

Ingham House Limited

Ingham House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 27 November 2018 and was unannounced.

Ingham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ingham House is registered to accommodate 37 older people, some of whom may be living with dementia. There were 33 people living at the home at the time of the inspection.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made. Care plans reflected people's assessed level of care needs and care delivery was person specific, holistic and based on people's preferences. Risk assessments included falls, skin damage, behaviours that distress, nutritional risks, including swallowing problems and risk of choking, and moving and handling. For example, to reduce risk of falls there was clear guidance of checking foot wear and mobility aids. A relative told us "They have worked out the risks, not many stay alone in their rooms and staff are ever present in the lounges, they are never unsupervised."

There were safe systems for the management of medicines and people received their medicines in a safe way. Staff and relatives felt there were enough staff and people said staff were available to support them when they needed assistance. All staff demonstrated a clear understanding of abuse; they said they would talk to the management or external bodies immediately if they had any concerns. Staff had a clear understanding of making referrals to the local authority and CQC. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home. Agency staff were used when required and the registered manager ensured the agency staff used had the necessary skills to work at Ingham House. People said they felt comfortable and at ease with staff and relatives felt people were safe.

People were supported to eat healthy and nutritious diets. People told us that "food was excellent" and "always lots of choices." Staff had received essential training and there were opportunities for additional training specific to the needs of the service. This included the care of people with specific health needs such

as diabetes. Staff had formal personal development plans, including two monthly supervisions and annual appraisals. Staff and the registered manager had a good understanding of the Mental Capacity Act. Where possible, they supported people to make their own decisions and sought consent before delivering care and support. Where people's care plans contained restrictions on their liberty, applications for legal authorisation had been sent to the relevant authorities as required by the legislation.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. People we spoke with were very complimentary about the caring nature of staff. People told us care staff were "kind" and "Patient and compassionate" and "They come in often to see if everything is alright-they listen to me and are very understanding and patient." Staff interactions demonstrated staff had built rapport with people and there was a lot of laughter and good-natured banter.

Activities were provided and were enjoyed by people who lived at Ingham House. Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. The service worked well with allied health professionals.

Staff said the management team was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was good; the manager was approachable and they would be happy to talk to them if they had any concerns.

Further information is in the detailed findings below.

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 ●

Ingham House remains safe.

Is the service effective?

Good ●

Ingham House remains Good

Is the service caring?

Good ●

Ingham House remains Good.

Is the service responsive?

Good ●

Ingham House remains Good

Is the service well-led?

Good ●

Ingham House remains Good

Ingham House

Detailed findings

Background to this inspection

We inspected the service on the 27 November 2018. This was an unannounced inspection. A second day on the 28 November was spent talking with health and social care professionals that visited Ingham House.

The inspection was undertaken by two inspectors 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.

We reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR) from 2017. This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the action plan provided following our last inspection. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which 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.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises.

We looked at six care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and how they obtained their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke and met with 20 people and four relatives to seek their views and experiences of the services provided at the home. We also spoke with the manager, provider, chef seven care staff and two volunteers. During the inspection process we spoke to health and social care professionals that worked alongside the service to gain their views.

We looked at areas of the building, including people's bedrooms, the kitchen, bathrooms, and communal

areas. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during lunchtime and in the communal areas during the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed the care which was delivered in communal areas and spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People felt they were safe living at Ingham House. Staff told us that they were confident they worked in a safe way to keep people safe. Comments from people included, "I am safe living here, I found I was needing more help, I came here, best thing I ever did," and, "You can tell someone if you are unhappy or are frightened, they will sit with you." A visitor told us, "I can discuss anything with the staff any time of day so I know my relative is safe, and is perfectly happy. All this gives me peace of mind and I can go home knowing they are safe in their hands."

Individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Care plans demonstrated how people's health and well-being was being protected and promoted. There were detailed plans which told staff how to meet people's individual needs. For example, people with mobility problems had had an assessment and a management strategy was developed and updated monthly or as changes occurred. This also included checking foot wear on a daily basis.

Records were kept of any accidents and incidents and the information was analysed for any patterns or trends. Health and safety checks took place regularly to help keep people safe. These included fire safety checks and checks on the home environment. Each person had a Personal Emergency Evacuation Plan (PEEP) which detailed the support they would require to evacuate the building safely.

People received their medicines safely. There were appropriate arrangements for the safe management of medicines. People's medication administration records (MAR) showed the medicines a person had been prescribed and recorded whether they had been given or the reasons for not giving. The provider had up to date medicine policies, procedures and protocols which included 'as required' medicines (PRN). The protocols for PRN pain management medicines gave clear guidelines as to when they be required and had visual cues for people who were not able to verbally communicate. Staff who administered medicines were trained and were required to undertake an annual competence assessment.

Staff were very clear on their responsibilities with regards to infection prevention and control and this helped to keep people safe. All areas of the home we saw were tidy and clean. We observed staff hand washing and changing aprons and gloves throughout the days. The registered manager was aware of reporting procedures for outbreaks of illness and took infection prevention seriously.

Robust checks had been carried out to ensure staff who worked at the home were suitable to work with vulnerable people. These included references, identity checks and the completion of a disclosure and barring service (DBS) check. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable groups.

The service had enough staff on duty to meet people's needs. The deputy manager told us they regularly checked the staffing levels by reviewing people's needs and speaking to staff. If staffing levels needed to change the deputy manager told us they would adjust them accordingly. A relative told us, "I feel there is enough staff, there always seems to be a lot of people around" another told us, "I would say they is enough staff on, they are very busy but I can always ask someone to help if needed." A staff member told us, "I think there is enough staff, we work well as a team and know what people want."

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Is the service effective?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People said that the staff knew their needs well. Relatives felt people received an effective service and health and personal care needs were being met. Comments included, "I am sure they are skilful and have been well trained to do what they do" and, "Very knowledgeable."

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff had completed essential training and this was updated regularly. In addition, they had undertaken training that was specific to the needs of people they supported. For example, dementia awareness. Staff's competency was also assessed through direct observations following training. There were systems to support staff to develop their skills and improve the way they cared for people. Staff received regular supervision. Supervision included an opportunity to discuss training, development opportunities, and review practice. Staff told us they were supported by the management team and they felt confident to approach them to discuss concerns. A staff member said, "They are excellent-they paid for my Activity course to obtain my Diploma and my 'Leading a team' course I couldn't ask for better support"

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. People that could, commented they felt able to make their own decisions and those decisions were respected by staff. People told us, "The carers always ask me first." and "Very respectful and polite, always tell me what's about to happen." We saw staff constantly talking, explaining to people and waiting for responses before assisting them.

People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence-based guidance that achieved effective outcomes. People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow Scoring Tool and a Malnutrition Universal Screening Tool (MUST). These assessments were used to identify which people were at risk of developing pressure wounds and action taken included appropriate equipment to relieve pressure to their skin, such as specialist cushions and air mattresses.

People told us their health was monitored and when required external health care professionals were involved to make sure they remained as healthy as possible. People's health needs were supported by a local GP surgery. Where required, people were referred to external healthcare professionals; this included the dietician, tissue viability team and the diabetic team. People were regularly asked about their health and services such as the chiropodist, optician and dentist were offered.

People were supported to have a nutritious diet and sufficient drinks to meet their needs. The meal time experience was good. Staff supported people to eat their lunch, did not rush them with their food and encouraged people gently to eat when required. People told us, "The food is good," "Lots of good food." People told us their favourite foods were always available, "They know what I like and don't like and there is always a choice, if I don't like the choices they cook something else." The chef told us, "We have one person on a soft diet at the moment, and we cater for diabetics." People's nutritional and hydration support needs were assessed and routinely monitored.

People's individual needs were met by the adaptation of the premises. The service has been consistently upgraded with a safe accessible garden area and large communal areas. All communal areas of the service were accessible via a lift. There were adapted bathrooms and toilets and hand rails in place to support people.

Is the service caring?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People, relatives and visitors gave positive feedback about the care provided at Ingham House. Comments included: "Staff are kind and caring and there are enough of them, they spend time with me, any queries I have, they sort out immediately." "I am treated with respect and dignity," "Plenty of staff, they are lovely and all seem to get on well with each other, they give me all the time I need, I think they all know me well," "Definitely treat me with dignity and respect" and "I get a lot of visitors and they are made very welcome."

People were observed to be comfortable around the staff. We saw people linking arms with staff when walking, smiling, laughing, and hugging staff. Staff spoke to people in a friendly and respectful way.

Staff promoted people's independence and involved people in their care and lifestyle decisions as much as possible. There was evidence of commitment to working in partnership with people, which meant that people felt consulted, empowered, listened to and valued. People had been involved in interviewing and meeting staff before they were employed. One person said, "I was asked for my help and opinion."

Privacy and dignity was an important part of the culture and values of Ingham House. People's privacy and dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were assisted to wash and get up. An equality, diversity and human rights approach to supporting people was well embedded in the service. One staff member said, "It's important that we treat people as they wish to be treated, allow them to be themselves."

People enjoyed the meal times and this was an important part of their life at Ingham House. The chef served the meals from hot trolleys and people were able to choose how much they wanted and what they wanted. Staff could also ensure that people's meals portions were appropriate for them and attractively presented. People could choose their drinks and some chose to have beer with their lunch and this was readily offered. For people living with dementia, staff members offered options which enabled them to make a choice at the time of the meal. There were two meal services and people chose when they wanted to eat and where they sat. People sat with their friends and there was a lot of laughter and good-natured banter. This had enabled them to make their own choices which made meal times an event to be enjoyed.

People's rights to a family life were respected. Visitors were made welcome at any time. Lounge areas were welcoming and we saw people enjoying spending time in this area with visitors during the days of our visits. One relative told us, "We are always welcomed by staff and offered refreshments."

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff had completed training in equality and diversity and human rights. People had detailed care records to ensure staff knew how they wanted to be supported.

People could express their views and were involved in making decisions about their care and support and the running of the home. Residents' meetings were held on a regular basis. These provided people with the forum to discuss any concerns, queries or make any suggestions. Ideas and suggestions were taken forward and acted on. For example, menus, activities, trips out and laundry services.

Is the service responsive?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People were involved in developing their care, support and treatment plans as much as they wished to. A senior staff member said, "We try to involve people all the time in how they want their care delivered, sometimes we have to rely on families." One person said that staff did discuss their care with them regularly.

People were supported by a long-standing staff team who knew them well and understood how they preferred their care to be provided. The members of staff we spoke with demonstrated a good knowledge about the people they supported, and could tell us about people's likes, dislikes, habits, routines and life history. This knowledge helped staff to provide person centred care to people.

People's needs had been assessed before they moved into the home, to ensure they could provide the support and care needed to meet their needs. Records confirmed people and their families or representative had agreed with the information recorded, as well as consent for photographs, sharing the information with external professionals and for reviews of their care plan.

Care plans contained information about the person's needs and how these should be met. Information was recorded on managing risk, health, and people's preferences for their care. Each section of the plan was reviewed monthly which ensured the care the person received reflected their current need.

The staff team had an understanding of the Accessible Information Standard and discussed ways that they provided information to people at Ingham House. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff told us of pictorial methods used for some people and of how this enabled people to make choices. For those who had a visual impairment staff used large print and said they could provide information on tape so people listen to the information.

Managers and staff worked with other healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. This included having 'anticipatory medicines' available, so people remained comfortable and pain free. We looked at the care plan for one person who was approaching end of life care. The documentation had reflected care had been adjusted for this stage of their life. It emphasised the need for constant monitoring of pain and of ensuring food and fluids should be offered regularly in small amounts.

Activities at Ingham House were planned and tailored to meet peoples' preferences and interests as much as possible. We were told that the format of activities might change on the day depending on who chose to attend and how many. A programme of events was displayed in the communal areas of the home. These included one to one sessions, exercises, quizzes, craft sessions and musical and film sessions. During our inspection we saw a number of activities taking place and enjoyed by people. There were regular trips out into the local community which people really enjoyed and looked forward to.

Staff and resident/family meetings were held regularly, times of meetings were displayed and details of suggestions and discussion points were recorded and actioned. For example, meal choices.

The provider had established an accessible effective system for identifying, receiving, recording, handling and responding to complaints. A complaints procedure was displayed in the reception area of the home and in other communal areas. A complaints log is kept and monitored by the registered manager. There was evidence complaints were fully investigated, responded to, apologies given if there was a need to with actions they were going to take.

Satisfaction surveys had been sent out regularly in respect of getting feedback on the service. These were collated and the survey outcomes shared with people families and staff. The actions to be taken were also shared. One visitor said, "I give feedback all the time."

Is the service well-led?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

Effective management and leadership was demonstrated in the home. The ethos of the home was embedded into how care was delivered and the commitment of staff to provide good quality care and person specific care. The registered manager and staff had a strong emphasis on recognising each person and their identity. Staff wanted to provide care that was individual to that person and it was clear staff recognised each person in their own entity. From observing staff interaction, it was apparent staff had spent considerable time with each person, gaining an understanding of their life history, likes and dislikes. Care was personal to each person and staff clearly focused on the individual and their qualities.

The registered manager took an active role in the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The culture of the service was described as open and friendly, by people and staff. Staff were happy to challenge poor practice if they saw it and would contact the registered manager or other senior staff immediately if they had any concerns. Comments from staff included, "Very open management style I feel that I can approach any of the management team about anything," and "The management team work with us and I know that if I was worried or saw something not right I could talk to any of them."

Quality monitoring systems had continued to be developed and embedded since the last inspection. There were a wide range of audits undertaken to monitor and develop the service and we looked at a selection of these. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so quality of care was not compromised. Areas for improvement were on-going such as care documentation. Where recommendations to improve practice had been suggested, from people, staff and visitors, they had been actioned, such as laundry service and menu choices. Falls, accidents and incidents were recorded, monitored and an action plan put in place to prevent a re-occurrence. We discussed with the registered manager that there were areas of audits that would benefit from further evaluation as to whether actions taken to address an identified issue were beneficial and had worked.

Systems for communication for management purposes were established and included a daily meeting with staff. These were used to update senior staff on all care issues and management messages. For example, discussion around who had fallen and what risks had been identified. Staff felt they could feed into these meetings. One staff member said, "The manager is open to suggestions, staff meetings give us the opportunity to raise issues and solve problems."

Relatives felt they were able to talk to the manager and staff at any time and the relatives' meetings provided an opportunity for them to discuss issues and concerns with other relatives, friends and management on a regular basis. One relative said, "If I have a problem I just talk to the staff or manager and they deal with it."

The service worked in partnership with key organisations to support the care provided and worked to ensure

an individual approach to care. Visiting health care professionals were positive about the way staff worked with them. This ensured advice and guidance was acted on by all staff. Comments received included, "The staff are knowledgeable about the people they care for and want to get it right" and, "They listen, take advice and act on the advice."

The service had notified us of all significant events which had occurred in line with their legal obligations.