

Ingham Healthcare Limited

Ingham Old Hall Care Home

Inspection report

Sea Palling Road
Ingham
Norwich
Norfolk
NR12 0TW

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Ratings

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

Summary of findings

Overall summary

About the service

Ingham Old Hall Care Home is a residential home that provides personal care to up to 25 older people, some of whom may be living with dementia. It is a converted period building with extensive gardens. At the time of the inspection, Ingham Old Hall was home to 23 people. Although the home is registered for up to 25 people, 2 rooms are not being used meaning the home was at full capacity.

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

People told us their needs were met in a person-centred and timely manner by staff who were well-trained, kind, compassionate and caring. They 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's needs had been assessed and accurate, person-centred care plans were in place that had been regularly reviewed. The risks to people had been identified and measures were in place to reduce them. Healthcare needs had been considered and met. People received food of their choice, in appropriate quantities and that they enjoyed. Medicines were well managed, administered safely and in line with best practice.

Good infection prevention and control measures were in place and COVID-19 had been well-managed, considered and mitigated. We saw that the home was visibly clean, and people had a choice of how they spent their day. Their rooms were personalised, and signage was in place to assist orientation.

Complaints were taken seriously and investigated and people we spoke with told us they felt listened to and involved. Staff told us they felt supported and that teamwork was effective. There was an open culture within the home and people were encouraged to speak up. Feedback on the service had been sought and the provider had worked with experts to improve the quality of the service.

People told us that improvements had been made in the service since our last inspection and this was observed and corroborated. A new registered manager had been appointed who had a good oversight of the service, had implemented action plans to address concerns and had a robust governance system in place to monitor and assess the service and continue to drive improvement. Whilst further embedding was required, we had confidence that the service would continue to improve.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (report published on 28 November 2019) and there were two breaches of regulation; a warning notice was served in relation to medicines management. The provider completed an action plan after the last inspection to show what they would do and by when to

improve. As this inspection we found improvements had been made and the provider was no longer in breach of regulations and had been compliant with the warning notice.

Why we inspected

Prior to the inspection we carried out a monitoring review of the service. A monitoring review considers a range of information such as the current rating, any ongoing or planned regulatory activities, information about safeguarding, whistleblowing, incident reports (we call these statutory notifications), whether the service has a registered manager, feedback from people who use services and their family and friends, and other contextual information. This prompted us to carry out this inspection as evidence suggested the service had improved.

We undertook this focused inspection to check the provider now met legal requirements and where we had evidence that the service had improved from their previous rating of requires improvement. This report only covers our findings in relation to the key questions of safe, effective, responsive and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ingham Old Hall Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service and take action as appropriate.

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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Ingham Old Hall Care 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.

Service and service type

Ingham Old Hall 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we carried out a monitoring activity of the service. This included reviewing information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who worked with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We received feedback from three people who used the service, five relatives and two staff. We spoke with the registered manager. We reviewed several records relating to the running of the service including governance audits, staff training records, staff recruitment records, policies and care plans.

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 took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with one further person who used the service and a further four members of staff including maintenance and housekeeping personnel and a senior care assistant. We observed the care people received and assessed the premises for safety and cleanliness. We observed lunch to ascertain the experience for people and ensure people's nutritional needs were met.

We looked at medicine's management and other care records such as care plans and repositioning charts. Surveys were viewed to ensure they met the accessible information standard.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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.

We also checked if the provider had met the requirements of the warning notice we previously served regarding medicines management. The inspection findings demonstrated the provider was now compliant with medicines management and that the requirements of the warning notice had been met.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a warning notice was served as a result.

We checked whether the provider had met the requirements of the warning notice and we found enough improvement had been made at this inspection. The provider was no longer in breach of regulation 12 and was found to be compliant with the warning notice.

- The provider had sought expert advice on the management of medicines and their recommendations had been actioned. This had resulted in people receiving their medicines as prescribed and in a safe manner.
- One pharmacy technician told us medicines were well managed. They said the registered manager, "Reacted very quickly to the suggestions of improvements we made."
- The medicines administration record (MAR) charts further confirmed people had received their medicines as prescribed and as per best practice.
- Where people were prescribed medicines on an as required basis, information for staff was in place to ensure these were administered safely and appropriately.
- Staff had received training in medicines administration and their competency to do so had been regularly assessed. One staff member said, "I have learned a lot in this area from the present manager, he completed my competency and continues to challenge my medicines knowledge."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. 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 relating to assessing risk.

- The risks to the people who used the service, staff and visitors had been identified, assessed, mitigated and regularly reviewed. One relative told us, "Since measures were put in place to prevent the number of falls [relative] has had, this appears to have been very successful."
- The registered manager regularly audited and analysed accidents and incidents to identify any trends or patterns. As a result, mitigating actions had been taken, including better deployment of staff, and the number of accidents and incidents had considerably decreased.
- Information on risk was shared with appropriate parties, including staff, relatives and professionals, to mitigate future occurrences and better inform the care that was delivered. One staff member said, "Incidents are shared to promote learning and better ways of working."
- The risks associated with the premises had been identified and managed and equipment had been maintained to ensure people's safety. A business continuity plan was in place to address unplanned and emergency events such as staff shortages, utility failures and adverse weather.

Staffing and recruitment

- At our last inspection we had concerns about the amount of staff on at night. Whilst this number had not increased, the risk had been assessed and plans put in place in the event of an emergency.
- Safe recruitment practices were in place and people told us there were enough staff to meet people's needs in a person-centred and timely manner.
- One person who used the service told us, "There are enough staff who are always ready to help me." Another person who used the service told us there were enough staff to assist them to do what they wanted, when they wanted.

Systems and processes to safeguard people from the risk of abuse

- The people who used the service, and their relatives, told us they had no concerns about staff's abilities to protect people from the risk of abuse.
- One person who used the service said, "There is something about staff that makes you trust them." Whilst a relative told us, "Staff just keep giving their all, with patience and understanding."
- Processes were in place to help mitigate the risk of abuse and included associated policies, staff training and referring any concerns to the local authority safeguarding team promptly.
- We saw recent examples where staff raised concerns to protect those that used the service and saw that appropriate action was taken in response to further safeguard people.
- Staff knew how to report safeguarding concerns both inside, and outside, of their organisation and told us they would be supported by the registered manager to do so.

Preventing and controlling infection

- 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 could be effectively prevented or managed.
- 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.

Learning lessons when things go wrong

- The widespread improvements seen at this inspection demonstrated the service had followed recommendations from the expert advice they had sought in order to make improvements.
- People told us communication had improved at the service and relatives told us they were informed of safety events.
- Staff agreed that incidents were used to promote learning and one told us, "Incidents are handed over at the beginning and end of each shift. By sharing this in handover we can talk about a solution to prevent the incident from happening again."

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 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 outcomes were consistently good, and people's feedback confirmed this.

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

- People told us the service achieved positive outcomes for people. One social care professional said, "The staff went above and beyond to support [person who used the service] to transition home." A relative said, "My [relative] is very happy living at Ingham Old Hall. It makes the family very happy and secure in the knowledge their wellbeing is in good hands."
- People's needs had been holistically assessed, and regularly reviewed, to achieve physical, emotional and social wellbeing.
- The care people received was delivered in line with best practice and we saw that nationally recognised assessment tools were used to assist this.

Staff support: induction, training, skills and experience

- People received care from staff who had been suitably trained, supported and empowered to improve their practice.
- The people who used the service told us they had confidence in the staff's abilities and their relatives, and professionals, agreed. One professional described staff as, "Brilliant and work in such a kind and positive way" whilst another described them as, "Very pro-active".
- Staff had received an induction and ongoing training to support them in their roles and all had received recent appraisals to assess their performance.
- Staff told us they felt supported in their roles and that the registered manager listened.

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

- The people who used the service told us food was good, that they received enough to eat and were offered choice. One person said, "Food is very good, well cooked and well presented."
- People's dietary needs had been assessed, care planned and met. Where people required a specialised diet for their health or safety, this was provided.
- One relative told us, "Diet issues are adhered to. [Relative] is diabetic and for the first time in ages, due to very careful monitoring, their blood sugar levels are under control."
- Our observations confirmed that people received food of their choice, in the quantities they preferred and texture they required. We saw they received support as needed and that staff provided dedicated care to those people that needed it in a kind and patient manner.

Staff working with other agencies to provide consistent, effective, timely care

- We saw evidence that the service worked with others to provide the best outcomes for the people who used the service. These interactions were timely, appropriate and collaborative.
- We received feedback from several health or social care professionals as part of this inspection and all were positive about how the service worked and engaged with them.
- One social care professional said about working with the service, "I came away feeling extremely grateful on the service user's behalf for how wonderful the service had been."
- A health professional described their relationship with the home as, "excellent" and described them as, "extremely responsive."

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

- Whilst the period building did not fully allow for some people to move around the home independently due to floor gradients and steps, we saw that staff assisted people to move around the service as required.
- People had access to appropriate spaces to allow them time alone, with visitors, to spend time outdoors and to participate in activities. We saw that people's rooms were personalised and individual to them.
- Signage was in place to help people with orientation around the building.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were met, and they had access to a range of healthcare services.
- Care plans recorded health needs and the support people needed to remain well. For example, in relation to diabetes and dementia.
- Where there were concerns about people's weight, for example, we saw that appropriate healthcare professionals had been contacted and their recommendations followed.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA.

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.

- The service understood its responsibilities under the MCA. People who used the service told us staff supported them to make their own decisions and choices and this was observed on our inspection.
- Appropriate DoLS applications had been made and for one person whose application had been authorised and contained conditions, we saw that these had been met in practice. However, the service needed to keep records to demonstrate this.
- Staff had received training in MCA and demonstrated their knowledge in this.
- Where people had legally appointed others to make decisions on their behalf, the service had adhered to this.

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

- People received person-centred care that met their individual needs. The people who used the service, and their relatives, told us this and records demonstrated this.
- One relative said, "Staff have gone out of their way to make [relative] comfortable and care for their needs."
- Care plans contained person-centred information to help staff support people's individual needs and these were accurate and up to date. Staff agreed that care plans contained enough information for them to be able to care for people well.
- The people who used the service told us they were consulted on the care they received and were in control of this.

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.

- Communication care plans were in place that recorded such aspects as preferred first language, how people preferred to receive information and sensory and hearing information.
- We saw that recent surveys for people who used the service had been produced in large print with accessible information.

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

- Due to COVID-19, opportunities to take part in some activities had been limited however the people who used the service told us staff had supported them to maintain relationships and involved them in activities within the home.
- One person who used the service told us staff engaged with them in their interests which made them feel good.
- Relatives agreed that staff assisted them in maintaining relationships with their loved ones. One relative told us, "The management and staff will go out of their way to help [relative] to see us. I even get a good cup of tea. There is always a 'pleased to see you' and I am welcomed into the home."
- For one relative who did not drive, staff picked this person up and took them back home for them to see their relative who lived in the home.

Improving care quality in response to complaints or concerns

- People, and their relatives, told us they had no current concerns, but should they have, they would feel comfortable in raising these. They told us management and staff were approachable and would listen to the concerns they had.
- One person who used the service told us they had previously raised a concern with the provider that was quickly and effectively rectified.
- The registered manager kept a log of comments, complaints and compliments and these were regularly reviewed. The log contained information on what the concern was, what action was required and whose responsibility it was to complete it.

End of life care and support

- End of life care plans were in place and recorded whether the person they pertained to wished to engage in such a sensitive discussion.
- Staff had received training in end of life care, and one told us, "During end of life care I have only witnessed person-centred, compassionate, careful and tender care."
- At the time of this inspection, no end of life care was being delivered.

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 now improved 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 effective governance was in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst further embedding of practice was required, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People told us, and the inspection findings demonstrated, that improvements had been made at the service since our last inspection.
- A new registered manager had been appointed in May 2021 and people told us they felt they had been the vehicle for positive change.
- One relative told us, "Since the change in management, things do seem to have improved greatly."
- We saw improvement in the monitoring and assessing of the service. Several detailed audits were in place that had been completed regularly and reliably that had driven improvement in the service.
- The registered manager demonstrated good oversight of the service, had sought expert advice to improve practice and showed a willingness to engage and improve further; they understood their regulatory responsibilities, and these had been met.

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

- The people who used the service told us they liked living in the home; they told us staff engaged with them with warm humour and respect which made them feel good.
- Staff told us there was an open and encouraging atmosphere within the home and that they felt listened to, valued and appreciated.
- Recent incidents demonstrated that staff felt able to raise concerns and the sharing of incidents showed transparency was promoted in order to improve the care provided.
- People told us the registered manager was accessible and visible and those that used the service spoke of them warmly. Relatives agreed with one commenting on the registered manager's ability to be an advocate on behalf of those that used the service.
- Health and social care professionals described a service that was proactive, responsive and inclusive.

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 the service informed them of incidents. One relative said, "I am kept informed on a daily basis by the staff of [relative's] progress and any issues that have arisen."
- The registered manager demonstrated they understood their responsibilities under the duty of candour requirement. They told us it was about being honest and candid when things went wrong, thoroughly investigating the incident and learning lessons that were shared with all parties.

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

- The people we spoke with told us they felt listened to, involved and able to contribute ideas and opinions without fear.
- Relatives told us communication had improved greatly at the service and they felt involved and considered; staff agreed with one describing the improvements made as, 'amazing'.
- The service had completed formal surveys with people and an action plan was in place to address any concerns raised.

Working in partnership with others

- All the health and social care professionals who provided feedback as part of this inspection spoke highly of the working relationship they had with the home.
- Records showed that the service had sought professional input as required and in a prompt manner and this was confirmed by the discussions we had with the people who used the service.
- Throughout this inspection, the registered manager demonstrated they worked closely with others to improve the quality of the service provided. Their engagement with CQC was positive, responsive and collaborative.