Inglewood Nursing Homes Limited

Inglewood Nursing Home

Inspection report

7-9 Nevill Avenue
Hampden Park
Eastbourne
East Sussex
BN22 9PR

Tel: 01323501086
Website: inglewoodcare.co.uk

Date of inspection visit:
13 June 2023
20 June 2023

Date of publication:
11 July 2023

Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Inglewood Nursing Home is a residential care home providing regulated activities personal and nursing care up to 60 people. The service provides support to people who were living with a range of health care needs. Some people had memory loss associated with their age and physical health conditions. At the time of our inspection there were 50 people using the service.

People's experience of using this service and what we found
Improvements were needed for some aspects of record keeping. We discussed this with the registered manager and senior managers from the provider and they told us what actions they would take to address this.

There were systems in place to keep people safe and protected from the risk of harm and abuse. Staff were aware of the risks associated with people they supported. There were risk assessments to guide staff. Medicines were managed safely by staff who had received the appropriate training. There were enough staff, who had been recruited appropriately to support people. The home was clean and tidy throughout.

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 was a positive culture at the home. People, relatives and staff spoke well of the home. They were regularly asked for feedback to improve and develop the home for the benefit of people living there. The registered manager had good oversight of the home and knew people and staff well. There was a quality assurance system which helped identify areas to improve and develop.

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 13 February 2018).

Why we inspected
This inspection was prompted by a review of the information we held about this service. 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 undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Inglewood Nursing Home on our website at 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?

Good

The service was safe.

Details are in our safe 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 Nursing 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
The inspection was undertaken by 1 inspector.

Service and service type
Inglewood Nursing 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. [Care home name] is a care home [with/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

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service.
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 used all this information to plan our inspection.

During the inspection
During the inspection we reviewed a range of records. These included 2 recruitment records, accidents and incidents and quality assurance audits. We looked at medicine administration , 4 care plans and risk assessments along with other relevant documentation to support our findings.

We spoke with 9 people who lived at the home. We also gathered feedback from the relatives and representatives of 3 people. We spoke with 17 staff members; this included the registered manager and 2 senior managers from the provider. We also contacted 3 health and social care professionals for their feedback.

We observed people in areas throughout the home and could see the interaction between people and staff. We watched how people were being supported by staff in communal areas, this included the lunchtime meals.

Good

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 good. At this inspection the rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- Systems were in place to ensure people were protected from the risk of harm from abuse or discrimination. Staff received safeguarding training. They told us what actions they would take if they were concerned people were at risk of harm through abuse or discrimination.
- Safeguarding concerns were referred to the local authority safeguarding team appropriately.

Assessing risk, safety monitoring and management
- Risks to people were managed safely. Staff knew people well and understood people's individual needs and the risks associated with their care. Staff told us how they supported people to manage risks safely.
- Staff explained how they checked people's skin integrity to ensure there was no pressure damage and where required supported regular position changes. Care plans and risk assessments informed staff how to support people safely and appropriately.
- Environmental and maintenance risks were identified and managed. Regular health and safety checks were completed. Servicing contracts were in place included electrical equipment, gas and lifting equipment.
- Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation.

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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment
- There were enough safely recruited staff to support people. We saw that people were attended to

promptly and call bell audits were completed to confirm this. Staff told us they were always busy and whilst there was enough staff to provide the care people needed they would like to be able to spend more time with people. The registered manager and senior manager told us this was something they were aware of and continually monitored staffing to ensure people's needs were met. In case of staff absences, through leave or sickness regular agency staff were used.

● Staff received regular training to ensure they had the knowledge and skills to support people safely. Training was provided to meet the specific needs of people living at the home.

● Relevant pre-employment checks were completed before staff started work at the home. This included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was a record of the registered nurses personal identification number (PIN) and this was checked by the provider to ensure they were safe to practice.

Using medicines safely

● There were systems in place to ensure medicines were ordered, stored, administered and safely using an electronic medicines system. Staff told us the electronic medicines system helped ensure medicines were given correctly. It included prompts and safeguards, for example, alerting staff when time specific medicines needed to be given.

● Protocols were in place for most medicines that had been prescribed 'as required' (PRN). Where they were missing staff knew people well and were familiar with their needs so were able to offer these medicines appropriately. Safeguards within the electronic medicine system helped ensure medicines were given safely. The senior manager explained that the medicine system was relatively new and work was ongoing to ensure all PRN guidance was added to the system.

● Medicines were given to people individually in a way that suited each person and people told us they received their medicines when they needed them. Medicine administration records (MARs) were completed after the medicine had been given. Only staff who had received medicine training and been assessed as competent gave people their medicines.

Preventing and controlling infection

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and tidy throughout.

● 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 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.

● Family and friends were free to visit the home whenever they wished.

Learning lessons when things go wrong

● Accidents and incidents, safeguarding concerns and complaints were used as learning to improve the care provided. Outcomes from investigations were shared with staff, where appropriate. This helped ensure staff were aware of any changes to care, support and practice. Staff recorded and reported the concerns they identified.

Requires Improvement

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 for this key question has remained 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

- At the last inspection we identified improvements were needed in relation to record keeping including mental capacity assessments, to ensure they were decision specific and the recording of best interest decisions were in place. Whilst some improvements had been made further development was needed to ensure these improvements were consistent and embedded into everyday practice.
- Some people's care plans stated the person lacked capacity. However, mental capacity assessments had not always been recorded to demonstrate how decisions had been made, for example room sharing and the use of bed rails. The registered manager told us about conversations held with people and their families before decisions were made but these had not been recorded. Assessments of people's needs showed how decisions about people's capacity had been considered but these had not always been developed to demonstrate how individual decisions had been made. For other people these assessments had been recorded.
- Care plans were not in place to guide staff in relation to all people's needs. This related to shared rooms and how to support a person who may experience seizures. However, staff were able to tell us in detail about how they supported people to ensure their needs were met.
- A senior manager and the registered manager told us about changes that would be made to the audit system to help identify any future shortfalls in a timely way. Other care plans contained guidance for staff to enable them to provide the care and support required. Daily notes demonstrated the care had been given.

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

- People and relatives spoke highly of the care and support people received. One person told us, "Carers, I couldn't fault them really, they're caring, friendly and engage well. I feel well looked after." One relative said, "Couldn't fault it even if I wanted to. Anything [name] wants, they get it for her."
- Staff told us how they involved people in their care to ensure they received the support they needed and chose. They asked people's consent before providing care to ensure this was what they wanted. One staff member said, "Some people may lack capacity but you can enable them to make their own decisions. We talk to them, explain what we're doing, look at them and listen to their voice and body language." All staff described the importance of spending time with people. They recognised some people may be lonely and needed to spend time chatting with staff. We observed this happening throughout the inspection.

● Staff spoke of working in a supportive environment. One staff member told us there had been improvements in the culture. They said, "Staff are working as a team and things have improved." Another staff member told us, "The team are like my family, we have a bond."

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 was aware of their responsibilities. This included those under duty of candour. Relevant statutory notifications were sent to the CQC when required.

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

● Feedback was gathered from people, their relatives and staff through surveys, meetings and observations. This was used to develop the service and improve the quality of care provided. People and relatives were also encouraged to feedback informally through day to day discussions with staff. Staff received regular supervision which enabled them to identify areas of practice to develop.

● Relatives told us they were involved with their loved ones care and support and updated when there were changes to people's health and support needs.

● Complaints were investigated and responded to. Compliments were displayed so that people and staff were aware of the feedback.

Continuous learning and improving care; Working in partnership with others

● The management team had good oversight of the home and how people were being supported. Regular meetings were used to ensure that everyone leading the home in various departments were aware of what was going on, how people were and what needed to be done. Care staff were updated at shift handovers.

● Audits were used to monitor the care and support provided to people. These identified if there were any themes or trends which needed to be addressed. There was an action plan which contained any issues raised by specific audits and updated when these had been addressed.

● Staff worked with external health and social care professionals to improve and develop the service and help meet the needs of people living there.