

Inglewood Residential Care Home Limited

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## Inspection report

139 Dalston Road  
Carlisle  
Cumbria  
CA2 5PG

Tel: 01228526776

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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

This was an unannounced inspection that took place on 31 October 2018. We previously inspected this service in March 2016 and rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Inglewood residential care home provides care for up to 24 people, some of whom were living with dementia. There were 23 people living there at the time of our inspection. Inglewood residential care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a registered manager. 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.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The staff team understood how to protect adults from situations in which they would be vulnerable to harm and abuse. Staff had received suitable training and talked to us about how they would identify any issues and how they would report them appropriately. Risk assessments and risk management plans supported people well. Arrangements were in place to ensure that new members of staff had been suitably checked before commencing employment. All new staff completed an induction.

Any accidents or incidents had been reported to the Care Quality Commission as necessary and suitable action taken to lessen the risk of further issues. Risk assessments and care plans provided guidance for staff in the home. Where possible, people in the service were involved in writing care plans. The management team had ensured the plans reflected the person-centred care that was being delivered.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary and were supported to attend hospital appointments.

We saw that an assessment of needs was in place. People were happy with the food provided. The home itself was clean and comfortable on the day we visited. Suitable equipment was in place to support people with their mobility.

Complaints and concerns were suitably investigated and dealt with and good records management was in

place in the service. There was also a quality monitoring system in place which was used to support future planning. People were able to access a variety of activities to help them have a structured and meaningful day.

## 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 Residential Care Home Limited

## **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 31 October 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the local authorities who contracted people's care.

During the inspection we spoke with six people who used the service and one relative. We also spoke with the registered manager, their deputy, five care staff and a visiting healthcare professional. We reviewed a range of records about people's care and how the service was managed. We looked at care records for four people, recruitment, training and induction records for two staff, staffing rosters, staff meeting minutes and quality assurance audits the manager had completed. We looked around communal areas of the home and with permission we looked in people's rooms. 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.

# Is the service safe?

## Our findings

The service was rated good at the last inspection and this rating has not changed.

People who used the service told us they felt safe living at Inglewood residential care home. One person said, "Yes I do [feel safe]." Another added, "Oh aye, we are safe here."

The staff protected people who used the service from abuse. Staff were able to tell us about different kinds of abuse such as financial, physical or emotional. They told us they would speak with the registered manager if they suspected abuse was taking place. We saw from our records the registered manager appropriately raised any concerns with the local safeguarding authority. The policies and procedures relating to safeguarding were accessible and included guidance on whistleblowing. Having whistleblowing guidance in place meant that staff were aware of how to confidentially raise concerns about the conduct of colleagues.

The registered manager ensured there were enough staff on duty to meet people's needs. We saw that people did not have to wait for support and people we spoke with confirmed this. The registered manager provided training in care work to auxiliary staff, such as domestics, to help cover unplanned absences of staff if required.

The provider had effective recruitment processes in place to check new staff were suitable to work at the home. Checks carried out included requesting and receiving references and a Disclosure and Barring Service (DBS) check. Where required, such as following receipt of information from DBS, risk assessments or additional checks were carried out to assess the staff member's suitability before they started working at the home.

Medicines were stored safely with checks in place to review storage arrangements. For example, daily temperature checks of the storage rooms and medicine fridges helped ensure medicines remained safe to use. People received their medicines from specially trained staff when they were due.

The registered manager and their staff carried out risk assessments when needed to help keep people safe. Examples of completed risk assessments included the use of walking frames, the safe use of moving and handling equipment and a fire risk assessment. Risk assessments clearly identified who was potentially at risk and the control measures in place to reduce the impact on people. Evidence was available to show these had been reviewed at least annually.

Health and safety related checks were completed regularly to help keep the premises and equipment safe for people. This included fire safety checks, fire drills and checks of electrical, gas and water safety. There were also policies and procedures for dealing with emergency situations such as power cuts.

The home was kept clean and hygienic by the domestic staff who we observed at work throughout our time spent at the home. The registered manager monitored this with regular infection control audits to check

cleanliness was maintained to a high standard. We noted hand washing guidelines were displayed near all hand washing facilities as a reminder for staff, people and visitors.

The provider kept detailed records for incidents and accidents at the home. These were audited to check appropriate action had been taken. This was also used as an opportunity to look for any trends and patterns. It was evident the registered manager looked for ways to improve the service. For example, when an intruder had been detected in the grounds. The registered manager had arranged for a new security and lighting system to be put in place immediately.

# Is the service effective?

## Our findings

The service was rated good at the last inspection and this rating has not changed.

We asked people if the staff knew how to support them properly, one person commented, "Yes, they know what they are doing." We spoke with staff and asked them if they felt confident and competent whilst carrying out their role. One member of staff told us, "We have lots of training, external and internal, we are always learning new things."

Records confirmed that staff had completed the provider's mandatory training. This included moving and handling, infection control and fire safety. New staff were supported in their role via an induction programme during which their competencies were regularly checked by senior staff. Staff could access more formal vocational training.

We looked at supervision and appraisal records for staff. Supervision sessions gave staff the opportunity to discuss any training requirements or to request additional training. It also allowed staff to review their performance within their roles with a senior member of staff.

The service had a system of assessment in place which helped to identify people's needs. They contained information about people's history prior to entering the home. The assessments were detailed and written in the first person. The registered manager told us that people and their relatives were as involved as they possibly could be in the assessment process.

Assistive technology was available within the home. There were pressure sensors placed around beds to alert staff that people had risen during the night and may require support. A call bell system was in place so people could summon staff easily if required.

The provider ensured people received adequate nutrition and hydration. We saw everyone had care plans relating to this. People told us they enjoyed the food. We saw that people were weighed frequently as part of physical health and wellbeing monitoring. Where people needed specialist support, the opinions of dieticians and speech and language therapists had been requested.

The home accepted transfers from other services including local hospitals. We saw staff carefully planned this and managed it appropriately. They ensured the correct documentation and information was in place in order to minimise any inconvenience or delays for the person being transferred.

Care plans were in place to ensure people's health and wellbeing were monitored. We saw that people regularly attended their GP or their dentist or were seen by visiting professionals. Care plans contained information about any long standing medical problems and people were supported to go to hospital appointments. A visiting health professional told us, "There's no hassle, no stress, everything gets done properly here."



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 with appropriate legal authority. 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 the provider was meeting the appropriate standard.

# Is the service caring?

## Our findings

The service was rated good at the last inspection and this rating has not changed.

We spoke with people and asked if they felt the staff were kind and caring. One person told us, "Staff are lovely, they have a laugh." Another added, "I chose here, I came and viewed it myself, I clicked with the place and the staff and decided to stay." Staff told us, "This is a happy home." We observed people smiling and laughing throughout our inspection.

The registered manager had details of advocacy services that could be contacted if people needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. Care plans were written with the person who used the service with support from their relatives or if required an advocate.

When we spoke with staff they knew people well. They were able to tell us about people and what kind of support they required. This information was accurately recorded in people's care plans.

Staff treated people in a respectful manner. During our inspection people's privacy or dignity was not compromised. Staff had received training on how to ensure all the people who lived at the service were treated with kindness and respect. In addition, they had been trained to treat people equally and account for people's diversity.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies to keep the person safe.

Care plans clearly stated what people could manage independently and what support staff would be required to provide. Where people were unable to manage tasks independently, staff told us they made sure people were given choices to enable them to keep as much independence as possible. The people who used the service were encouraged to be as independent as they were able to be.

The home was clean and had a welcoming atmosphere, we saw that family relationships, local links and friendships were positively promoted as part of day to day life.

## Is the service responsive?

### Our findings

The service was rated good at the last inspection and this rating has not changed.

People's care plans were written with the involvement of people who used the service, their relatives or advocates and staff. They were regularly reviewed and updated. What people could do independently and areas where they required support were included. For example, some people required help getting in and out of bed. Staff had identified what equipment was needed and how many staff were required to provide this support. Some people needed less help than others and this was outlined correctly in people's records of care.

The service employed a number of strategies to help people communicate their wishes. This included, notice boards with pictures or photographs and written notices in large clear writing. A variety of communication strategies and procedures were outlined in the providers policies.

People were able to access a range of activities. Examples of recent activities and events included music, a harpist, amateur dramatics and trips out. Local nursery school pupils visited every two weeks and a Halloween party was planned during the evening of the inspection. People who used the service had been involved in planning the party and had made decorations. They told us they were 'Very much looking forward to it.'

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. The registered manager explained that wherever possible they would attempt to resolve complaints informally. We asked people if they knew how to complain if they were unhappy with the service. People told us they had, "no complaints" about the service and there were no ongoing complaints at the time of our inspection.

The service was able to deliver end of life care. There were policies and procedures in place and the registered manager provided evidence to show that staff were well trained and competent in this area. The registered manager told us care at the end of life would be supported by a multi- disciplinary team approach which would include the GP, hospice at home and other health and social care professionals. People had end of life care plans in place that outlined their wishes including whether they wished to undergo cardio pulmonary resuscitation.

## Is the service well-led?

### Our findings

The service was rated good at the last inspection and this rating has not changed.

We asked people who used the service what they thought of the leadership at the home. One person told us, "They are a good one." One staff member said, "[name] is lovely, by far the best, really good, everyone knows what is expected of them."

We noted that the registered manager had good experience working at the service and modelled professional behaviour to their staff.

During our inspection we discussed the future of the service with the registered manager and asked them what their hopes were for Inglewood residential care home. They told us they had worked hard to modernise the home and intended to maintain their high standards.

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. They were keen to identify areas where the service could be further improved. During the inspection, the registered manager and her team were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines. The ratings from the previous inspection were displayed in the home as required.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager to identify trends and specific issues. For example, the registered manager recognised that activities in the home needed developed and had employed an activities co-ordinator to do this.

There were regular staff meetings held so issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards. We observed a culture where the staff and the registered manager had worked hard to improve their service. There was also evidence within records that people and their families, were consulted about the care and support the service provided. The service consulted with people and their relatives in a variety of ways including face to face formal meetings and written surveys. Responses to the surveys were largely positive.