

Inglewood Residential Home Limited

Inglewood Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Inglewood Residential Home is a residential care home registered to provide accommodation and personal care for up to 20 people. Support is provided to older people and people living with dementia. At the time of inspection there were 18 people in the service.

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

People felt safe and staff had good knowledge of safeguarding processes. Staff had mostly been recruited safely. We found one staff member did not have a current Disclosure and Barring Service (DBS) certificate at the time of inspection. The provider acknowledged this as an oversight and immediately completed an application to reduce risk. There was a system in place to monitor staff contact with people in the form of daily logs. Care plans and risk assessments identified people's support needs and staff had a good understanding of the support people needed.

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 were treated with kindness and compassion. People felt well supported. People were listened to and could express their views. People's privacy and dignity was maintained.

People's and their relatives were involved in the review process. People's personal preferences were identified in their care plans. People were involved in decisions about their care.

People received person centred care. People, relatives and staff expressed confidence in the provider and deputy manager. People, relatives and staff were given the opportunity to provide feedback. Some audits took place to ensure the quality of the service was maintained.

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

Rating at last inspection

The service was last Inspected on 09 March 2021 with an overall rating of 'Requires Improvement', and there were multiple breaches of regulation. At this inspection we found some improvements had been made and the provider was no longer in breach of regulations 9, person centred care and 12, safe care and treatment. However, not enough improvement had been made with regards to regulation 17, good governance and they continue to be in breach.

At this inspection we only looked at the 'Safe, Responsive and Well led' key questions. This was because our planning did not identify any concerns about the other questions.

This service was registered with us on 13 December 2010.

Why we inspected

This was a planned inspection based on the previous rating and the breaches found.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and we will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one Inspector and an Expert by Experience. Inspection activity started on 06 December 2021 and ended on 10 December 2021.

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 care 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 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. The registered manager is also the provider for this service.

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 who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the deputy manager, senior care worker and two care workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four 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.

We also spoke with the provider who is also the registered manager at Inglewood Residential Care Home.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The provider supplied us with additional information as requested including some policies and proposed audit documentation. We spoke with one professional who regularly visits the service. We also spoke with nine relatives about their experience of the care provided.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us they, "Always felt safe". A relative told us, "Staff and managers help us with residents wellbeing and keeping them safe." Staff referred to the home as, "Their (residents) home".
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "Any problems or issues I would report them to registered or deputy manager." They told us that the manager dealt with concerns appropriately.
- Although training records showed some staff were yet to refresh their safeguarding training; the staff we spoke with were aware of their legal duty to keep people safe from risk of abuse. They knew how and who to report concerns to.
- Staff were aware of the whistleblowing policy and told us how they would raise concern, ensuring people were protected.

Assessing risk, safety monitoring and management

- Care plans and risk assessments identified people's individual support needs and ways to help people stay safe. Documentation was detailed and contained up to date information. Staff had a good understanding of people's needs and associated risks.
- Staff and the deputy manager were proactive when people's needs changed. Health professionals were contacted on people's behalf. Care plans and risk assessments were updated following any change of need and people and their relatives were involved in this process.
- The deputy manager carried out detailed support planning including environmental hazards/concerns. This ensured the home was safe for people and staff.

Staffing and recruitment

- People told us care staff were available when they needed help.
- Staff we spoke with told us they had supervisions and felt supported. Records confirmed this.
- Our observations during the day, indicated there were enough staff on duty to meet people's identified needs.
- During the inspection it was found that one staff member did not have a Disclosure and Barring Service (DBS) certificate in place. This was rectified by the provider during inspection.

Using medicines safely

- People told us that they always had their medication on time and that staff would ensure care takes place when they want it.

- Staff understood their responsibilities in relation to medicine management. Staff told us, and records confirmed, they had received medicines training. Staff had their competency assessed to ensure they followed safe medicine practice.
- Records showed medicines were managed safely and relatives told us their loved one's medicines were managed safely.
- Medication audits were not consistently taking place as systems allow some auditing. The last such audit was in August 2021. Such audits would help manage any irregularities. However, during the inspection no irregularities were found.
- The electronic Medication Administration Records (E-MARS), did not have any way of adding 'body maps' for topical creams. Paper records of body maps were available during the inspection.

Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to preventing and controlling infection. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Learning lessons when things go wrong

● Accidents and incidents were dealt with appropriately as and when they occurred. However, there were no systems in place to learn from incidents or identify possible themes in order to reduce the chance of a similar incident occurring again. The provider has initiated a new system of audit for accidents and incidents since the inspection and assures us that they will be using this information to learn lessons moving forward.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- Relatives told us that staff asked about preferences and choices during assessments and care planning reviews. One relative said "[Name of deputy manager] always makes sure that they ask what [relative] liked so that they can plan for activities".
- One person's case plan highlighted that they enjoyed watching repetitive moving objects on a screen. The Provider and the activities co-ordinator supplied an electronic tablet for them to watch fish and fireworks on the tablet whilst in the communal area.
- The provider's new electronic monitoring system flagged up alerts when tasks needed completing and these were monitored daily. The system also alerted when care plans/risk assessments needed updating or when staff were due training. The system enables managers to have oversight of the service and action any discrepancies or areas of concern promptly. At the time of inspection, the home was operating both the electronic system as well as paper files due to the time taken to transfer information from paper to the electronic records. Therefore, some records were incomplete.

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 that the activities co-ordinator was providing information in alternative formats to people with different communication needs. There was an emphasis upon inclusion within the home, which meant that staff encouraged all people to participate in activities, regardless of communication barriers. For example, we saw an activity where people were making 'mock' presents. The activities co-ordinator was ensuring that people with impairments were given appropriate support whilst ensuring that they fully participated in the activity.
- We saw that picture menus were used alongside visual presentations of food to help people make choices.
- The home was being extensively painted and decorated during the time of the inspection. The provider explained that this was in response to previous concerns about the décor and signage in accessible format around the property.

At our last inspection the provider had failed to ensure that people were supported with personalised care that reflected their needs. This was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014; personalised care.

Enough improvement had been made at this inspection and the provider is no longer in breach of regulation 9.

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

- A family member told us, "The staff really care how [person using the service] has good relationships outside the home. During Covid lockdown, they were very worried about making sure [person using the service] had phone-calls and visits safely". This supported the person to maintain relationships that were important to them.
- We saw that people had the opportunity to take outings from the service safely with family members to support community and family links.
- We saw that people were encouraged to pursue their hobbies and interests. Care Planning records detailed people's interests, and the activities co-ordinator was very keen to promote those interests. For example, we saw that the co-ordinator had ordered books in different formats to ensure that people who identified that they previously had pleasure from reading, could continue to do so in an easily accessible manner.

Improving care quality in response to complaints or concerns

- The Provider has invested in an electronic case management system, which included a care planning tool and medication tool, to support better care planning and medication handling. This was in response to concerns raised by the CQC at the last inspection. The system allows staff to log concerns and objectives quickly, whilst ensuring that managers can respond to concerns quickly.
- Complaints had been dealt with effectively and in a timely manner. However, there was no policy in place to ensure that lessons are learnt or any formal system of ensuring that complaints and concerns are investigated for patterns and behaviours that could reduce future incidents.

End of life care and support

- There were no people at the end of life during the inspection. However, we saw that there had been discussions around end of life wishes with some people and their relatives. The records were inconsistent, however the provider told us that this was due to the fact that they were in the process of transferring data from paper care files to the new electronic system.

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 Requires Improvement. At this inspection this key question has remained the same. 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.

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

- The staff and deputy manager demonstrated a person-centred approach for the people they supported. People told us they had choice and control and were involved in day to day decisions.
- Staff felt well supported and staff, people and relatives expressed confidence in the management team. A staff member said, "The deputy manager is very good. [Name] is very easy to talk to and explains things to us."
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

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 provider and deputy manager understood their responsibilities in relation to the duty of candour regulation and were able to discuss how they would meet this requirement. During the inspection they were transparent about the fact that they had failed to complete some audits to ensure better management of concerns.

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

- We found that one staff member did not have a Disclosure and Barring Service (DBS) certificate in place. This meant that the provider had not ascertained the risk of the person working at the service and oversight systems had failed. The provider immediately rectified the position.
- The provider was transparent and told us that many audits had not taken place that could identify areas of improvement. The provider explained that the deputy manager completed audits on the environment, health and safety, risk management and supporting staff, however significant areas such as recruitment and care planning were not audited.
- The provider understood their responsibilities of oversight and assured us that a system of audit was being arranged. Further to the inspection, they provided us with some audit plans that they intended to use in the future. Although, there were concerns about a lack of robust auditing, we found that the provider had good knowledge of the service and people's needs. They were in the process of making significant changes to how they had oversight of the service. However, at the time of inspection, these plans had not been actioned.
- The service is managed by the provider who is also the registered manager. They are supported by an

experienced deputy manager.

- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision; we saw schedules reflecting this. This gave staff the opportunity for learning and development.
- The provider had notified CQC of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the service.

At our last inspection we found the provider did not have processes in place to monitor, audit and assess the quality of the service being delivered. We found processes were ineffective in identifying all areas requiring improvement and ensuring actions are taken in a timely way. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 good governance.

Not enough improvement had been made at this inspection and the provider continues to be in breach of regulation 17.

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

- People, their relatives and staff were given the opportunity to give feedback via discussions. This gave them the chance to express their views and opinions. This feedback showed positive comments which included, "I do not worry about my family member as much now as I know they are in capable hands", "I have noticed a huge difference in the quality of life of my family member" and, "The support workers here really care and know not to treat us like children"
- Where people requested, the staff would communicate with external professionals on their behalf. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

Working in partnership with others

- A District Nurse told us that they visit the service regularly. They said "[deputy manager] is very keen to ask questions and learn how to better support people who have health concerns". The District Nurse also told us that they felt well supported in the Home and that the provider, deputy manager and other professionals worked together to provide good quality care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's processes were ineffective in identifying all areas requiring improvement and ensuring actions are taken in a timely manner.