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Ingleside Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 2 and 4 February 2016.

Ingleside Residential Care Home is registered to provide accommodation and personal care for up to 17 people in a residential area of Weymouth. At the time of our inspection there were 13 older people living in the home.

There was a registered manager in post who had led the home for eight years. 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.

People were protected from harm because staff understood the risks they faced and how to reduce these risks. They also knew how to identify and respond to abuse. They knew which agencies they should report concerns about people's care. Care and treatment was delivered in a way that met people's individual needs and staff kept records about the care they provided. Staff were not all able to describe all the methods of evacuation available to them and this was not recorded in the fire procedure which focussed on a full evacuation.

Staff were consistent in their knowledge of people's care needs and spoke with confidence about the care they provided to meet these needs. They told us they felt supported in their roles and had taken training that provided them with the necessary knowledge and skills. They understood how the Mental Capacity Act 2005 provided a framework for the care they provided and encouraged people to make decisions about their care.

People had access to health care professionals and were supported to maintain their health by staff. People received their medicines as they were prescribed.

Deprivation of Liberty Safeguards had been applied for, when people who needed to live in the home to be cared for safely did not have the mental capacity to consent to this. Staff understood these Safeguards.

Some people were engaged with their own activities that reflected their preferences. Individual and group activities were also provided by a self-employed activities coordinator who liaised with care staff about people's needs.

People described the food as good and there were systems in place to ensure people had enough food and drink.

People and their relatives were positive about the care they received from the home and told us the staff

were kind. Staff treated people and visitors with respect and kindness.

The registered manager took responsibility for quality assurance in the home. Where improvements were identified as necessary following an audit or feedback from external agencies action was taken to ensure they happened.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was mostly safe but fire procedures required review because staff could not describe the correct procedures for evacuation.

There were enough staff to meet people's needs during our inspection and staff were involved in ensuring the right deployment. We highlighted the importance of reviewing staffing against people's dependency levels.

People felt safe and their relatives shared this feeling. People were supported by staff who understood their role in keeping them safe.

People were supported by staff who understood the risks they faced and followed care plans to reduce these risks.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Decisions about people's care were made within the framework of the Mental Capacity Act 2005 and staff understood how this legislation affected their work.

Deprivation of Liberty Safeguards (DoLS) had been applied for people who needed their liberty to be restricted for them to live safely in the home.

People were cared for by staff who understood the needs of people in the home and felt supported.

People told us the food was good and there were systems in place to ensure they got any support they needed to eat and drink safely.

Is the service caring?

Good

The service was caring. People received compassionate and kind care.

Staff communicated with people in a friendly and warm manner. People were treated with dignity and respect by all staff and their privacy was protected.

People were listened to and involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive. People received care that was responsive to their needs. Care plans were accurate and included detailed personalised information which staff understood and followed.

People were confident they were listened to and we saw that issues raised were addressed.

Is the service well-led?

Good

The service was well led. People, relatives and staff had confidence in the management team.

There were systems in place to monitor and improve quality these were effective in identifying where improvements were necessary.

Staff and visitors to the home were able to share their views and these were acted on when appropriate.

Ingleside 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 the 2 and 4 February 2016 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had not been asked to complete a Provider Information Record (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to gather the information contained in this form during our inspection.

During our inspection we observed care practices, spoke with nine people living in the home, four representatives, three members of staff, and the registered manager and provider. We also looked at four people's care records, and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits, training records and accident and incident forms.

We also spoke with a self-employed activities coordinator, a healthcare professional, and two social care professionals who had knowledge of the home or had visited people living at the home

Requires Improvement

Is the service safe?

Our findings

Emergency plans were in place; these included plans for situations that may require an evacuation such as a gas leak or fire and those that would impact on the running of the service such as extreme weather. Individual information and contact numbers were stored and updated to ensure that the impact on individuals was mitigated wherever possible. The fire evacuation procedure did not describe all the methods of evacuation available focussing entirely on full evacuation of the building. The registered manager told us that they did walk through evacuations but had not been able to meet the time requirements stipulated by the fire brigade. Staff did not all identify how they would evacuate to different areas of the building and this could have led to delay in making people safe. We spoke with the registered manager and Provider about this and told them we would contact the fire brigade to review this and offer specialist guidance.

There were enough staff to meet people's needs safely during our inspection. People did not wait to receive care and staff were able to spend some time with people as well as responding to people's support needs. The fire alarm went off due to a fault and people were attended to quickly and in line with the staff's good understanding of their needs. We did, however, highlight that people were left alone in the lounge at times during the afternoon on one day of our inspection. We discussed staffing levels with the manager and they described the measures they took to ensure they had enough staff and that staff deployment was effective. They told us this was an on- going process and told us that they had discussed our observation about staff availability in the afternoon with staff. This had resulted in a suggested deployment change which would provide additional support in the afternoons. They told us they planned to instigate this suggestion. We also discussed the relationship between staffing levels and emergency plans and highlighted that a review of staffing against people's dependency levels would be good practice.

People told us they felt safe. One person said: "I feel safe and well looked after." Another person told us: "I do feel safe… very much so." Some of the people living in the home were living with dementia and did not always use words to communicate effectively. They were relaxed with staff and confident in their interactions. Most representatives we spoke with were sure that their relative/friend was safe. One relative told us, "I'm sure (relative) is safe… I have peace of mind." Staff were confident they would be aware of indications of abuse and knew how to report any concerns they had. There had been concerns identified by the staff and these had been responded appropriately involving other agencies and keeping relatives and stakeholders informed.

Staff described confidently and consistently the measures they took to keep people safe. For example they described how they reduced risks relating to people's skin integrity and mobility. During the inspection we observed care being delivered in ways that were described in people's care plans to reduce risk. For example, people were encouraged to use their mobility aids in a respectful manner. Some of the people living in the home were independently mobile and at risk of falls. Staff maintained an awareness of these people to minimise risk whilst promoting their independence and dignity.

Accidents and incidents were reviewed and actions taken to enhance people's safety. For example we saw

that when people had fallen a range of actions had taken place including seeking input from health professionals and reviewing care plans. This meant that people were at a reduced risk of reoccurring accidents.

Staff were recruited in a way that protected people from the risks of being cared for by staff who are not suitable to work with vulnerable people. We reviewed staff recruitment documentation and saw that appropriate checks had been made on staff employed to work in the home.

People received their medicines when they needed them. Medicines were stored safely and we observed people receiving their medicines as prescribed. When people needed to take medicines only at certain times such as when they were in pain there was clear guidance for staff to follow. Information describing how creams and other topical medicines should be applied was also recorded clearly. One person took medicines that needed to be stored and administered with additional security because it was covered by the Misuse of Drugs Act 1971. The storage and records of these drugs were secure and accurate. The temperature in the room where the majority of medicines were stored infrequently went over 25 degrees which is the temperature that most medicines should be stored below. This had not been for sustained periods, and as a result medicines would not have been harmed. There had been a period of hot weather in July 2015 that had raised the temperature for five days. We asked the registered manager if they had a plan to address this should it reoccur. They told us that they had sought guidance from their pharmacy about this and would reduce the temperature with a fan if necessary. They had given consideration to the fact that this may require further risk assessment to be determined at the time.

Good

Is the service effective?

Our findings

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People received care that was designed to meet their needs and staff supported people's ability to make choices about their day to day care. Care plans provided information about people's ability to make decisions about their care and other people with a role in their decision making. Where relatives or friends had the legal status to make decisions on people's behalf this was clearly documented and evidenced. Where people could not make decisions about their care and welfare these were made within the principles of the Mental Capacity Act 2005 (MCA). Staff were confident talking about how this legislation framed their work and described how they had learned about the MCA through training. Staff encouraged people to make choices about what they wanted to do and what they wanted to eat and drink throughout our inspection.

The home had applied for Deprivation of Liberty Safeguards (DoLS) to be authorised appropriately. Deprivation of Liberty Safeguards. One person had a DoLS in place and the remainder were lodged with the mental capacity act team at the local authority but had not been assessed. The registered manager told us that if there was a change in the attitude towards leaving the home shown by anyone awaiting a DoLS review they would contact the mental capacity act team.

People told us that the staff were good at their jobs. One person said: "The (staff) are all great. They are very efficient." Another person told us: "I always get the help I need." Staff told us they were supported to do their jobs and were kept up to date with people's needs. They spoke competently about the care and treatment of people living in the home and told us that their training had all been refreshed recently and that it was useful and relevant to their work. The registered manager described how training was being developed to reflect national changes such as the introduction of the Care Certificate. The Care Certificate is a national qualification designed for staff who are new to care work. There were two staff about to begin this process although they had also undergone an in-house induction to ensure they knew how to support people living in the home safely. Staff received regular supervision and this covered their practice, training and development needs.

People, relatives and staff all told us that the food was good. One person told us that the: "food is really very good". Lunchtime was a calm and social event for those that wanted to eat together. Tables were set with cloths and condiments were available for those who wanted them. People chatted with each other and to staff. One person needed help to eat and they got this at the same time as everyone else was eating. The staff member who provided support was respectful and spoke with the person appropriately throughout their meal. People could also choose to eat in their rooms, they did not have to wait for food to be brought to them. In addition to meals people had snacks and drinks available in their rooms. These reflected personal tastes and were obviously enjoyed by people during our visit.

The registered provider cooked the meal at lunchtime. They knew about people's nutritional needs, likes and dislikes and checked with people that they were happy with the food. No one in the home required food or drink to be prepared in line with guidance from a Speech and Language Therapist. These needs were reviewed regularly alongside reviews of people's weight. This meant that if people needed further assessment or fortified diets this would be identified quickly.

People were supported to maintain their health. Care plans contained information about the support they needed to maintain their well-being. Routine health matters such as medicine reviews were managed safely and effectively and when people's health changed we saw that advice was sought appropriately. A health visitor who visited the service regularly told us that the home made them aware of any changes in people's health in a timely manner and followed guidance that was provided.

Good

Is the service caring?

Our findings

People and relatives described the staff as caring. One person told us: "They are jolly good; nothing is too much trouble." Another person referred to the staff as being: "all lovely." Staff took time to build relationships with people in an individual way. They were attentive to people and were both familiar and respectful in their conversations. For example we heard people and staff laughing together throughout our inspection, another person was unsettled by an alarm going off, staff knew that this would concern them and they made sure that they were offered reassurance immediately. One person was explaining how caring the staff were and they described catching sight of a member of staff's genuine distress when another person was not well. They told us that seeing this had reinforced to them how genuine the care was. A member of staff reflected this care when they told us what motivated them to do their job. They told us that seeing a smile on someone's face at the end of a shift and knowing they had helped put it there was their main motivation.

Information in people's care plans provided staff with guidance about how to communicate with people in order to establish relationships. One person's care plan referred to the importance of offering reassurance and that they enjoyed a "laugh and a joke". We saw this guidance being followed throughout our inspection.

People were supported to make choices throughout the day and care provided reflected this. People were encouraged to choose their food and drinks, what activities they joined and day to day decisions such as when they got up. Relatives told us they also largely felt listened to and felt involved in day to day life in the home. They were welcomed and visited at any time. One relative told us: "The staff always explain things." Another relative described how they had been invited to spend Christmas with their relative, who was unable to visit them for the first time.

Staff spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. All staff spoke respectfully to people living in the home, visiting relatives, and each other. This promoted a relaxed and friendly atmosphere which was maintained throughout our inspection and quickly reinstated after the brief interruption of the fire alarms.

Care was provided in a way that protected people's privacy. People's personal care was managed by staff discretely and staff did not talk about people's care needs in front of other people. This was maintained at times when people were in need of urgent attention with staff communicating about people's needs appropriately.

Good

Is the service responsive?

Our findings

People's care was delivered in a way that met their personal needs and preferences. People told us they felt well cared for and this was a view shared by relatives. One person told us: "I am well looked after." A relative told us "They (staff) have been good to (Relative)". Relatives all told us that their relative was well cared for.

People, and their relatives, were involved in developing the care and support provided at Ingleside Residential Care Home. People's care needs were assessed and these were recorded alongside detailed and personalised plans to meet these needs in their records. Records showed that people's needs were reviewed frequently if there were changes or if new information was gathered. For example one person's care plan had been reviewed to detail that they preferred to sleep with the radio on. Any assessed changes led to changes in their care plan. A person's ability to undertake their own personal care had deteriorated and their care plan had been altered to reflect the need for increased staff involvement.

Needs were assessed and care plans written to ensure that physical, emotional, communication and social needs were met. Personal preferences were recorded in detail such as how a person liked to be helped with their personal care or how to support them if they were distressed. This information enabled staff to provide personalised and responsive care. Relatives were kept informed and their knowledge about their relative was valued and sought out. Relatives described how decisions were explained to them another told us they were called if there were any changes.

The care staff kept records which included: the care people had received; what activities they were involved in; what they ate and drank; physical health indicators and how content they appeared. When people needed specific information recorded this was done whilst it was necessary only. This meant staff were not recording excessive or unnecessary information about people. These records, and people's care plans were written in respectful language which reflected the way people were spoken with by the staff.

Activities were planned for groups and individuals and delivered by a self-employed activities coordinator, entertainers and the care staff. During our inspection a reminiscence activity prompted a discussion that engaged a group of people and developed into a sing along. Entertainers provided the music for a sing along on the second day we visited. Staff told us that they usually had time to spend time chatting with people in the afternoons and evenings. On the second day of our inspection a staff member spent time dancing and laughing with a person who had needed reassurance. One relative commented that the lounge could be very quiet if there was no organised activity on and this reflected our findings on the first day of our inspection. People and staff told us that this was unusual.

There had not been any complaints received by the home since our last inspection. The policy was available and people and relatives told us they would be comfortable to talk to staff about any concerns they had. One relative explained they had confidence that the staff were all approachable. Informal concerns raised also led to changes being made or action taken. One relative had highlighted to the registered manager that they had not been made aware of something that they felt was important. We saw that there were notes to staff in prominent places designed to ensure this didn't happen again. Another relative had highlighted

concern about the blinds in the home as part of the home's quality assurance. This issue was being addressed by the registered manager who was trying to find solutions to the problem.

Good

Is the service well-led?

Our findings

Ingleside Residential Care Home was held in high esteem by people, relatives and staff. A person told us: "(The registered manager) is brilliant… (They) have their eye on it all." A relative told us that they had always found the home to be "very good, very caring". The registered manager had been in post for eight years and understood the challenges facing people and the staff. They were visible throughout our inspection and people, staff and visitors responded to them warmly. They told us that this presence and availability informed their oversight of the home and helped them work with staff to improve care provision. The registered manager and provider were available out of hours and present in the homes at weekends. Staff and visitors described them as approachable. Staff told us they were comfortable to discuss any ideas or concerns with the registered manager or the provider; describing them as "fair and supportive".

Staff had a shared understanding of the ethos of the home and understood their responsibilities. One member of staff told us: "We work here but it is their home. We want to go the extra mile." Supervision records reflected a staff team who sought to improve the experience of people living in the home through individual professional development and team work. A member of staff described how they were supported to achieve this explaining that they had needed additional support to complete some training and the Registered Manager had made time to support them with this.

There were systems in place to ensure that the quality of service people received was monitored and improved. This included audits and checks on practice, undertaken by the registered manager that were effective in ensuring change. We saw that spot checks, including night visits, were followed up by discussion in staff supervision to ensure learning. Disciplinary action had also been taken incorporating guidance from appropriate agencies including the local authority and the home's legal consultants. Audits were detailed and provided robust checks. For example the infection control audit included checks on the environment and staff practice. Incident and accident forms had been completed by staff and reviewed by the manager. Appropriate actions had been taken and recorded so that any developing trends could be analysed. This meant people received a service that was checked and where necessary action was taken to improve it.

The registered manager and provider were responsive to issues highlighted by other agencies, staff and visitors to the home. Areas for development identified by visiting professionals had been acted upon and there were plans in place to continue this work. Staff and other visitors had raised areas of concern through informal discussion and these were reflected in staff meeting minutes that detailed discussion and action taken. The registered manager and provider were also involved in wider networks with the aim of improving the quality of care within the home. This included provider forums, working towards a national framework promoting best practice for people receiving end of life care and a programme to promote dignity in care. This ensured that people received care that reflected good practice for older people living in residential care.

Records kept by staff were concise and covered all aspects of the support provided to people. This enabled the registered manager to review care effectively.