

Inglewood Residential Rest Home Limited

# Inglewood Residential Rest Home

## Inspection report

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25 October 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Inglewood Residential Rest Home is a care home providing accommodation and personal care to up to 31 people aged 60 and over, some of whom are living with dementia. At the time of the inspection, there were 27 people living at the home.

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

People were supported by staff who understand how to keep them safe. Staff were able to manage risks to people's safety and report any concerns about safety for investigation. People were supported by enough staff who had been recruited safely. People received support with their medicines administration by staff who had been trained. The home was clean, and staff understood how to minimise the risks from cross infection. Where incidents happened there was a system in place to learn from these and prevent reoccurrence.

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.

The registered manager encouraged an open and transparent culture in the home and sought opportunities to develop staff and improve the quality of care people received. There were monitoring systems in place to ensure people received the care they needed. There were systems to encourage learning and partnership working was imbedded into the home. People, relatives, and staff were engaged in the home and able to share their feedback with the management team.

### Rating at last inspection and update

The last rating for this service was requires improvement (Published 25 April 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 17 January 2023. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance arrangements in the home.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Inglewood Residential Rest Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Inglewood Residential Rest 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 Health and Social Care Act 2008.

### Inspection team

This inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

Inglewood Residential Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Inglewood Residential Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

### 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 health professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 15 people and 5 staff including the registered manager, deputy and care staff. We observed the care people received. 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 looked at 8 care plans and a selection of medicines administration records. We looked at a range of records including audits, staff recruitment 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- At the last inspection medicines were not always stored safely. At this inspection we found the provider had made the required improvements.
- Medicines were stored safely. Medicines were stored in lockable facilities and where required were refrigerated. Temperature checks were done daily in the storage areas.
- People told us they received their medicines as prescribed and were asked if they needed pain relief when this was prescribed for them. We observed staff give people their medicines as prescribed.
- Staff had guidance in place to support them with giving people their medicines. There were protocols in place for people having medicines on an 'as required' basis so staff knew when people needed this medicine.
- Medicine administration records were completed accurately to record when people had received their medicines.

### Assessing risk, safety monitoring and management

- At the last inspection known risks were not always effectively planned for. At this inspection the provider had made the required improvements.
- People told us staff kept them safe. One person said, "The care is top-notch, couldn't be better, they check you in the night as well."
- Risks were assessed, and plans put in place to minimise them. One person was at risk of malnutrition. There were clear plans in place to minimise the risk which included monitoring food intake and checking the persons weight on a regular basis.
- Risks assessments were reviewed on a regular basis. One person was at risk of falls their risk assessment was reviewed on a regular basis and when a fall had occurred the plan to minimise falls was updated.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. Staff were aware of the signs of abuse and could describe the actions they would take to keep people safe.
- Staff had received training in safeguarding adults from abuse and where required concerns had been raised with the appropriate body.
- There were systems in place to ensure all incidents were reviewed and any learning was shared with staff.

#### Staffing and recruitment

- People told us they sometimes felt staff were rushed, but confirmed they were happy with the support they received.
- We saw staff were available to spend time with people and people did not have to wait for their care and support needs to be met. Staff confirmed they thought there was enough staff with one staff member telling us, "I think the staffing levels are ok, we manage to get everything done, we don't have to leave people, we have time to spend with people on a one to one basis and we have an opportunity to chat, have a dance and a laugh with people."
- The registered manager told us they used a tool to assess the dependency of people in the service which indicated the number of staff they needed to meet people's needs and that the staffing levels currently exceeded what was required.
- Staff were recruited safely. We saw the registered manager ensured all new staff had checks in place which included checks with the Disclosure and Barring Service (DBS) service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

Visitors were able to come to the home and see people without any restrictions.

#### Learning lessons when things go wrong

- The registered manager had a system in place to learn when things went wrong. Analysis of any adverse incidents was undertaken, and learning was shared with staff. For example, any near misses, medicines errors and safeguarding incidents were analysed to prevent recurrence.
- Where people had accidents, immediate actions were taken. For example, where people had falls a review of their risk assessment and management plan was completed and actions such as the use of sensors or

referral to a falls specialist was completed.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

At our last inspection the provider had failed to implement robust governance arrangements to identify areas for improvement and take action. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection the provider's quality assurance systems and processes were not effective. At this inspection the provider had made the required improvements.
- There were audits and monitoring arrangements in place to assess the quality of the care people received and make any improvements. This included care plans, medicines, and infection control audits which identified areas for improvement and led to actions to address these.
- The registered manager had a clear understanding of people's needs and used their skills to manage the service and make improvements. For example, they had implemented a system to check people had received their care as set out in their care plan using a planned care function in the electronic record, this was monitored daily to ensure nothing was missed.
- Notifications were sent to CQC and the local authority when reportable incidents occurred.
- The registered manager had worked closely with local agencies to investigate opportunities for improvements and make changes to increase the quality of the care people received. For example, they had worked closely with a local quality team to access training and support with personalised care planning.
- Changes had been made to the environment, rooms were personalised, communal areas had been decorated and new signage had been purchased to help people find their way around the home.

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

- The registered manager promoted a positive culture which was inclusive, open and empowering. This meant people, relatives and staff had a voice and were listened to. We saw people were comfortable to approach the registered manager and discuss concerns which were promptly addressed.
- People spoke positively about the service, the registered manager and the staff. One person told us, "It is absolutely lovely here, it could not be better."

- Staff told us they were happy with the management of the service. One staff member told us, "The morale is good here, it's a good team, we keep each other informed we socialise and we have an open door policy in place."

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 understood the duty of candour and recognised where the service needed to improve and was open and honest about when things went wrong.

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

- The registered manager had systems in place to capture people's views and feedback. There were regular resident and relative meetings which discussed the home and agreed changes this included about activities, menus and the environment.
- People told us they were very happy with the home and how it was managed and how they were supported. One person told us, "They don't make any demands of you, you can join in or not, I'm a bit of a loner, but I can be who I am here."
- Staff told us they felt supported. One staff member told us, "The registered manager is good for the home, lots of improvements have been made to the home since they came. The team here is lovely, the place is friendly and nice."
- There were systems in place to understand people's individual preferences including their protected characteristics which included gender, sexual orientation, and cultural needs.

Working in partnership with others

- The registered manager worked in partnership with other agencies to make improvements to the home. For example, updating the care plans to be person centred and how staff recorded information about nutrition and hydration. A visiting professional told us, "I find the registered manager very engaging and have no concerns."
- We saw the provider had accessed support from outside agencies to seek training opportunities for their staff including skin integrity and dysphagia training.