

Inglewood Residential Home Limited

Inglewood Rest Home

Inspection report

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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

Inglewood Rest Home is a residential care home for 20 older people. At the time of our inspection 20 people were living at the home. At the last inspection in April 2015, the home was rated 'Good'. At this inspection we found the home remained Good.

People continued to receive safe care. People told us they felt safe. Staff had a good understanding of the action they should take where there was suspicion a person was at risk of harm or abuse. Risks to people's safety had been assessed and care and support was delivered in a way that kept people safe from harm. There were adequate numbers of safely recruited staff to meet people's needs. People received their medicines as prescribed.

The care people received continued to be effective. People received support from staff that had the skills and knowledge to meet their individual needs. People were asked for their consent before care was provided. People's capacity had been assessed and recorded so staff knew how to support people when making choices and decisions. People were happy with the food and drink they received and were supported to maintain a healthy diet. People had access to appropriate healthcare professionals when they required.

People continued to receive support that was kind and caring. People's choices were respected and their dignity and privacy maintained. People were encouraged to be as independent as possible. People were supported to maintain relationships that were important to them.

The service people received continued to be responsive to their needs. People were involved in the planning and review of their support needs. Staff were aware of people's individual care needs and supported them according to their preferences. Where people had any issues or concerns they knew how to make complaints and said these would be responded to.

The home continued to be well-run. People and staff expressed confidence in the provider and registered manager. Staff were aware of their roles and responsibilities. Systems were in place to assess and monitor the quality of service people received which included seeking feedback from people and their relatives about the quality of service provided.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Inglewood 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 checked 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 comprehensive inspection took place on 1 June 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has experience of caring for someone who uses this type of care service their area of expertise was dementia care.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. We reviewed the information from these notifications to help us determine the areas we wanted to focus our inspection on. Before the inspection the provider completed a provider information return (PIR). This 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 also received feedback from the local authority that monitors the quality of the service.

We spoke with seven people, four relatives, four members of staff and the registered manager. We looked at records in relation to five people's care and three people's medicine records to see how their care and treatment was planned and delivered. We also looked at records relating to the management of the service to ensure people received a quality service.

We used our 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.

Is the service safe?

Our findings

People living at the home told us they felt safe with the staff that supported them. One person said, "It is like being a family and it is my home. I feel safe and I love the people. No one ever argues or tells you off." Another person told us, "I feel safe and there is always someone to help." Staff knew about the different types of abuse and the signs to look for which would indicate a person might be at risk of harm or abuse. Staff knew the provider's procedure for reporting any concerns. One member of staff told us, "I would speak to senior member of staff if I thought someone was at risk of abuse." The registered manager had an understanding of their responsibilities to keep people safe. They were aware of reporting incidents of potential harm or abuse to the local safeguarding authority. There was a system in place to escalate any allegation of harm or abuse to ensure people's safety.

People told us staff demonstrated an awareness of their individual risk to their health or well-being. They said the required equipment was available for staff to use. One person told us, "Staff stay by me when I walk with the [walking aid] to make sure I am safe." A relative told us, "[Person's name] did have a fall but the manager responded very quickly in assessing them and a pressure mat was put in place." Staff we spoke with told us people's risks had been assessed. One member of staff said, "I know people very well and we are kept up to date with any change in a person's assessed needs during handover and looking at the care plan." Where incidents had occurred that might impact on a person's safety staff had taken appropriate action to reduce the risk of it re-occurring. For example, making a referral to an external healthcare professional or increased monitoring to reduce any risk.

People said there were enough staff to meet their needs but at times staff were very busy. One person said, "In the night when I buzz, staff always come quickly." A relative commented, "Staff always respond very quickly if people want anything." We saw there was enough staff available to support people when they needed help, buzzers were responded to quickly and staff took time to assist people with no element of rushing.

When new staff started working at the home all pre-recruitment checks had been carried out. One member of staff told us, "I attended an interview with the registered manager, completed an application form and had two references and DBS [Disclosure and Barring Service] check completed." Disclosure and Barring Service checks help the provider reduce the risk of employing unsuitable staff. This demonstrated the provider had systems in place to ensure people received support from staff that were safe to work with people.

People received their medicines as prescribed and when they needed them. One person said, "Staff always give me the pain killers I need." Another person told us, "I suffer from pain and I have regular medicine which staff always give to me." Some people's medicines were prescribed to be administered 'as and when required'. We saw there was information available as to why people may need these medicines and people told us they received them quickly. Systems were in place to ensure medicines were administered, stored, ordered and received safely.

Is the service effective?

Our findings

People told us staff had the skills and knowledge to meet their needs. One person said, "I have confidence in the staff they know me well." Another person said, "Staff are well trained they certainly know how to look after me well." Staff we spoke with confirmed they had received the necessary training to support them in their roles. One member of staff told us, "I completed two weeks induction and shadowed experienced staff and am now completing training. I feel I can meet people's needs." We found that the registered manager assessed and checked staffs learning through competency checks. Staff received regular supervision and appraisal meetings to discuss their own personal development along with any care or support issues they thought were relevant to the role.

People told us staff sought their consent before providing care. One person said, "Staff always ask for my permission when they do things." Staff we spoke with demonstrated an understanding of people's rights to choose how they wanted to be supported and respected these decisions. 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 Mental Capacity Act (MCA). The procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked to see if the service was working within the principles of the MCA and whether there were any conditions on authorisations to deprive a person of their liberty were being met. Staff told us they had received training in the MCA and were able to explain to us the principles of the Act. We looked at information about people's capacity in their care records and found they contained assessments and decisions made in people's best interest in accordance with the MCA. Where restrictions had been identified to deprive a person of their liberty the registered manager had applied for authorisation to ensure any restrictions were lawful.

People were happy with the food and drink they received and said they always had a choice of meals. One person said, "The food is excellent." We observed mealtime and saw interactions between people and staff were friendly and encouraging. Staff we spoke with were able to explain people's individual dietary requirements and how those needs were met. For example those people who required supplements. We saw staff offered a choice of drinks frequently to people throughout the day, one person said, "The tea trolley is always coming around every twenty minutes or so." We saw that people were supported to maintain their nutrition and hydration needs.

People told us they had access to healthcare professionals when they needed them. One person said, "There is a regular chiropody visit and you can see the doctor whenever you need to." Staff we spoke with were knowledgeable about people's health needs and how they should be supported. People's care records we looked at detailed where referrals had been made to healthcare professionals and contained guidance for staff to refer to. We saw people were supported by staff to maintain their health and when required advice was sought from health and social care professionals.

Is the service caring?

Our findings

People said the staff were kind and caring. One person said, "Staff are kind, all of them and they always have a chat and a laugh." Another person told us, "The staff are all kind and very helpful." We saw staff interacted with people in a caring and compassionate way. For example, staff spent time with people and sat with them talking and laughing with them. On one occasion we saw a person who became upset, the registered manager took the person into the garden and chatted to them. When they came back into the home they were relaxed and happy. Staff we spoke with had a good understanding of the people they supported and were able to describe to us how people liked to be cared for. For example, one person said, "Staff definitely know me well and how I like to be cared for."

People told us staff respected their choices and decisions when providing care. One person said, "Staff don't rush you they give you time to make a decision." Another person told us, "I go to bed at 8:30pm and get up about quarter to nine, it's my choice. Staff offer me a bath or shower and I have one if I want to." People told us staff listened to them and involved them in planning their care. One person said, "There is always someone to talk to and staff are good listeners." One person said, "Staff know how I like my tea and which cup I prefer." We saw staff used the knowledge they had about people to engage them in conversation. For example, one person became anxious we saw a member of staff speak to this person about their family member, where they were and when they would next be visiting the person. We saw the person respond positively to the member of staff.

People were supported to maintain relationships with people that were important to them. One person commented, "[Registered manager's name] is taking me out to visit an old friend today." A relative said, "You're always made so very welcome when you visit. It is a lovely home."

People were supported to maintain their independence. One person told us they enjoyed helping out around the home. They said, "I do the washing up every day, help with household tasks and keep my room tidy and clean." Other people told us staff promoted their independence by encouraging them to provide their own personal care as much as possible. Staff gave us examples of how they encouraged people to remain independent with their daily living. A member of staff said, "As much as people can do for themselves we try to encourage. We offer people the correct cutlery so they can feed themselves." This showed people were encouraged to be as independent as possible.

People's dignity and privacy was respected by staff. One person said, "Staff always treat me with respect." Another person said, "Staff always speak to you politely." We saw people were supported to maintain their personal appearance as they wanted. Staff we spoke with were able to give examples of how they respected people's dignity. For example, knocking on people's doors before entering their room and speaking to people quietly when asking if they required assistance with their personal care.

Is the service responsive?

Our findings

People told us they received support that met their individual needs. Discussions with people confirmed that they and their family had been involved in planning how they wanted to receive their care. People told us this information was reviewed regularly to ensure staff continued to provide support that met their needs. One person said, "My care is reviewed every few months with me and also my family." Staff we spoke with were able to explain people's specific support needs and how these were managed. For example, one member of staff explained how they supported a person who became anxious. Care records we looked at were reflective of people's support needs and were reviewed regularly with input from the person, their family and staff. Staff told us information was shared with them at the start of each shift. This provided an opportunity for them to discuss information about people's care to ensure people received consistent care. This ensured people received care that reflected their needs and preferences.

People told us staff supported them to follow their interests. One person said, "We have entertainment twice a week and we do exercise classes, bingo and have a sing song. You can go to your room if you want some quiet time. I have never been bored here." Another person said, "We have enough to do. We have a sing song, an exercise man and live entertainers. We go in the garden when it's nice too." People also told us the registered manager took them out to visit their friends and to other community activities that interested them. For example, visits to the Salvation Army for tea and hymns each week.

People told us if they had any concerns they would speak with the staff or the registered manager. One person said, "I haven't needed to complain but they [staff] are always asking our opinions so you could raise any issues easily. The manager is a good listener." Another person told us, "There is always someone to talk to, the manager is a very good listener but I have never needed to complain." People and their relatives told us they had confidence any issues that they might raise with the provider would be listened to and dealt with quickly. The provider had a complaints policy that contained contact details of relevant external organisations such as CQC. We saw where complaints had been received they had been investigated and acted upon appropriately.

Is the service well-led?

Our findings

Everyone we spoke with told us the home was well run. One person said, "I definitely think it is well run. The best thing is how helpful the staff are." One relative said, "It is a well-run home and the manager is always here and you can talk to him." We saw the registered manager spent time working alongside staff. Staff told us the registered manager was approachable and they received the support they required to undertake their role. One member of staff said, "Registered manager is good you can talk openly. We have regular supervision and appraisals. It is a good place to work." Staff described to us an open culture where they felt confident to communicate with their colleagues and the registered manager. Staff told us they were aware of the provider's whistle blowing policy, including raising concerns to external agencies if required. Whistle blowing means raising a concern about a possible wrong doing within an organisation.

The registered manager demonstrated a good knowledge of the people using the service and their responsibilities as a registered manager. This included the requirements to submit notifications to CQC when certain events occurred; for example serious injury. We also saw the provider had ensured information about the home's inspection rating was displayed as required by law.

There were processes in place to ensure people were involved in the care they received. People told us they could approach staff and the registered manager to comment on the quality of the service they received. They explained they had the opportunity to comment through questionnaires and conversations within the home. We saw the provider analysed any feedback to improve the quality of service people received. For example, improving food choices. We also saw a number of compliment cards had been received by the provider praising the quality of care provided to people.

There were systems in place to monitor the quality of the service. These included checks on people's care records, medicine management and health and safety checks. For example, call bells, hot water and lighting checks. Where issues were identified the registered manager recorded the improvement required.