

Little Ingestre Care Limited

Little Ingestre House

Inspection report

Ingestre Park
Nr Great Haywood
Stafford
Staffordshire
ST18 0RE

Date of inspection visit:
27 September 2019

Date of publication:
23 October 2019

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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?	Good ●

Summary of findings

Overall summary

About the service

Little Ingestre House is a residential care home providing accommodation and personal care for up to 15 people, over two floors. At the time of our inspection 12 people with a physical or learning disability were living at the home.

The service has not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 15 people; this is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. For example, there were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. The home was spacious and had multiple communal areas.

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

During the inspection we observed warm and comfortable relationships between staff and people living in the home. Feedback from people and the relative we spoke with was all positive. People were encouraged and supported to maintain and improve their independence.

Medications were not always safely managed however this was immediately acted on by the registered manager and evidence of actions taken was made available following the inspection.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Incident and accidents were analysed for patterns and trends. Risks to people were assessed safely, care plans were person centred and regularly updated. Care records contained important information regarding people's histories, families, likes and dislikes. This information was used to personalise support to meet each person's needs. People were supported by compassionate staff who respected their privacy and

dignity. People were involved in regular reviews of their care and encouraged to give feedback.

The registered manager and provider made effective use of audits and other sources of information to review and improve practice. People were able to give their opinions on the care they received and a range of communication methods were in place to ensure people continued to have this opportunity.

People were supported to maintain a healthy diet and had access to healthcare professionals should they need them.

Staff were recruited following safe processes and received appropriate inductions into the service. Staff also received supervisions and attended regular meetings. Feedback from staff we spoke with was all positive and people told us how supportive the register manager was.

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

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

Rating at last inspection: The last rating for this service was Good (published 11 March 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Little Ingestre House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Little Ingestre House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff and the registered manager. 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 with us.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, medication records and policies.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- There were procedures in place to support the safe administration of medicines. There was a medication policy which covered the process staff needed to follow. However, we identified that non-blister packed medication had not been logged correctly and so stocks of three medications were not correct. This was brought to the registered managers attention who immediately actioned this. Additional checks were carried out, staff training was booked to be repeated and a full investigation was held. The registered manager informed us during the inspection that they would fully review the processes. This evidence was provided immediately following the inspection. People we spoke with had no concerns regarding their medications.
- Where people had "as required" medicines prescribed; protocols were in place and staff were knowledgeable about when people may need these.
- Medications were stored safely.

Systems and processes to safeguard people from the risk of abuse

- We saw that safeguarding referrals had been appropriately made by the registered manager and the provider had safeguarding policies in place for staff guidance.
- Staff had received safeguarding training that was regularly updated. Assessing risk, safety monitoring and management.
- A relative we spoke with told us that they felt their loved one was safe. The people we spoke with told us they felt safe, comments included; "I'm definitely safe" and "I've got no problems."

Assessing risk, safety monitoring and management

- There was appropriate risk assessments in place for risks that may arise whilst supporting a person. These assessments were detailed and offered guidance for staff on how to keep people as safe as possible while protecting their freedom. Risks to people were managed in a way that respected individual diverse needs. Measures had been taken to reduce identified risks to people.
- Equipment and utilities of the house that people lived in were checked regularly to ensure they remained safe for use.
- Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.

Staffing and recruitment

- We looked at three staff recruitment records and all had relevant checks completed. This helped to ensure that only people who were suitable were employed by the home.

- The registered manager had followed the company's disciplinary procedures appropriately and in accordance with policies.
- There were many long-standing staff in the home so. Which showed that the home had a low turnover of staff. This meant that people living in the home had familiar staff supporting them.

Preventing and controlling infection

- The environment was visibly clean and free from any unpleasant odours. There was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.
- We observed staff using appropriate personal protective clothing appropriate for the tasks they were carrying out.

Learning lessons when things go wrong

- Lessons were learnt through any errors that had been identified, for instance a medication error had been identified and this was used as a learning opportunity.
- The registered manager also used external audits to highlight areas for improvement; for example the feedback from the food hygiene standards agency was used to improve the kitchen to the highest score of 5.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care.
- People were involved in discussions about their care and their outcomes were good. Both people we spoke with told us how they were fully involved in all of their care planning meetings.
- People's sexuality, gender, culture and religion were considered as part of the assessment process and was recorded within their care plans.

Staff support: induction, training, skills and experience

- Staff completed an induction and received training to help them effectively meet people's needs. Two staff we spoke with told us how specific training had been helpful and interesting.
- Staff received regular supervision and staff we spoke with told us that they felt well supported.

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

- We observed people having lunch and saw how staff engaged with people. This showed that people had positive relationships with staff and showed that they received additional support when needed.
- When people were at risk of not eating enough food, their intake was monitored, systems were in place to ensure these records were completed accurately and reviewed regularly.
- We observed drinks being offered regularly to those who were unable to access them independently.
- Support plans documented when people required different diets.

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

- Staff worked with other services to ensure people received care which met their changing needs. For example, staff sought guidance from the dietician service, GPs or community nurses if needed.
- Staff were aware of people's individual healthcare needs and were able to explain how they met these needs through the provision of care, support and activities.

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

- We observed that people were able to personalise their rooms. The home was spacious and had multiple communal areas.
- We saw that there were enough accessible bathing facilities for people at the home.
- There were gardens which were accessible and a stair lift for people unable to use the stairs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Staff obtained consent for people's care and support. Staff understood the principles of the MCA and people were supported wherever possible to make their own decisions.
- Where necessary, documentation was held that evidenced when relatives had power of attorney for when people were unable to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- On the day of the inspection we observed that people living in the home looked comfortable with staff; this was commented on by people and the relative we spoke with.
- People told us that staff listened and acted on the wishes.
- Staff were knowledgeable about people's backgrounds and life histories. This enabled people to be offered personalised support by staff who understood them well.
- We were told by one person, "I've been in quite a few homes and this is the nicest. When I first came a couple of months ago I was in a difficult place, but the staff helped and supported me to become me again." We were also told, "It's a nice and friendly home. I'm involved in all my care plans; my keyworker goes through the care plans and we make sure they are up to date."
- It was stated in people's individual support plans the best way to communicate with them and understand their choices. This included how staff can support people can be supported to be able to communicate effectively.
- The people living in the home held 'resident's meetings' where people were asked their opinions on aspects of the home, menus and activities. There was a link person who was a person living in the home who then typed the meeting minutes up and these were shared with the registered manager and staff.
- Technology was available for people who needed extra support with their communication an example being how one person had an electronic 'talkboard'.

Respecting and promoting people's privacy, dignity and independence

- Records regarding people's care and treatment were stored securely. This respected people's right to confidentiality.
- Relatives told us that staff encouraged people to be as independent as they could be, and records reflected this.
- People's privacy and dignity was promoted by staff. For example, we saw bedroom and bathroom doors were closed when people received support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had personalised care plans which contained details of their preferences. For example, one person's support plan documented, 'My chosen bedtime is when I want to go'.
- The registered manager and staff knew the people they supported well, including their dietary needs and preferences, activities they preferred, how best to approach people and how to support people if they became agitated or upset. We were able to discuss people's needs in depth with staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw how the provider was able to make sure information was available in different ways for the benefit of the people living in the home. Examples of this included the service user guide was available in different formats for people with different communication needs. We saw evidence of how people's care plans were also in different formats for the benefit of the people reading them. This meant that people were able to have effective input into their own care plans.
- The provider also had the Accessible Information Standard information in an easy read format for people living in the home.

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

- Staff knew people's personal histories and their likes and dislikes. Where people were reluctant to participate in activities, they were encouraged, but their decision was respected.
- Support plans also held information about how people wanted to access additional activities such as painting. One person had their own car that they used regularly to access activities they chose and their family.
- One relative told us how the staff were supportive during the time their family member was moving into the home and how they were always involved in the care being provided.

Improving care quality in response to complaints or concerns

- A complaints policy was available, and this was on display within the home. This was also available in an 'easy read' version for ease of understanding for those living in the home.
- People and one person's relative told us they knew how to make a complaint should they need to.

People and their relative were able to name the manager and said they felt comfortable approaching both the staff and the registered manager with any comments.

- The registered manager told us that complaints would be received positively and used as an opportunity to improve the service.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care.
- However, the registered manager told us how they would support people's wishes and they had an end of life policy for guidance.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good?. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements.
- When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
- Through inspection it was identified that there was a discrepancy in one aspect of the medication. This was immediately investigated and actioned. This was also used as a valuable learning tool.

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

- We saw evidence of how the registered manager and staff worked closely with others to achieve positive outcomes for people living in the home.
- Care plans held information on goals people had set for themselves and how they achieved them.
- People offered positive feedback about the registered manager and staff at Little Ingestre House. One person's relative said, "It's always welcoming, I like that it's a small home."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had shared information with the CQC as required.
- The registered manager and the staff we spoke with were clear with regards of what was expected of them within the home.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had developed relationships with other healthcare professionals, and we saw that links had been forged with other services to ensure people were engaged with and their needs were considered and respected.
- Staff were supported to express their views and contribute to the development of the service at team meetings and handovers. The staff that we spoke with said that they could approach the registered manager

at any time.

- The service actively gained feedback from people meetings and relatives, we spoke with told us the manager was visible around the service. People knew the registered manager by name.