

ACG Operations LTD

# Inwood House

## Inspection report

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14 July 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Inwood House is a residential care home providing accommodation and personal care to older people and people living with dementia. At the time of this inspection 28 people were living at the home. The service can support up to 55 people.

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

Safe recruitment procedures made sure staff were of suitable character and background. There were enough staff employed to help people keep safe. However, staff could have been deployed more effectively during busier times of the day. There were systems in place to recognise and respond to any allegations of abuse. Medicines were stored safely and securely. There were effective systems in place to ensure people received their medicines as prescribed.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. People enjoyed the food served at Inwood House and were supported to eat and drink to maintain a balanced diet. People were supported to maintain good health and have access to health and social care services as required.

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. There were effective systems in place to monitor and improve the quality of the service provided. The service had policies and procedures which reflected current legislation and good practice guidance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 31 December 2021) and there were breaches of regulations. 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 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 COVID-19 and other infection outbreaks effectively.

We carried out an unannounced focused inspection of this service on 31 August 2021. Breaches of legal requirements were found. 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, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive 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 Inwood House 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.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Inwood House

## 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.

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 team was made up of one 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

Inwood House 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. Inwood House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 July 2022 and ended on 19 July 2022. We visited the service on 13 and 14 July 2022.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioners and safeguarding team, and from Healthwatch, Wakefield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who lived at Inwood House and nine people's relatives about their experience of the care provided. We met with the quality improvement manager, the nominated individual, the registered manager and the deputy manager. We spoke with eight members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed daily life in the service, including part of the lunch time service. We looked around the building to check environmental safety and cleanliness. We looked at written records, which included five people's care records and four staff recruitment files. A variety of records relating to the management of the service were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included reviewing the provider's policies and procedures.

# 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 our last inspection the provider had failed to ensure robust systems were in place to demonstrate medicines were managed safely. 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.

- Medicines were stored safely and securely, administered as prescribed and disposed of properly.
- Senior care staff took responsibility for dispensing medicines. They had received training in medicines management and their competency in this area was checked.
- People's medicines administration records (MARs) were completed appropriately, in line with the provider's own policies and procedures.
- Some people were prescribed medicines on an 'as required' basis (PRN). In these cases, we saw there was clear guidance for staff on when a PRN medicine may be required by the person.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure robust systems were in place to demonstrate risks to health and safety were managed safely. This was another 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.

- Risks to people were managed. Where risks to a person had been identified there was an associated risk assessment with clear guidance for staff. For example, people who were assessed as having nutritional risks were regularly weighed and had their food and drink intake monitored.
- Accidents and incidents were recorded. The provider's 'Lessons Learnt' form was completed with details of each incident, the immediate action taken, post-accident analysis and when any learning was shared with staff. We saw this was usually at the daily '10 at 10' staff meetings.
- Regular checks of the building and the equipment were carried out to help keep people safe. The home had all the necessary safety certificates in place.
- Risks to people in the event of a fire were regularly reviewed. There were regular checks of firefighting

equipment. Staff took part in fire drills.

## Staffing and recruitment

At our last inspection we recommended the provider consider current good practice guidance and implements a system to ensure staff are consistently and effectively deployed to meet people's needs. The provider had made some improvements.

- There were enough staff employed to help keep people in safe. The registered manager completed a staffing dependency tool to calculate staffing levels. The tool was based on current occupancy levels and the needs of each person living at the service. However, we found improvements were needed to how staff were deployed throughout the home during busier periods of time. For example, some care staff shifts finished at 1pm which was during the busy lunch time service.
- Comments from people, their relatives and staff about staffing levels were mixed. In the main relatives told us they felt there were enough staff. Staff felt there were enough staff on shift when inexperienced agency staff were not part of the rota. One member of staff told us, "Sometimes there are not enough staff, as too much agency. It can feel like 'babysitting' as some agency staff are not trained in care." However, staff did also confirm the use of agency staff was reducing and more permanent staff were being recruited.
- Recruitment processes were safe. Recruitment files contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) reference number. DBS checks provide information including details about convictions and cautions held on the Police National Computer. These checks help employers make safer recruitment decisions.

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

- Most relatives spoken with confirmed they felt their loved one was safe living at Inwood House. Comments included, "Staff keep us very well informed. They have been giving us regular information so we feel that [relative] is in safe hands."
- Staff confirmed they had received training in safeguarding vulnerable adults from abuse. Staff were confident any concerns they raised would be taken seriously by management.
- There were systems in place to record safeguarding concerns raised with the local authority, the action taken and the outcome. Managers used an electronic spreadsheet to track progress through to closure.

## Preventing and controlling infection

- 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was taking place in accordance with the current government guidance.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff confirmed they had an induction. This included completing mandatory training and shadowing more experienced members of staff.
- Staff received regular training. This was via a mix of eLearning and face to face classroom style training. The registered manager kept an electronic record of staff compliance in this area so they could track if any training was overdue.
- There were no records of staff having yearly appraisals. Supervision records from earlier in the year were more about performance management rather than giving staff a supportive opportunity to reflect and learn. However, the registered manager had a supervision matrix in place for the year ahead. They had started to have supervisions with staff and the records of these showed they were much more collaborative than was previously the case.
- Staff told us they felt supported by managers and colleagues. Comments from staff included, "Managers ask me all the time how I am getting on" and "There is definitely a difference since I started working here. There are now much better managers, people you can go to [names of registered manager and clinical lead]. I can't fault them [managers]."

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

- People's nutritional needs were met. People told us they enjoyed the food served at Inwood House. One person told us the food was very good and they had enjoyed their lunch.
- The lunch time dining experience was busy. Where people needed support from staff we saw this was done in a sensitive and caring way, although staff did not always get down to the person's eye level. The environment was not as relaxed as it could have been. There was a lot of noise; music, fans whirring, staff having to shout over the noise to talk with people. Tables had not been set in advance with condiments, cutlery or serviettes.
- Some people had specific dietary needs for health or cultural reasons. We saw these needs were catered for. There was a list in the kitchen of people's dietary requirements and the food preferences for people who had recently moved to Inwood House.

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

- People were supported to access health and social care services, as required.
- People's care records contained details of the professionals involved in their care. Care records were updated following their visits.

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

- The premises were suitable for people living with dementia and for people with mobility difficulties.
- There was clear signage of communal areas, such as toilets and dining rooms.
- People's bedrooms were individualised and decorated with personal items of their choosing.
- The home was well-maintained and accessible to people using the service.

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

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 MCA. In care homes 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had a good understanding of the MCA. Staff confirmed they had received training in this area. They were able to give us examples of how they gave people choices.
- The service was working within the principles of the MCA. People's care records contained consent to care documents. It was clear where people did not have capacity and would require support with making some decisions.
- The registered manager understood their responsibilities regarding DoLS. The quality improvement manager was working with the local authority to ensure they applied for any renewals within the required timescales.
- The registered manager told us people's care and support needs were assessed before they moved in to ensure they could provide an appropriate service.

# 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 inadequate. 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 ensure systems were either in place or robust enough to demonstrate good governance. This was a breach of regulation 17 (Good governance) 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.

- There were effective quality assurance and governance systems in place to assess the safety and quality of the service. Any issues identified were recorded and acted upon. For example, the registered manager had recently undertaken an audit of people's dining experiences and like us, had identified improvements were needed.
- The quality improvement manager kept oversight of the service by regularly visiting and completing provider audits.
- The provider had a comprehensive set of policies and procedures. We saw these reflected current legislation and good practice guidance.

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

- Relatives told us they thought the management of the service was improving. Comments included, "Three months ago I would have made very negative concerns about the management team. However, this new team are a complete step up. Staff are happier. There has been a complete turnaround, better atmosphere and less agency staff" and "Things have settled down since [name of registered manager] arrived. Staff morale seems to be picking back up."
- Staff told us they enjoyed working at Inwood House. They said they felt valued and supported in their jobs. Comments included, "I care about this job, I really care about the residents" and "I love my job, I never don't want to come to work. We [staff] pride ourselves on our jobs, we want to do our best."
- The provider continued to ensure the ratings from their last inspection were clearly displayed on the premises and on their website.
- The registered manager understood their role in terms of regulatory requirements. They were aware of

their obligations for submitting notifications in line with the Health and Social Care Act 2008.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were some systems in place to ask people living at Inwood House, their relatives and the staff for their views of the service. Staff confirmed they took it in turns to attend the daily '10 at 10' staff meetings. There were records of meetings taking place with all staff, but these were infrequent. We were told these would be happening monthly. The quality improvement manager also told us quarterly meetings for people living at Inwood House and their relatives were being introduced.
- The provider sent out satisfaction surveys to people, their relatives and staff. Staff confirmed they were asked for their views of the service via questionnaires.
- The administrator produced a newsletter to help keep people up to date with what was happening at Inwood House. Some relatives told us they would like to receive this more frequently.
- The quality improvement manager and registered manager were working with the local authority to improve the service.