

Inglewood Residential Home Limited

Inglewood Residential 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?	Requires Improvement ●

Summary of findings

Overall summary

Inglewood Residential Home is a care home providing personal care to people aged 65 and over. At the time of the inspection 20 people were living at the service. The accommodation is provided in one adapted building with bedrooms on the ground and first floor, and communal areas on the ground floor.

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

The provider carried out some audits of the service, however, further improvements were required in order to make them more robust. Staff told us competency checks were carried out but there was no evidence of this. Risk assessments did not always give clear guidance for staff to follow and monitoring of fluid and food intake was inconsistent. People and relatives spoke highly of the registered manager and staff team.

People told us they felt safe and received their medicines as prescribed. Safeguarding systems and practices protected people from abuse. People felt there was enough staff to meet their needs and our observations confirmed this. Personal protective equipment was used when required.

Staff were trained to meet people's needs and acted promptly to refer people to healthcare professionals when required. People received support to eat and drink meals of their choosing and specialist dietary needs were met. Recent work had been completed on the environment to adapt it for people living with dementia and further plans were in place.

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.

People spoke positively about the caring nature of the staff. We saw people were treated with respect and dignity. Relatives were made to feel welcome in the home and people were involved in decisions about their care. Staff supported people's independence where possible.

There were activities for people to take part in if they wished which reflected their own interests. The provider had a complaint process which people were aware of to share any concerns. End of life wishes were discussed with people and recorded in their care plans.

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 29 June 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 effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Inglewood Residential Home

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 and one assistant inspector.

Service and service type

Inglewood Residential Home 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual who was also the registered manager, deputy manager, senior carer, carers, and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 five people's care records and two medication records. A variety of records relating to the management of the service were reviewed. We also spoke to four health care professionals who had worked with the service.

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.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and care developed to ensure these risks were minimised as far as possible.
- Regular checks were made to environment to ensure people were kept safe, this included checks on water temperatures and safety equipment within the home. Any issues identified were dealt with promptly.
- Some care plans did not contain sufficient guidance for staff to follow, for example in relation to distressed behaviours and not all staff could explain the potential triggers to behaviours. We saw the provider had referred to health professionals when they had concerns however, the lack of guidance increased the risk of people receiving inappropriate care. After sharing this with the provider they immediately began to update care plans.

Using medicines safely

- People told us they received their medicines as prescribed. One person told us, "[Staff] make sure you have it and have taken it."
- Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines. The administration of people's medicines was recorded appropriately and records showed people received their medicines as prescribed.
- A health care professional told us when people were on 'sedative medicines' the service was proactive at requesting they were regularly reviewed to ensure they were still appropriate for the person.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person told us, "If I need any assistance or support staff come straight away," and a relative said, "There is enough staff, they are always monitoring people."
- We saw there were enough staff to support people and people did not have to wait long for assistance when needed. We observed staff taking the time to talk and interact with people in a way and at a pace that met people's needs.
- Staff told us pre-employment checks were carried out and they went through an induction before they could support people.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. One person told us, "I am perfectly safe," and a relative said, "[Person] is safe, they can't just walk out, there are lots of staff around."
- The provider had effective safeguarding systems in place. Staff had received training and understood how

to recognise the signs of abuse and how to report.

- Safeguarding referrals had been made to the relevant authorities where incidents of concern had taken place.

Preventing and controlling infection

- People and relatives told us the home was kept clean and tidy and our observations confirmed this. One person told us, "It's always clean and tidy."
- Staff used personal protective equipment and we saw that this was readily available to them.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and accidents and analysis any trends to prevent re-occurrence. Each was investigated and action taken to reduce the risk. For example, sensor mats were used when this was appropriate to reduce the risk of falls.

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.

Staff support: induction, training, skills and experience

- People told us staff had the skills required to support them effectively. One person told us, "They know what they are doing," and a relative said staff were, "Very professional and friendly."
- Staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- People were supported by staff who had received appropriate training to enable them to deliver effective care. There was a system in place to monitor and ensure staff training was up to date and refresher training was completed. Some staff felt more training would be useful to support people who showed distressed behaviours. We raised this with the provider who agreed to put this in place for staff.

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

- People told us they were happy with the food provided and were offered choices.
- Where people were at risk of weight loss, records to monitor food and fluid intake did not always contain details of what the person had consumed or how much. However, staff knew people's dietary needs and could describe how to support them.
- People had access to drinks and snacks throughout the day.

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

- People had been supported with their oral healthcare. The service ensured people was seen by the dentist and their oral care needs were assessed.
- People had access to visits from external healthcare professionals such as community psychiatric nurses, district nurses and social workers. We received positive feedback from health care professionals about how the service supported people.
- Handover meetings occurred between each shift so staff could update each other on changes to people's care and support needs.

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

- People's rooms were decorated and furnished to meet their personal tastes and preferences. A relative told us how the registered manager had collected some furniture for a person from the community to ensure they had their personal items in their bedroom.
- On the first floor each door was painted a different colour to support people living with dementia to identify their room.

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.

- We found DOLS applications had been submitted to the local authority as required by law to deprive people of their liberty in order to protect their health and wellbeing.
- Where people had the legal authority to make decisions on behalf of their relative the provider had ensured they had the evidence to confirm this.
- Where people were unable to make decisions for themselves, some mental capacity assessments had been completed but this was inconsistent. For example, one person was receiving their medicines covertly. We saw the service had consulted with the GP and the registered manager told us their relative had been consulted, but there was no mental capacity assessment or best interest decision recorded. We discussed this with the provider who took immediate steps to address this.

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

- People had a comprehensive assessment of their needs before they went to live at the service. This was to make sure people's needs could be fully met and that they were happy with the support that was available. The assessment included understanding people's backgrounds, religious beliefs and what was important to them including their preferences and interests.

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

- People and relatives spoke positively about the kind and caring nature of staff. One person told us, "They [staff] are lovely, very helpful, anything you ask them they do," and a relative said, "They take their time to support people."
- We found people's equality needs were respected. For example, one person often spoke another language and we saw staff talking to them in this language. We also saw two people from the local church visiting and people enjoying spending one to one time with them.
- Our observations showed staff knew people well and we saw respectful interactions between staff and people. For example, one person was becoming distressed and we saw staff talking to them in a kind and reassuring manner.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were supported to make choices about their care. Regular 'residents' meetings' were held where people were encouraged to be involved in decisions about activities, the environment and food choices.
- People and their relatives had been involved in developing their care plans and reviewing them and care records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff explained how they respected people's privacy by knocking on people's doors before entering and ensuring the curtains were closed.
- People were supported to be independent. One person was able to make their own drinks and liked to go into the community to buy items for lunch which they made themselves.
- Relatives told us they were welcomed into the service and were made to feel comfortable. One relative told us, "[Staff] are very nice and friendly and they make you welcome," and another said, "They [staff] make me feel at ease, when it's time to go, they say you go we will make sure [person] is ok."

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; 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

- Care plans included "life histories" and personalised information about people and their preferences. Staff were knowledgeable about people's choices and respected them. One person told us, "They learn what you like," and a relative said, "[Staff] really do know him well ."
- There were a range of activities on offer including exercise sessions, arts and crafts and community trips. One person told us, "I've been on a canal trip and on a coach." On the day of inspection people went out for Christmas dinner and told us how they had enjoyed this.
- Staff supported people to maintain important relationships. The registered manager had taken one person to visit their relative on their birthday, who was unable to visit the service due to their own health difficulties.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place, so people could share their views. Details of how to complain was in each person's bedroom and we saw this had also been discussed in 'Residents meetings.'
- There had been no recent complaints but people and relatives told us they would feel comfortable to raise concerns. One relative told us, "I was given [Registered Manager's] number and all the team leaders and staff are approachable if I have concerns."

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.

- People communication needs were identified in their care plans.
- The service had not explored fully how information could be given to people in alternative formats to increase understanding. The registered manager had ordered some 'dementia friendly' signage to support people to understand information around the service and help people orientate themselves. The registered manager advised they could also provide information in different formats if needed, but this had not been offered to people.

End of life care and support

- People and their relatives were asked about people's individual wishes regarding end of life care and this was recorded in their care plans .

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 now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Staff told us spot checks and medication competency checks were carried out but they were not recorded. This meant there was a lack of evidence to demonstrate the provider was carrying out these checks and ensuring people were receiving good quality and safe care. Following the inspection, the provider sent a copy of a competency tool they had put into place.
- Although care plans were reviewed regularly there was no evidence of care plan audits taking place. This meant the provider had failed to identify the concerns we picked up on this inspection visit. Examples included some care plans had not contained enough guidance for staff to follow and insufficient monitoring of food and fluid intake for people identified at risk of malnutrition.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found our rating was displayed in the service, they did not have a website.

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

- People knew who the registered manager was and spoke highly of him. One person told us, "There's the boss, he's very sensible and polite to everyone." Another said, "He is very approachable."
- Relatives were positive about the care and support. One relative told us how the person had changed since moving to the service, they said, "[Person] is more happy, smiling and settled." Another said, "It has been great they have looked after [Person] I'm very pleased."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to be involved in the service through survey's and 'residents' meetings'. Identified issues or concerns were acted on, for example in one survey some people raised they didn't know how to complain so this was discussed in a 'residents meeting.'
- Staff told us management were supportive and they felt able to raise any concerns or suggestions. Some staff felt team meetings could be held more regularly for ideas to be shared and support given. We fed this back to the registered manager who advised they would introduce smaller more regular team meetings to encourage attendance.
- The service had links with the local community. People from the church visited regularly and relatives were encouraged to attend parties and events.

Working in partnership with others

- The registered manager and care staff worked in partnership with other professionals and agencies, such as community health services and social workers to ensure that people received the care and support they needed. We received positive feedback from all the professionals we spoke to about the service. One professional told us, "The registered manager is very knowledgeable about people with mental health needs and dementia," and another said, "Communication is very good, [Person] was well looked after and improved from when they were in hospital."

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; Continuous learning and improving care

- The management team were open and transparent during the inspection and demonstrated a willingness to listen and improve. This was demonstrated by the action they took in response to our feedback during the inspection.
- The provider was making improvements to the environment so it was more accessible for people living with dementia.