

Inglewood Nursing Homes Limited

# Inglewood Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

# Summary of findings

## Overall summary

Inglewood Nursing Home provides nursing and residential care for up to 60 people requiring respite and permanent care.

This unannounced focused inspection on the 21 March 2017 was to look specifically at the 'Responsive' question and we found that they had now met the breach of regulation previously found.

At the last inspection in August 2015 we found the 'responsive' question required improvement. This was because documentation was not always appropriately completed. There was minimal evidence in people's care plans of their views on how they would like to receive their care and support. Preferences and choices were not well recorded.

We received an action plan from the provider that told us how they were to meet the breach of regulation by November 2015.

At this inspection we found that improvements had been made to all areas of documentation to ensure they were person centred, accurate and up to date and the provider was now meeting the regulation. Care documentation was stored on a computerised system with summaries printed off and kept in care folders in people's rooms. Information was documented clearly with reference to people's preferences included throughout.

People had been involved in the assessment and review of their care. This had been done in conjunction with families or Next of Kin if appropriate. Changes to care documentation were printed off and people were given the opportunity to read and sign changes if they chose.

Inglewood had designated activity coordinators. People had access to regular activities provided in house or by visiting entertainers. We received positive feedback regarding the activities. People told us they enjoyed attending and also liked the interaction with other people.

People were given a copy of the complaints procedure and this was also displayed around the home. The registered manager had a robust system in place to demonstrate that any issues including minor concerns had been documented and addressed in a timely manner. Records were kept of email and letters sent and information recorded to show how a complaint had been resolved.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service responsive?

Good ●

Inglewood Nursing Home was responsive

People had been involved in the assessment and review of their care.

Care records were up to date, person centred and included the individuals preferences to ensure care was provided in a responsive way which met their needs.

Activities were provided in house and by visiting entertainers. These reflected people's interests and choices.

A complaints procedure was displayed. All issues including minor concerns were addressed and responded to in accordance with the organisations policy and procedure.

# Inglewood Nursing 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 which took place on 21 March 2017 and was unannounced. The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We looked at information and notifications which had been submitted by the home. A notification is information about important events which the provider is required by law to tell us about. We also reviewed any other information that had been shared with us by the local authority and quality monitoring team.

During the inspection, we spoke with people who lived at the home and staff including the registered manager and operations support from within the organisation. We met members of housekeeping, and meal provision services who were all part of the 'team' providing care and support for people living at Inglewood Nursing Home. And spoke with care staff, registered nurses, activities and quality and training co-ordinators.

We looked at care documentation and case tracked two people living at Inglewood Nursing Home. This is when we looked at their care documentation in depth to gain a picture of how their needs are assessed and reviewed. We also looked at a further two care plans to follow up on specific areas including health monitoring and how people's views and preferences were gained and documented. We also looked at daily charts and records, activity and medicine administration records (MAR).

At the time of the inspection there were 49 people living at Inglewood Nursing Home.

# Is the service responsive?

## Our findings

Staff knew people well and this was apparent in the conversations we observed and the day to day support and interaction provided by all staff.

At the last inspection in August 2015 we found the 'responsive' question required improvement. With a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because documentation was not always appropriately completed. There was minimal evidence in people's care plans of their views on how they would like to receive their care and support. Preferences and choices were not well recorded.

We received an action plan from the provider that told us how they were to meet the breach of regulation by November 2015. At this inspection we found that improvements had taken place and the provider was now meeting regulation.

The registered manager told us they had worked hard to improve documentation and people's involvement in the planning and assessment of their care needs. Before people moved to Inglewood an assessment took place to make sure they could provide the individual with the care and support they needed. Where people were less able to express themselves verbally their representatives for example Next of Kin (NoK) were involved in the assessment and review process. This meant people's views and choices were taken into account when care was planned. The assessment took account of people's beliefs and cultural choices this included wishes surrounding their death. Changes to care documentation were printed off and people were given the opportunity to read and sign changes if they chose. People felt involved in their care and able to share how they wished their care to be provided. This meant that people received person centred care based on their individual needs.

We saw in daily records that if people became unwell or accident or incidents occurred people's NoK were informed and relatives told us staff always contacted them if there had been any concerns or if their loved one was 'under the weather'.

Care records were stored on a computerised system accessed by a password. A summary of care needs was available in care folders in people's rooms. This included daily charts which were completed by care staff when personal care and support were provided. Care records contained relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs. Staff demonstrated a good understanding of people and clearly understood their care and support needs. People's needs were continually kept under review on a monthly basis or more frequently if needed. Relevant assessments were carried out to help support their care provision. Care planning and documentation included details about people and their individual preferences. For example one informed staff that the person liked a firm toothbrush and a specific brand of toothpaste and a shower every other day. Another that the person liked to sleep with a dim light on in the room. People's preferences with regards to whether they preferred male or female care staff to provide personal care had been recorded. This showed care was assessed and reviewed based on people's individual preferences. Records were kept

up to date and contained relevant information about people's care needs, mood, behaviours and health related care needs to support staff to provide appropriate care. This included MAR charts, medicine protocols and risk assessments.

We observed staff interact with people in a confident and carefully considered manner and they were responsive to individual needs. We saw examples of the caring and responsive actions of staff. This included one staff member who had visited on their day off to drop off some items for people that they had purchased for them. This included jars for the person's creams as they were not able to squeeze tubes. This was a thoughtful and demonstrated that staff thought about ways to improve people's day to day lives and help them to maintain independence.

People had access to a lively and varied activity schedule. This included visiting entertainers and organised activities within the home. These were facilitated by activity co-ordinators. People spoke positively about the activities which included films, crafts, reminiscence, baking, games and quizzes, as well as trips out, gardening activities and visiting entertainers. People's spiritual and cultural needs were supported. Bible study groups took place. People were able to receive holy communion and a church concert was scheduled. For people who were unable to attend group activities or chose to remain in their rooms staff encouraged them to participate if possible. Staff were seen to pop into rooms and use the opportunity during care provision to have a chat and check people had everything they needed. The activity co-ordinator confirmed they were looking at ways to provide more one to one support for people in their rooms to avoid the risk of social isolation. When animals were bought to the home including dogs, rabbits and on one occasion a small pony, these were taken around the building so that people in their rooms had an opportunity to be involved.

Staff took the time to chat to people in the lounge and communal areas. One staff member took the time to sit and chat with a person and their visitor whilst they looked at previous holiday photos. This was done in a supportive manner and they took the opportunity to involve the persons visitor and this led to a conversation about their past holidays and trips. These examples demonstrated staff were responsive and interaction was person centred.

A complaints policy and procedure was in place and displayed in the building. People told us that they would be happy to raise concerns and would speak to any of the staff or management if they needed to. We looked at complaints and saw that these had been responded to in accordance with the organisations policy. Records were kept of emails and letters sent and information recorded to show how a complaint had been resolved. The registered manager understood the importance of ensuring even informal concerns were documented to ensure all actions taken by the service were clear and robust.