employment and contract, details of inductions and introduction to the workplace as well as copies of certificates of any training undertaken. We found that the appropriate checks had been made to help ensure that staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

We saw the provider had a policy for the administration of medicines, which included controlled drugs, the disposal of medicines and for PRN medicines (these are medicines which are administered as needed). The policy was clearly displayed on the medicine trolley. Medicines were administered by members of staff on each shift who had received the appropriate training. We observed during the morning that although the medicine trolley was locked it was left unsecured and therefore could have been moved. Furthermore, we noted that the Medicine Administration Record Sheets (MARS) containing confidential information regarding people's medicines were left on top of the unattended trolley. We observed the administration of medication and saw that this practice was safe.

One person commented that they did not always receive their medication on time, however when we spoke to the member of staff that administered medication they stated that, "I never feel rushed and have enough time to do the medicine round".

We checked the medicines and medication administration records for three people. We saw that people were receiving their medications at the correct time, however there were a few missing signatures on these records. In one blister pack, we noted that there was one tablet left each day. The member of staff as well as the assistant manager advised that they were acting on behalf of the GP by leaving this medication, however the blister pack and prescription clearly stated that all the medication should be given. Once we had highlighted this, it was resolved during our visit as the assistant manager spoke with the GP who confirmed to the pharmacy the correct prescription and they changed the blister pack immediately. We also found a cream stored in someone's bathroom above the recommended temperature. This was pointed out to staff and the temperature was adjusted and we requested that the cream be destroyed and replaced. Where people do have prescribed creams stored in their rooms, the providers needs to ensure that appropriate risk assessments have been completed to ensure safety.

Controlled drugs were stored securely as was the medicine trolley when not in use. Regular audits were carried out of the controlled drugs each week in order that any mistakes could be picked up quickly. If there were any mistakes, the staff member was quickly spoken with and retrained if necessary in order that these medicines were administered safely. However, a similar process was not in place for all other drugs. The assistant manager confirmed that they would pick up any errors when they complete the monthly disposal of medication back to the pharmacy. This meant that any errors in medication were not picked up in a

timely manner. This also meant that if there were missing medicines this was not identified as medicine counts were not in place for all drugs. We noted that it was not clear when people were prescribed creams where these needed to be administered. All the staff using these creams could tell us clearly where these needed to be applied and stated that they would follow the advice of the district nurse and that this would be passed between staff members on staff handover. Since it was a small staff team, they stated that this system worked well. However, it was not clearly documented in records where creams needed to be used.

This was a further breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have an effective system in place to assess, monitor and improve the quality of the services provided.

During our inspection one person living in the home told us they had to wait a long time to be assisted. They stated, "you get told 'we are very busy at the moment, you'll have to wait'". However, another person stated, "there seems to be enough staff on at all times and if I use my call bell at night they come pretty quickly". Our observations of staff throughout the day were that there were enough staff on duty as they were not rushed and were attending to their duties in a calm and timely manner. Call bells were being answered promptly and people were not left waiting to be assisted.

On the day of our visit, there was an assistant manager, one senior carer and two care assistants on duty. We looked at the duty rota and could see that this was the usual amount of staff deployed each day. There were two members of staff on duty during the night.

In addition to this, there was a person on work experience, a housekeeper, a kitchen/maintenance manager and ordinarily there would be a cook. On the day of our visit, both the cooks employed by the provider were unavailable for work. The assistant manager and the kitchen manager, who were suitably trained were both covering the duties in the kitchen. The manager advised that they do not use agency staff and staff are informed when they join the service that they will be expected to cover any sickness or leave of other staff members in order to maintain continuity of service for the people living in the home.

From our observations we found that the staff members knew the people they were supporting well. They could speak knowledgeably about the people living in the home, about their likes and dislikes as well as the care that they needed. There was a supportive on call system in place in case of emergencies outside of office hours and at weekends, where a member of staff would attend the service if the staff working there needed assistance.

The provider had received a five star rating in Environmental Health on 12th January 2015. We conducted a tour of the home and found that there were cloth towels and shared toiletries in the downstairs bathroom as well as a razor. In the wet room, we found that there was someone's prescribed cream left as well as shared toiletries. The cloth towels pose a risk for infection control and the toiletries posed both an infection risk if they are being shared between residents as well as a safety risk since some of the people living in the home were confused and may ingest these liquids. We raised these issues with the manager and they agreed that these would be removed. Door wedges were being used specifically on one bedroom. Door guards or hold open devices need to be fitted where people choose to have doors open as this poses a risk in the event of a fire. The assistant manager and maintenance person completed a weekly check on any maintenance issues that needed to be addressed in the home. These were then placed in a maintenance log.

We spoke with the maintenance person on the day of our inspection and they could clearly identify a number of areas where improvements were needed and they had a schedule of works to complete. We were

able to view safety certificates for electricity, gas, water and these were all in date. We noted in the bathroom by the front door that there was a broken bath panel that was porous and therefore a risk for infection. This was added to the maintenance schedule during our visit. We noted that the carpet was damaged in one room and posed a trip hazard. We spoke with the housekeeper who had a clear schedule of work to be completed each day to maintain cleanliness in the home. We were able to view the housekeeping schedule that was being followed.

Our observations during the inspection were of a clean, homely environment which was safe and did not restrict people's ability to move around freely. We saw that there was specialist equipment available such as airflow mattresses and cushions as well as equipment to enable people to bathe.

We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. These along with an emergency contingency plan were kept in a file. PEEPS are good practice and would be used if the home had to be evacuated in an emergency such as a fire. They would provide details of any special circumstances affecting the person, for example if they were a wheelchair user. These were kept in the person's care plan and a quick grab guide of what assistance was needed by each person was stored by one of the emergency exits.

Is the service effective?

Our findings

All the people living at the home that we spoke to and their family members felt that their needs were well met by the staff who were caring and knew what they were doing. Comments included, "the carers know my needs", "they look after me", "I have got an extra lamp for reading that they put in for me, as I can't see as well now". A family member said, "I am very happy with the home and I am confident that all my mother's needs are being met. The home lets me know about most things, but my sister is more involved. Although my Mum is confused, she would let us know if she was unhappy with any aspect of her care and her general health has improved since moving to the home."

The provider had their own induction programme and introduction to the workplace. This was designed to ensure that any new members of staff had the skills they needed to do their job effectively and competently. We looked at the induction programme for the newest member of staff and this included ensuring that the member of staff had access to all the core training identified by the service. Following this and prior to starting work, the staff member would shadow existing members of staff and would not be allowed to work unsupervised for a period. Shadowing is where a new member of staff works alongside either a senior or an existing member of staff until they are confident to work on their own. We spoke to the newest member of staff who confirmed that they had shadowed all their shifts prior to starting work.

We asked staff members about training and they all confirmed that they received regular training throughout the year, they also said that their training was up to date. We subsequently checked the training records for staff and saw that staff had undertaken a range of training relevant to their role. This included safeguarding, dementia awareness training and moving and handling training. However, we found gaps in the training records. There were 24 members of staff employed by the provider and we found that nine had not received any refresher training in moving and handling over the past 16 months; five members of staff did not have up to date first aid training, eight members of staff did not have current health and safety training, and the registered manager had not had medicines training since May 2011. The deputy manager confirmed that the training matrix was an up to date record of the training undertaken by staff. We noted that whilst staff and the registered manager had completed training on safeguarding, they did not have a good understanding of all the circumstances that would raise a safeguarding concern and were unclear on the reporting processes to follow outside of their own organisation. We did not find any evidence that the provider was assessing the competency of staff following the completion of their training.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the staff did not have the required training as required by the provider's training matrix and appropriate corrective action had not been taken.

The staff members we spoke to told us that they had informal supervision where the senior carers or managers would work alongside them and assess their practice. The assistant manager confirmed that they conducted informal supervision where they doubled up on an activity and then observed the member of staff completing any tasks and assessed their competency. They confirmed that they did not record this activity. They stated that they had started doing practical appraisals which were recorded and we saw that

two had been completed, one in August and one in September.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have systems and processes in place such as regular audits to assess, monitor and improve the quality and safety of the service.

The provider had policies and procedures that were developed from Quality Compliant Systems to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). 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 checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider was not operating within the principles of the MCA. In two of the care files that we looked at, we found that people were being deprived of their liberty, but no assessment of their mental capacity had been undertaken or recorded and subsequently an application to restrict their liberty had not been submitted to the relevant supervisory body. Two other people in the home had been subjected to DoLS and applications had been submitted in these cases.

We spoke with staff and the management team. They had all received training on this topic, however we found that neither the staff or the management team had a good understanding of the Act and the process that needed to be following to ensure that they were acting within the principles of the Act.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not acting within the principles of the Mental Capacity Act 2005 and staff were not following the correct processes to ensure compliance with this Act.

We saw that staff used the Malnutrition Universal Screening Tool [MUST] to identify whether people were at nutritional risk. This was done to ensure that people weren't losing or gaining weight inappropriately. However, staff were not then monitoring people's weights on a regular basis. This was also not audited through any other system. We found in one care plan that a person was at high risk of malnutrition and we looked for their weight chart and saw that this had not been completed since June 2015. We spoke to staff regarding this and they stated that the person was now bedbound and it would be detrimental and distressing to move the person in order to weight them. They spoke then of gaining advice from the district nurse of alternative ways of monitoring the person's weight, but when we asked to see records of this the staff were unable to find these. The provider had monitoring records in place in people's rooms where they had been identified as being at high risk of malnutrition, pressure ulcers or their fluid intake needed to be recorded. The records were being completed, however as they were capturing lots of different types of information, they were not always completed fully for each section. The records did not make clear for instance how much fluid a person should have in a day, therefore it was not clear from the sheet whether someone at risk of dehydration had consumed enough for that day. The records were not monitored or analysed to see whether the risk to that person was increasing or decreasing.

This was a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

During the inspection we saw that staff took their time to ensure that they were fully engaged with each person and checked that they understood before carrying out tasks with them. Staff explained what they needed or intended to do and asked if this was okay rather than assuming consent. We observed two staff members transferring someone from a wheelchair to an armchair and they took their time, did not rush the person and talked to them the whole time they were completing the action and reassured them. This was carried out in a dignified and respectful way.

The information that we looked at in the care plans in relation to people's preferences was detailed and contained lots of information about people's history which helped staff to know and understand the people that they were working with. Staff members were able to respect people's wishes regarding their chosen lifestyle. Staff were also able to identify when a family member had requested something be changed in relation to the care of their relative. However, we noted that there was no evidence in the files that people or their families had been involved in the formulation of the care plan as there were no signatures to confirm their involvement either when the person moved into the home or at any subsequent reviews of the care plan. The staff knowledge was not reflected in the paperwork.

We recommend that the service incorporates people's signatures into the care plans to document that they and their relatives had been involved in the formulation and ongoing review of the care plans.

Staff members were kept up to date with any changes during handovers that took place during every staff change. This helped to ensure that they were made aware of any issues and could provide safe care. The manager informed us that they did not use agency staff as they want the people living in the home to know all the people providing their care. Staff members also told us that they record any issues or daily appointments in the 'liaison book' and we were able to view this and could see that information was recorded about visits to the home and appointments.

Visits from other health care professionals such as GPs, District Nurses and opticians were recorded so staff members would know when these visits had taken place and why. These were kept in a separate book in the office and not with the care plans. We spoke to a District Nurse on the day of the inspection. They told us that they had no concerns regarding the care of the people living there. The district nurse confirmed that staff followed any instructions given and called them if they were unsure. Staff ensured that people were always treated in private.

The provider prepared their own food and had two cooks that were employed by the service. On the day of our inspection, both cooks were unable to be at work and the assistant manager and kitchen manager who had experience in this area were operating the kitchen. The provider offered one choice of food at lunch time which was a cooked meal and then tea was sandwiches, soup and usually some other light snack. We saw that the option was displayed both in the reception area and on a small menu boards on the table in the dining area. Staff members we spoke to said that people could request an alternative option such as an omelette if they did not like the meal of the day. The people using the service were not always clear if they could have a different meal, comments included, "I'm not sure if I can ask for a different meal, but I can have a different dessert", "I usually accept what is on the menu, but I think I can ask for something else. I get plenty of food and I can ask for more, it's nice".

We observed lunchtime in the home and saw that the food looked tasty and appetising and was well

prepared. We observed that someone had requested an alternative and this was provided and the staff were aware of how this person liked this dish and what they may like to accompany it. A person who required a soft diet was provided with a meal where the different components of the meal were kept separately in order to retain the individual flavours. The tables were set with paper napkins and cutlery so the meal times were distinguished from other times of the day when the room was used for different activities. Staff were wearing gloves and aprons when handling and serving the food. We saw staff offer people drinks and they knew people's preferences and choices. Comments included, "I always have a cup of tea in bed before I get up", "I like my coffee milky and they always give me milky coffee".

A tour of the premises was undertaken, this included all communal areas including the lounges and dining room and with people's consent a number of bedrooms as well. The home was clean and well maintained and provided an environment that met the current needs of the people living there. We noted that the majority of the bedrooms had en-suite toilets and sinks and there were two bathrooms as well as two rooms with full en-suite facilities. There was one bathroom on the lower ground floor that is currently being used as a storage area. Whilst the current situation met the needs of the people living in the home, the provider may wish to keep this under review to ensure that it continues to meet the needs of people coming to live at the home and considers reinstating the lower ground floor bathroom.

The provider provided adaptations for use by people who needed additional assistance. This included bath and toilet aids, grab rails and walking frames and sticks to help maintain independence.

The laundry within the service was well equipped and it was neat, tidy and well organised.

Is the service caring?

Our findings

We asked people living in Inglewood about the home and the staff who worked there. One person commented that, "Certain carers are very good and some are kind and respectful, but others say that they are very busy and that is not kind". We asked this person if they had raised this with the manager and they confirmed that they had not, but that they would be comfortable doing this, therefore we advised this course of action. All other comments from people were of how kind and caring the staff were. Comments included, "they are very kind and understanding and respectful, the night staff are very good", "they are very kind [staff]", "the carers are very good".

It was evident that family members were encouraged to visit the home when they wished. During our inspection, some family members had travelled to visit their relative. The service had set aside one of the rooms and laid the table for the person and their relatives to have a meal together. As there were a number of smaller seating areas within the home, staff confirmed that there was always enough food to ensure that if a relative wanted to stay and eat, they could accommodate this and did so regularly. We spoke to the family member and they said, "This is an arrangement we all enjoy and it gives us chance to spend quality time with mum".

We viewed cards that had been sent into the service. One of the comments was, "A big thank you to all that took such great care of her".

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Inglewood and had very positive relationships with the people living there. One staff member said, "since starting here, I've never looked back. I find it really rewarding", "I love working here", "I'm well supported and helped to achieve training", "I've been well supported and helped with my personal development and I like working here".

We saw that the relationships between the people living in the home and the staff supporting them were respectful, warm, dignified and where appropriate had physical contact such as hugs or holding hands. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection, we observed a member of staff break off from the job they were doing as they noticed someone had fallen asleep in a dining chair. They gently checked with the person if they would not be more comfortable in an easy chair and then assisted them to move. We saw that there was good communication and understanding between the members of staff and the people who were receiving care and support from them. Staff took their time with people and ensured that they understood what the person needed or wanted without rushing them and always seeking their permission before undertaking a task. We saw members of staff chatting with people about their day and taking the time whilst doing their job to ensure that they were interacting with them at all times. The atmosphere was relaxed and homely with staff that knew the people that they were caring for very well. Staff respected people's privacy, one person told us, "they always respect privacy and knock before they come in, I'd soon tell them if they didn't".

On the day of our inspection, one of the people living in the home had recently passed away. We observed staff talking with compassion about this person and a number of the staff attended the funeral.

We undertook a SOFI in the dining room over lunch and we saw that people were being supported appropriately. Staff members were moving around the dining room attending to people's needs and speaking to people with respect and encouraging people to eat their lunch and seeking out whether they needed support.

We observed that the people living in the home looked clean and well cared for. For example, the female residents all looked as if they had had their hair washed. Those people being supported in bed also looked clean and well cared for.

The quality of décor, furnishing and fittings provided people with a comfortable, homely environment in which to live. The bedrooms we saw during the inspection were all personalised and well-furnished. There was one lounge with a TV and then three other seating areas: one lounge attached to the dining room where a radio was playing; one lounge containing games, a screen for showing films, books and jigsaws and another seating area which was like a conservatory that linked the two parts of the home. People had the choice of where they wanted to sit and spend their time.

The provider had a brochure and a vision statement that were displayed in the reception area of the home. There was also a clear display of all the people working in the service and what to do in the event of a fire. There was a display of comments from residents and relatives that had been gathered during their ongoing feedback and what the provider had done about each of the areas raised. This had been moved at the time of our visit to accommodate Christmas decorations. The reception area also contained leaflets on dementia, service user and advocate survey forms and a complaints policy, however we noted that the incorrect regulatory body and contact details were displayed.

We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) records were in place on the three care files we reviewed. We saw that either, the person, their relative or health professional had been involved in the decision making. We found that the records were dated and had been reviewed and were signed by a General Practitioner.

A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person dies in a dignified and peaceful manner.

We saw that personal information in terms of care records were stored securely in an office which was occupied or locked. However as noted previously, the MARS records were left unattended on the medicine trolley whilst the member of staff was delivering medicines.

Is the service responsive?

Our findings

We spoke to people living in the service about whether they have access to health services. They told us, "they get the doctor in quickly if I need to see them", "if I need to see the nurse of the GP, they sort this out quickly".

The people who commented confirmed that they had choices in terms of daily living activities and that they could choose what to do and where to spend their time. One person said, "the staff know me well and I can air my thoughts. I'm not feeling very confident at present, but I know that staff would take me out [to the village] if I wanted to".

We looked at the care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and captured some of the needs of the individual, but we saw that the plans were not written in a style that would enable any member of staff reading it to have a good idea of what assistance someone needed at a particular time. For instance, in one care file, it stated that the person was at high risk of pressure ulcers and needed to be turned regularly and needed a pressure mattress. It was not clear in the care file, how often the person needed to be turned in order to maintain skin integrity. All the care plans that we looked at had information in different places, some information was kept in the care file, other pieces of information on the monitoring sheets kept in people's rooms and other information was kept in a separate file in the office, for instance other visiting health professionals. We also noted that the daily records that were kept within the care plan on the three care files that we looked at mainly recorded 'care as plan' which did not provide any amount of detail to anyone reading the file as to what kind of day that person had had and again did not capture any changes or amendments that may be needed to the person's care.

This is a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

The three care files that we looked at contained relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example the files contained detailed information about important dates, which people were important to them, the food they liked and preferred social activities. We spoke with staff about people's individual likes and dislikes and the staff we spoke with were very knowledgeable about the people they were caring for.

We spoke with the assistant manager about pre-admission assessments as there were none present on the care files. They confirmed that they did carry these out to ascertain whether their needs could be met and every resident had one of these, however due to office space these were archived every six months and not kept on the care file. We were able to look at one recent pre-admission assessment that had been completed for someone living in the home. The assessment did identify their needs, their family's details and their current medical needs as well as their medical history.

One of the assistant managers co-ordinated the activities and then the staff on duty that day would co-ordinate the activities for the day. The whole staff team were involved in planning and organising social and other events for people. The people using the service were asked what kinds of thing they liked to do during the assessment and care planning processes. There was an activities board in the corridor from the kitchen to the main part of the building. Activities ranged from movement sessions, film evenings, games and craft activities. One person we spoke to said, "they do talk to us about what we want to do". We observed six people taking part in a craft activity on the day of our visit. It was clear from the laughter and chatter that both the staff and the people living in the home were enjoying themselves and relaxed.

The provider had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. The provider had received two complaints in 2015 and these had been investigated properly and within the timescales set out. People were made aware of the complaints process as this was displayed in the reception area. Whilst the complaints policy in the office reflected the correct regulator, the one displayed in reception was incorrect. We asked a number of people whether or not they had ever made a complaint and if so how this was acted upon. No-one we spoke to had ever made a complaint. When asked if they felt that they needed to make a complaint who they would speak to, one person said, "I would feel happy speaking to the manager, but I haven't had cause to". This answer was repeated by everyone asked the question. They were all clear that they could speak to the manager if they had any complaints or issues.

Is the service well-led?

Our findings

The registered manager told us that information about the safety and the quality of the service provided was gathered on a continuous and ongoing basis from the people who used the service.

We spoke to people living in the home about the registered manager. Comments included, "Everything is addressed that is raised. They do everything in their power to make it homely friendly and caring. They are very good". "I can speak to X".

Inglewood did not have a comprehensive quality assurance system in place. Whilst controlled medication was audited each week, there was no auditing process in place for checking the MARS sheets and general medication on a continuous basis. There was no system in place for auditing accidents, incidents, complaints or care plans. The monitoring sheets kept in people rooms were not regularly audited to establish whether people were receiving the required care.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have systems and processes in place such as regular audits to assess, monitor and improve the quality and safety of the service.

Providers are required to notify CQC of events or changes that affect a service or the people using it, for instance serious injuries or where the provider has made an application to deprive someone of their liberty. We found instances where two applications had been made and granted to deprive some of their liberty and in both instances, the provider had not notified CQC. We have written to the provider separately about this matter.

During our inspection, we repeatedly asked for folders and documentation for examination. At times, it took the staff or manager some time to locate the correct documentation. At times, the documentation did not contain the information that we expected. Staff were often able to verbally tell us the information that we wanted to know, but could not find the documentation to confirm this. This meant that the provider was not always keeping and storing records effectively.

This was a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective systems in place to maintain securely such records that are required for the carrying on of the regulated activity.

The provider did not hold residents' or relatives' meetings. They sought the feedback from residents through an ongoing survey and comments sheets which were available in the reception area. We were able to view the survey and comments sheet where people were asked about respecting choice, their health needs, whether they enjoyed the food and drink, what help they wanted to achieve things, were they treated as an equal and were their decisions respected. The comments on the sheets that we viewed included, "I can always ask if I want a drink", "I enjoy the daily papers which are nearly always available", "The home is very helpful in every way needed and so is the staff there is nothing to dislike about the home".

We saw on the information board that resident and family survey information had been collated and the findings were displayed clearly under the headings "You said...We did". Families said that they wanted to be more involved and the provider had suggested ways this could be improved. People had asked for more activities and suggestions for activities had been collated.

The assistant manager and maintenance person completed a weekly check on health and safety and then identified any issues that needed addressing in the home. This then helped to set out a maintenance schedule to be completed. The provider also completed weekly fire alarm tests and monthly emergency lighting testing. All the relevant safety checks and tests such as electrical, water, gas, portable appliance testing were up to date.

Staff members we spoke to were positive about how the home was managed and the quality of care that was being provided and throughout the inspection we observed them interacting with one another in a professional manner. We asked staff members how they would report any issues that they were concerned about and they stated that they would have no hesitation in reporting anything concerning. Comments from staff members that we spoke with included, "I would be happy to approach the manager, they are very open."

The assistant manager told us that they had staff meetings twice a year. We were able to view the minutes of the last meeting that was held on 20 May 2015 and could see that a variety of topics were discussed including appropriately supporting people to eat and quality of pureed food.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not acting within the principles of the Mental Capacity Act 2005 and staff were not following the correct processes to ensure compliance with this Act.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not have effective systems and processes in place to prevent the abuse of service users.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The staff did not have the required training as required by the provider's training matrix and appropriate corrective action had not been taken.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place such as regular audits to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

The enforcement action we took:

We served the provider with a Warning Notice