

Inglewood Residential Rest Home Limited

Inglewood Residential Rest Home

Inspection report

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Date of inspection visit:
15 February 2017

Date of publication:
18 April 2017

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 15 and 17 February and was unannounced. Inglewood residential rest home is registered to provide accommodation for people who require nursing or personal care. At the time of our inspection there were 29 people living at the service.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were safeguarded from abuse by staff who understood the procedures to keep people safe. People received support from sufficient staff that had been safely recruited. People had support to manage risks and staff ensured they followed the required actions to minimise risks. People's medicines were administered as prescribed.

People received support from staff that had the required skills and knowledge to support them effectively and safely. People had a choice of meals and staff understood how to manage nutritional and hydration risks. People had their rights protected by staff that understood and applied the principles of the mental capacity act. People were supported to access health professionals as required to maintain their health and wellbeing.

People had good relationships with staff and the registered manager. People could make decisions and choices about their care and support and were supported by staff where appropriate. People's privacy and dignity was protected by staff and they were encouraged to maintain their independence.

People received support from staff that understood their needs and preferences and they were involved in planning their care and support. People told us they found ways to occupy their time, but there were minimum planned activities supported by staff. People understood how to make a complaint and there was a system in place to investigate and learn from complaints received.

The registered manager had not ensured all policies and procedures were followed. For example with recruitment and selection, this was an area which required improvement. People told us they had good relationships with the management team. Staff told us they were involved in developing the service and felt supported by the registered manager. The registered manager had systems in place to monitor the quality of service people received. The systems were used to drive improvements.

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.

People told us they felt safe and staff could describe how to keep people safe.

People were supported to manage risks.

People received support from sufficient numbers of staff.

People received their prescribed medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the skills and knowledge to support them effectively.

People's rights were protected by staff that understood how to apply the principles of the mental capacity act 2005.

Peoples nutritional and hydration needs and preferences were met.

People received support to access health professionals and maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People were supported to make decisions and choices about their care and support.

People were treated with dignity and respect and their privacy was maintained.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff that understood their needs and preferences.

People were involved in the assessment and reviews of their care.

People were occupied in meaningful activity.

People knew how to make a complaint and there was a system in place to respond to complaints and use them to improve services.

Is the service well-led?

The service was not always well led.

The registered manager did not use peoples feedback to drive improvements.

The registered manager did not always ensure polices were followed.

People told us the registered manager was approachable and they had good relationships with them.

Requires Improvement ●

Inglewood Residential Rest 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 15 and 17 February and was unannounced. The inspection team consisted of two inspectors.

We reviewed the information we held about the service. This included statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. We also contacted the local authority and commissioners for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with 13 people who used the service and three relatives. We spoke with the registered manager, the deputy manager, three staff and the cook.

We reviewed a range of records about how people received their care and how the service was managed. These included five care records of people who used the service, four medicine administration charts, nine staff records and records relating to the management of the service such as staff rotas, complaints, safeguarding and accident records.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I feel safe here, it is nice and everyone is friendly, it makes you feel safe". A visitor told us, "[My relative] is safe, I can sleep at night". People were supported by staff that knew how to recognise when people were at risk of harm and what action to take to keep people safe. Staff could describe how to recognise abuse. They told us how this would be reported and what action they would take if their concerns were not responded to. One staff member said, "I am confident the registered manager would act on any concerns raised". The staff member added they knew how to raise concerns with other organisations if this wasn't the case. We saw that appropriate safeguarding referrals had been made to the local safeguarding authorities and investigations had been completed when concerns were identified. The registered manager had a policy in place for safeguarding, which staff understood and followed. This showed people were safeguarded from the risk of abuse.

People were supported to manage risks to their safety. One person said, "I was at risk of falls when I came here, it is much safer here and there is less risk of falling". Staff understood people's risks and could describe for us the action they took to keep people safe. For example, they told us about one person that was at risk due to their diabetes, they could describe the signs to look for and what action was required if they presented with signs their blood sugar was low or high. We saw staff were monitoring people when they walked around the home, staff made sure people had the right support and equipment to move safely. We found there were risk assessments and management plans in place which reflected what we were told and we saw these were followed by staff. This showed staff understood people's risks and took action to keep people safe.

People were supported to reduce the risk of accidents. People told us there had been occasions where they had accidents such as falls. They told us staff had assisted them and sought medical advice where required. We saw accidents and incidents were monitored and prevented wherever possible. Incidents and accidents were recorded and these were analysed to identify if there were any triggers, trends or patterns of incidents. For example one person had experienced three falls and the registered manager had made a referral to the falls service for further advice and support to reduce the likelihood of this reoccurring. We could see advice from other healthcare professionals was followed by staff in order to reduce risks. This meant people were supported to reduce the risk of accidents.

People were supported by sufficient staff. People told us they never had to wait for care and support. One person said, "Staff are always around if I need them". Another person said, "If you press a buzzer, staff always come quickly". Staff told us there were sufficient staff to meet people's needs. We saw there were sufficient staff to meet people's needs throughout our inspection. For example, there were sufficient staff to support people with their personal care and at meal times. We saw people did not have to wait to have their care and support. The registered manager told us they reviewed staffing levels based on the needs of the people living at the service. They told us if people's needs changed and their dependency levels increased more staff would be sought. This showed us there were sufficient staff for people to access support when they needed it.

The registered manager told us employment checks were carried out for new staff that included criminal checks through the Disclosure and Barring Service (DBS). The DBS check helps employers to make safer decisions when recruiting staff and reduces the risk of employing unsuitable people. They told us they requested two references and a work history as part of their recruitment process, the recruitment policy confirmed what we were told. Staff we spoke with confirmed the provider had completed employment checks prior to them starting work. This meant staff were recruited safely.

People received their medicines safely and as prescribed by staff who were trained. People told us they were happy with how their medicines were administered. One person said, "The staff are always on time with the medicines". Another person said, "Staff always ask me where I want to take my medicine". Another person said, "Staff make sure I have the right medicines, they bring them to me in a pot and make sure I take them". Staff told us body maps were in use where people needed medicines applied in a particular area. They told us there were protocols in place which described when people needed as required medicines. Staff could describe the action they would take if a medicine error was noted. Our observations and the records we saw supported what staff told us. We saw medicines were stored safely; medicines were stored at the correct temperature to maintain effectiveness. We saw staff administering medicines; they asked people if they were ready to take their medicine and where they would prefer to take it. They waited to ensure the medicine was taken and recorded this on the medicine administration records (MAR) charts. We saw records which detailed where people had received their medicines had been completed accurately. We saw changes were recorded on the MAR charts when a doctor had changed a prescribed medicine and this was reported to other staff during handover meetings. This meant people were receiving medicines as prescribed.

Is the service effective?

Our findings

People received support from trained staff that had the skills required to provide care and support. People told us staff were knowledgeable about how to provide support. They said staff always knew how to provide different aspects of their care. One person said, "I am not sure what training they have, but they know what they are doing". Staff told us the training was good and prepared them for their role. One staff member said, "The training is really good here". Staff said they received training in areas such as dementia, moving and handling and safeguarding. We could see staff using the skills they had received in the mental capacity act and how they applied this to working with people. The registered manager told us staff had an induction which covered all aspects of their role. We saw records of the induction staff received and staff confirmed this enabled them to have confidence when they began their role. This showed staff were supported to maintain the skills required to support people.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

People told us staff asked for their consent before giving care and support. One person said, "Staff always ask for consent before doing things". We saw people were asked for consent by staff before they offered care and support. For example we saw staff asking for consent before giving people their medicines and before assisting people with their mobility. Staff understood the principles of the MCA and how to apply them. For example they could describe for us how they sought consent, and told us they would always walk away if a person declined. They could give examples of where people had been assessed as lacking capacity to make decisions and how these were made in peoples best interests. For example, one person had a best interest meeting which included the doctor and a dietician so that a decision could be reached about how to meet their nutritional requirements. We saw where people were suspected of lacking capacity to make a decision a mental capacity assessment had been carried out. Where it was determined a person lacked capacity there was a best interest discussion recorded in the person's care record and relevant others were involved in the decision making. This meant people were supported by staff who understood the principles of the MCA and their rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had not had to make any applications for a DoLS for anyone living at the service but they were able to describe the circumstances in which this may be required and how they would make the application. Our observations confirmed there was nobody having their liberty restricted at the time of the inspection. This meant the registered manager understood how to apply the principles of the mental capacity act when people were deprived of their liberty.

People's nutritional needs were met and they received the support they required from staff. People told us the food was good quality and they were supported to manage their diets. One person said, "I don't like big meals, so staff make sure I have small portions". Staff could describe people's needs and preferences around food and drinks. For example, one staff member told us about one person that needed to have fortified food provided following advice from a health professional. We saw people were relaxed and chatting happily during mealtimes. One person asked for a sherry before lunch and this was provided by staff. We saw people were able to access additional portions and were encouraged to eat their meal. We saw staff providing the right support for people, for example one person was supported to eat their meal independently by exchanging their plate for a dish. Another person was supported to cut up their food. We found the cook was aware of people's needs and preferences and provided meals to suit them. For example, the cook could describe where one person's medicines interacted with a certain food type. They could also describe where people required an alternative to the food choice for dietary or safety reasons. This showed us people had support to eat a balanced diet in line with their individual needs and preferences.

People were supported to maintain their health and wellbeing. People told us they had support from staff to access a range of health professionals when they needed it. One person told us, "They call the Doctor whenever I need to see them". Another person told us, "The district nurse visits to keep a check on my feet". The staff understood people's health needs and could describe what action they took to monitor people's health and seek support if they were concerned. One staff member said, "We always call in an expert if someone has a decline in their health or wellbeing". We saw staff were monitoring and reporting any concerns about people's health. We could see where needed health professionals had been requested to visit people. For example, we saw one person had shown signs of being unwell, staff sought medical advice promptly and the person received medicine from their doctor to help them recover. This showed staff were knowledgeable about people's health and wellbeing and sought advice when it was needed.

Is the service caring?

Our findings

People appeared relaxed and comfortable in the company of staff and people told us that the staff treated them well. People told us staff knew them very well and were caring in their approach. One person said, "This is a hard job, but the staff are always caring". A relative told us, "The carers here always have a smile on their face". Staff told us they felt they had a relationship with people and treated them like an 'extended family'. We saw staff were smiling and chatting to people throughout the inspection. People could address staff by their names and appeared comfortable speaking to staff. We observed some positive interactions with people. For example, we saw one staff member supporting someone to walk, and they were singing a song and laughing as they walked down the corridor. This showed people had positive relationships with staff and that staff provided care and support in a caring and respectful way.

People were encouraged to express their views and to make their own choices and maintain their independence. People told us staff encouraged them to stay mobile and do things for themselves but with support when required. One person said, "Staff always encourage me not to give in and use the wheelchair, this keeps me mobile". Staff told us people were encouraged to maintain their independence for example with personal care or keeping their bedroom clean. We saw people were encouraged to maintain their independence for example when eating their meals. People told us they could choose where to spend their time and what time they got up and had their breakfast for example. We saw people could choose what time to get up, where to spend their day and where to sit for example. However, people told us they were not presented with options for meals at lunchtime. They told us they could however request an alternative and this would be provided. We spoke to the registered manager about this on the first day of our inspection and they said they would look to provide a second meal choice for people. On day two of the inspection we found this had already commenced. This showed people were able to make choices about their care and maintain their independence.

People's privacy and dignity was well respected and staff were thoughtful to people's needs. People told us the staff maintained their privacy and dignity. One person told us, "The staff are very respectful, they approach you discreetly to speak with you about things". Another person said, "The staff always knock my door and wait to be told to come in". Staff told us they protected people's dignity when providing care and support. We saw staff were respectful in how they addressed people. We saw staff made sure they spoke to people about their care and support in a discreet manner. Staff were observed knocking doors and waiting to be asked to come in. This showed staff promoted people's privacy and dignity, and were respectful in their interactions.

Is the service responsive?

Our findings

People's needs were understood by staff and people were involved in decisions about their care. People told us they had an assessment of their needs and were involved in developing their care plans. They told us staff understood their needs and preferences and knew how to support them. One person said, "I had an assessment before coming here to see what support I needed, they spoke to my relatives as well". Another person told us, "Staff know what I like and how to support me". A relative told us, "I sat down with [my relative] and staff to discuss the care plan and was able to input into the review". Staff told us they involved people and, where appropriate, relatives in how care and support should be delivered. Staff could describe people's individual needs and preferences to us and tell us about how their needs were met. For example they could tell us, details about people, such as who did not like to have gravy on their meal, who had diabetes and how to monitor this. We saw people's needs were assessed and a care plan was in place. Detailing how to meet those needs. We saw people's needs were monitored and reviewed on a regular basis. Peoples care plans were personalised and had details about their past history where people had been happy to share this. For example, one care plan identified the person's religious needs and another care plan detailed significant events in a person's life which may cause them distress. We saw care plans held details about peoples preferred method for personal care and what people liked to do when they had visitors to the home. This showed that people's preferences were known by staff which enabled people to have their care delivered in a way that met their individual needs.

People told us they spent their time doing things which they were interested in and were able to occupy their time. However people said there was not much arranged by the service for them during the day. One person said, "I like to do the crossword and spend time reading". Another person said, "We do have bingo every few weeks". Another person told us, they used to enjoy playing board games, but they didn't get the chance anymore. They added, "I am never bored, I am always doing something such as cleaning, talking to my family on my mobile phone or writing letters". Another person told us, "I thought there would be much more organized for us during the day, but there isn't". We saw people were spending time chatting to one another, watching television and reading. We saw some people spent time in their bedroom and others in the communal lounge depending on their preferences. We found there was not much interaction with staff in the activities people were undertaking. We saw there were not much organised activities for people to participate in. Staff told us they had tried to offer group activities but people had not engaged. We spoke to the registered manager about this and they told us they had previously employed a staff member to look at activities; however this had not worked as people were not interested in the activities on offer. The registered manager told us they would meet with people individually to find out what type of things they would like to do and plan how to support them. This showed people were occupied in meaningful activities however opportunities to engage in group activities were limited.

People were able to make complaints and received a response. People told us they had very little to complain about as they were happy with the service they received. They told us they understood how to make a complaint and were confident complaints would be dealt with. One person told us, "I have made complaints in the past, these have always been addressed". Another person told us, "If I needed to complain I would speak to the registered manager and I know they would resolve it for me". The registered manager

had not received any complaints since the last inspection. They told us how complaints would be managed and we saw the complaints policy which was available for people. This showed people understood how to make a complaint and felt their complaints would be addressed through the complaints policy which was in place.

Is the service well-led?

Our findings

People's feedback was sought but this was not always used to drive improvement. People and their relatives told us they had opportunities to share their feedback on the service they received. The registered manager told us they completed an annual survey which was analysed. We saw the records of the last annual survey conducted in February 2016. People commented on this survey that social activities could be improved. We saw the registered manager had recorded on the findings that they did not agree with the feedback, as activities were available and people did not join in. However during the inspection we found people were still expressing they would like more opportunities to engage in activities, and staff supported this view as an area which required improvement. This meant although feedback had been sought and given about the activities available in the service the registered manager had not taken action to address the concerns raised.

Policies and procedures were not always followed. For example, the recruitment policy said two references would be sought for staff recruited. We looked at three staff files and found there was only one reference available. The registered manager said they had taken the decision to employ the staff on one reference however there was no record of this decision on the staff files. We found in four files where the date the DBS was received by the home and whether this meant the staff member was suitable for employment was not recorded. The registered manager said the DBS were in place ahead of the start date and consideration had been given to the content. The registered manager said they would update the recording system following the inspection. This meant staff were recruited safely, however the records were not always accurate. In another example there was a policy in place which supported how staff would follow the principles of the mental capacity act and how to record the decisions. We found whilst the policy had been followed, the record keeping had not been completed in line with the policy.

Medicine administration was checked by the pharmacy that supplied medicines for people in the home and by the local Clinical Commissioning Group. We could see action was taken to address any areas of concern. The registered manager told us there were daily checks in place to ensure people received their medicines as prescribed and any incidents were reported and action taken. However, when medicines were prescribed without a monitored dosage system a balance was not recorded on the MAR chart at the start of the cycle. This meant there was no way of checking whether the correct amount of medicine had been administered. The amount of medicine people had left was checked halfway through the month so that prescriptions could be ordered when stocks were low. We confirmed people affected by this were able to say if they had not had their prescribed medicine, so could be assured this was a recording issue. We spoke to the registered manager about this and they took action immediately to complete a stock check and told us they would ensure this was monitored in future throughout the medicine cycle.

Audits were carried out to check on the quality of the care people received. We found there were audits in place to check care had been delivered as directed in the care plan. We could see how the registered manager used these to be assured people had received the appropriate care and support. For example, they identified whether people had gone to bed at the times they preferred and whether they had received personal care in line with their preferences. Incidents and accidents were also analysed by the registered manager. We could see how this analysis lead to changes in peoples risk assessments and how other health

professionals had been involved to reduce the risk of reoccurring falls. This showed the registered manager had systems in place to ensure people were receiving care and support which kept them safe.

People, relatives and staff spoke highly of the registered manager and felt they could approach them. One person told us, "As soon as I walked in here and met the registered manager I knew it was the right place for me. They always listen and help you with things". A relative told us, "There is good communication between the registered manager, staff and families". Staff told us the registered manager was approachable. They told us they were always there to help and give advice. One staff member said, "The registered manager is very approachable, you can speak to them about anything, they are very fair, always visible and have a hand on approach". We saw the registered manager was visible throughout the inspection. We observed people, relatives and staff approach the registered manager and seek advice. We found the registered manager knew people well and could talk about their care and support needs. This showed the registered manager was approachable and had positive relationships with people, relatives and staff.

People were supported by staff and managers who understood their roles and responsibilities. Staff told us they received regular support and supervision from the registered manager in their role. They told us they had meetings where they could discuss their role and make suggestions about how to improve aspects of the service. For example one staff member told us they had made a suggestion about how to solve an issue with the laundry, and we found this had been adopted. We saw there were records of staff meetings which had taken place. These meetings were used to raise any concerns but also to share compliments with staff. We saw staff had regular supervisions with the registered manager and the registered manager told us these were used to discuss any issues with staff performance and identify training needs. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. This showed people were supported by staff that understood their roles and responsibilities.