

Ingham House Limited

# Ingham House

## Inspection report

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East Sussex  
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Tel: 01323734009

Date of inspection visit:  
13 July 2017

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Ingham House provides long term and respite care for older people including those with a dementia diagnosis. People's care needs varied, some people required care and assistance with all areas of daily living, whilst others required support and guidance as their needs were less complex. Some people were independently mobile and able to walk unaided or with the use of walking frames others required full assistance with their mobility.

The service is registered to provide care for up to 37 people. At the time of the inspection there were 33 people living at the service.

We carried out a comprehensive inspection of Ingham house on 7 and 8 February 2017. After that inspection we received new information of concerns in relation to people's safety and the leadership of the service. As a result we undertook a focused inspection on 13 July 2017 to look at these concerns. The last inspection identified a breach of legal requirement in relation to records and quality assurance systems. After the inspection, the registered manager wrote to us and confirmed the regulation had been met and ongoing monitoring of this was established. At this inspection we found improvements had been made and the provider was now meeting all legal requirements. This report only covers our findings in relation to the breach of regulation and concerns raised regarding safety and the leadership of the service. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ingham House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Ingham House has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Feedback from people and relatives was positive about the care people received at Ingham House. People felt safe and lived in a safe and clean environment. People's individual needs were risk assessed and responded to. Medicines were stored and given safely and in accordance with people's individual prescriptions. The recruitment procedures followed ensured staff and volunteers had required checks completed before they worked unsupervised in the service. Staffing numbers ensured people had their care and support needs attended to.

Staff knew people well and had a good understanding of their care, support and emotional needs. Staff enjoyed working at the home and felt fully supported by the management team. The registered manager and deputy manager had a high profile in the service worked alongside the staff and was available to people and their relatives. Feedback was regularly sought from people, relatives and staff and was responded to in order to improve the service. People were encouraged to share their views on a daily basis, through meetings and satisfaction surveys. Systems to monitor the quality of the service and to receive feedback from people and their relatives were established and responded to.

Full details of our findings can be found in the main body of the report under safe and well-led.

## 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.

People lived in a safe and clean environment. Individual needs were assessed and responded to by a suitable number of staff who knew people well.

Medicines were stored and managed safely. Recruitment practices ensured staff and volunteers had relevant checks completed before they worked unsupervised.

Good 

### Is the service well-led?

The service was well-led.

Systems to monitor the quality of the service and to receive feedback from people and their relatives were established and responded to.

The registered manager and deputy manager were approachable and had a high profile in the service.

Staff felt supported and spoke positively of the management arrangements.

Good 

# Ingham House

## 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 checked 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.

The inspection took place on the 13 July 2017. This visit was unannounced and started at 06.00 in the morning in order to review what care was being provided by night staff to people early in the morning. It was completed by two inspectors.

Before our inspection we reviewed the information we held about the service. We considered information, which included contact with our call centre and correspondence sent to us safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the Local Authority to ask them about their experiences of the service provided to people.

At the time of the inspection there were 33 people living at Ingham house. During the inspection we talked with three people who use the service and five relatives. We spent time talking to most staff working on the day of the inspection and this included the registered manager, deputy manager, the chef, the administrator, two activities co-ordinators, two housekeepers, two senior care staff and five care staff one of which was employed via an agency. Following the inspection visit we spoke with two specialist nurses and a local GP.

We case tracked three people. This is when we look at all aspects of a person's care to get a picture of their care needs and how these are met. We also looked at documentation in a further two care files to follow up on specific health conditions and areas of care for people, including risk assessments. Medicine Administration Records (MAR) charts were checked and medicine administration was reviewed. We read daily records and charts and attended a daily handover between staff. We checked records relating to staff police checks and other records relating to the management of the home including complaints accidents

and quality assurance.

## Is the service safe?

### Our findings

People and their relatives were confident they were safe living at Ingham House. They told us staff were attentive and attended to what they needed when they wanted. One person said "Yes I feel safe and well cared for." One relative explained how they were worried about their relative when they lived at home on their own. "They were unsafe at home I have no worries now she is here." A visiting health professional told us staff contacted them when people needed additional health care and had worked with them recently to ensure people received safe and appropriate health care at the end of their life.

At the last inspection carried out on 7 and 8 February 2017 we asked the provider to make improvements in relation to medicine, risk assessment and care documentation. At this inspection we found that improvements had been made.

When the inspectors arrived six people were in the lounge. Although they were alone in a lounge area, the homes' chef was nearby and provided early morning drinks. People were comfortable and chatting with each other. One told us they were very happy to be up and about early. "I am an early bird." People's individual choices around getting up early in the morning were reflected within their individual care plans.

There was no call bell facility accessible to people while in this lounge area and staff had to make regular checks to ensure they were safe. The registered manager told us the call bell facility throughout the service was being reviewed to ensure an effective system and was able to show cost estimate quotations already sourced. This was to include an extra call facility within the lounge areas for people and staff to use. In addition the use of staff pagers within the system will notify staff who is ringing without having to go to one of two central call display panels.

People and staff told us there was enough staff on duty to respond to individual needs and a dependency tool was used to calculate the staffing numbers required. The registered manager confirmed the staffing numbers were flexible and were increased when individual needs required this. Records confirmed an increase of night staff when people required individual one to one support. However it was not clear how two care staff working at night would ensure emergency situations would be responded to quickly and effectively. This included fire evacuation procedures. The provider reviewed the evacuation procedures as a priority with the local East Sussex fire and rescue service to ensure safety of people who were not mobile. This included the provision of extra staff when immobile people were cared for on the first floor.

Possible risks to people's safety from the environment and equipment were well managed and the management carried out regular health and safety checks. This included regular checks on the hot water supplied and accessible to people. An emergency contingency plan that provided information concerning the safe management of adverse events such as fire, and included relevant contact details for contractors was available for staff. A fire risk assessment had been completed and fire procedures were in place. Personal emergency evacuation plans (PEEPs) were completed and recorded the number of staff required to assist. The home was clean, tidy and well maintained throughout. The laundry was appropriately equipped and red bags were used for soiled laundry. Staff followed infection control procedures, there were

adequate handwashing facilities throughout the home and staff used personal protective equipment. Visiting health care professionals told us they had raised with staff when best practice was not being followed and staff had changed to ensure best practice in infection control was being followed at all times. Records confirmed staff received training on infection control procedures.

Medicines were managed safely. Systems followed ensured the safe storage and administration of medicines and there was a clear medicine policy and procedure to follow. Storage facilities were appropriate and staff monitored the temperature of areas where medicines were stored which ensure medicines were not damaged before use. Medicines were only administered by staff who had undergone additional training. When administering medicines, staff followed best practice guidelines. For example medicines were administered individually with the Medication Administration Record (MAR) chart only being signed once the medicine had been administered. Staff ensured people had a drink and were in a comfortable and safe position to take their medicine.

People received their medicines when they needed them and in accordance with their individual prescriptions. A number of people were prescribed medicines 'as required' (PRN). People took these medicines only if they needed them, for example, if they were experiencing pain. Separate individual guidelines for the administration of PRN medicines were in place for each person. These guidelines record why, when and how the medicine should be administered, and gave clear guidelines for staff to follow. For example, one person was prescribed a medicine each day with the option for an extra amount of medicine to be given if needed. This medicine was to reduce agitation and anxiety and the guidelines in place ensured additional use of medicine was kept to a minimal and therefore promoting this persons wellbeing. The guidelines were found to be current and accurate. For example a person who had been admitted the day prior to the inspection visit had full guidelines in place for all their PRN medicines.

Risks to people's safety and care were identified and responded to. People were routinely assessed regarding risks associated with their care and health. These included risk of skin damage, nutritional risks and moving and handling. These were used to reduce any risk and provide safer care. For example, one person had a risk associated with eating they had been assessed by Speech and Language Specialist and guidelines to promote safe eating were included in their care plan. Staff followed these guidelines and ensured whenever they ate a staff member was with them. Accidents and any skin damage were recorded and the circumstances of these were reviewed by the registered manager to identify if there were any trends to be explored.

Due to the facilities and lay out of the service the mobility of people was reviewed regularly and taken into account within the care provision to ensure people's safety. We were told that those people who needed assistance in moving used a stand aid as they could hold their weight when standing. Staff received training on moving and handling people safely and we observed them using the stand aid appropriately and safely.

The recruitment practice followed ensured required checks on prospective staff were completed. Each member of staff and volunteer had a disclosure and barring check (DBS) completed by the provider. These checks identified if prospective staff had a criminal record or were barred from working with children or adults at risk and ensured only suitable people worked at Ingham House.

## Is the service well-led?

### Our findings

People and relatives were positive about the management of the service and the atmosphere maintained. The registered manager had regular contact and made themselves available to people and relatives. Relatives approached her throughout the inspection day for updates and discussion about people's health and wellbeing. One relative told us "It's a relaxed atmosphere here, we love it. Any questions we talk to the manager or the deputy." Another relative said "I and my mother have been supported very well by the manager and the staff. They could not have been better at a difficult time for me. I have been able to stay here. It is just like someone's own house here."

We carried out a comprehensive inspection of Ingham House 7 and 8 February 2017 where we found a breach of legal requirements in relation to records and quality assurance systems. The registered manager sent us an action plan following the inspection and told us the service was fully compliant with required regulations. At this inspection we found improvements had been made and the provider was now meeting all legal requirements.

There was a clear management structure at Ingham House and staff knew what their roles and responsibilities were and who they reported to. The registered manager was supported by a deputy manager and an office administrator. Each shift was led by a senior carer who organised the care and support provided on a daily basis. Communication systems included a verbal handover at the beginning of each shift which covered key areas of care and support. Information was shared between staff regularly and a communication board was used to ensure staff were updated on specific and changing needs. A list of people was also used for new or any agency staff to provide basic emergency and safety information relating to people. Staff had a good understanding and knowledge of people that included health and social needs. For example, staff knew how people liked to be cared for and what they had done in their younger years including past careers and family life.

Staff told us the service was well managed and they were fully supported by the management team that was said to be approachable and supportive. One staff member said "We have a lovely boss." Staff enjoyed their work and were enthusiastic about the service they provided. One staff member said "I love working here I truly love the work, working with people is so rewarding, I wish I had taken up this type of work years ago." Staff worked as a team to provide care centred around the individual. For example, the activity staff were attentive to people's personal care needs referring to the care staff whenever any need or information needed to be shared to ensure people's health and comfort. All staff referred to the registered or deputy manager for guidance and advice who in turn provided clear leadership. There was an on call arrangement to ensure ongoing advice and guidance was available to all staff throughout the day and night if required.

Staff received supervision and an annual appraisal which was used to monitor their individual skills and competency and to review any issues that impacted on their work or quality of the service. Staff told us they had the opportunity to raise any concern internally and knew there were other agencies to contact if concerns were not addressed. Staff were confident any concern would be dealt with effectively and quickly by the registered manager. Staff told us they felt they were listened to and their views were taken into

account. For example, one staff member told us "If anything is needed like any equipment all you have to do is ask and it is provided." Staff meetings were held on a regular basis and included a monthly meeting with the senior care staff. These meeting included a review of each person's care documentation with changes documented. Meetings held with staff were used to remind staff on best practice to be followed and to share information about the services development and planned changes. For example, planned refurbishments and changes to staffing numbers and personnel were discussed .The management also ensured staff were praised when achieving any qualification. Thanked for their hard work with any compliments received being shared. This promoted team cohesion and staff morale.

There were systems for monitoring the management and quality of the home. These included audits for different aspects of the work, for example, medicines, health and safety, and infection control. These had been used to improve the service. For example, the medicine audits had identified an issue with the ordering and supply of some medicines. This matter was addressed with the community pharmacist to ensure a timely provision of medicines. The registered manager had also recently conducted some night visits to review the quality of the service at this time.

Accident forms were reviewed by the manager who ensured trends and appropriate actions to minimise risks were implemented. For example, using sensor mats to alert staff when someone at risk of falling was getting out of bed unsupported. Complaints were documented and evidenced they were responded to appropriately. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

The provider enabled and sought feedback from people and those who mattered to them in order to improve the service. People and relatives were invited to meetings and were spoken to individually on a regular basis. They were given the opportunity to give feedback about the service and to raise suggestions and ideas to enhance the service. For example suggested changes to the garden to include a sensory area and water feature were being progressed. Quality surveys were also used to gain additional feedback that was audited and reported on in order to identify areas for improvement.

The registered manager told us about the areas they had identified to continue to improve the service provided. They were proactive on developing the service using recent research and best practice guidelines. For example, the registered manager is planning to introduce the Gold Standards Framework (GSF). GSF provides a systematic approach to provide person centred care to people at the end of their life.