

Ingham House Limited

# Ingham House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

Ingham House is a residential home in Eastbourne, providing 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 36 people living at the service.

This inspection took place on 7 and 8 February 2017 and was unannounced.

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.

At the last inspection in January 2015 we asked the provider to make improvements in relation to the safe management of medicines. The provider sent us an action plan saying this would be in place by January 2015. At this inspection we found that although improvements had been implemented with regards to medication practice, including MAR charts and documentation of medicines, including the rationale behind why PRN or 'as required' medicines had been given had not been maintained.

When changes had occurred to people's health needs this information had not been updated promptly in appropriate care plans to ensure staff were aware of that persons specific needs in relation to the new health need. Improvements were needed to documentation to ensure it was clear up to date and contemporaneous.

Although a quality assurance system was in place this had not identified the areas in relation to lack of PRN protocols and care documentation. By talking to staff and management it was clear that information was shared in handover and by word of mouth regarding changes to people's needs however appropriate documentation was not in place.

People felt involved in decisions and choices about how they spent their time. Staff told us how they supported people's choices and preferences. Management and staff had an understanding of mental capacity (MCA) and Deprivation of Liberty Safeguards (DoLS). People felt safe living at Ingham House and felt that there were enough staff to meet their needs. Staff had an understanding about how to recognise and report safeguarding concerns and people told us they would raise concerns with staff if they felt they needed to.

Maintenance of equipment and services took place. On-going redecoration of the communal areas was in progress. People told us Ingham House was a homely environment to live in.

We received positive feedback regarding the meals provided. Meal choices were available and people were supported to eat a healthy balanced diet. The registered manager had implemented a split mealtime for people to ensure that those who liked a quiet environment at meal times had this provided. Relatives spoke highly of the quality of food provided and were able to stay for a meal with their loved one if they wished.

Staff received appropriate training and many had completed or were working towards further qualifications. Staff felt supported and received regular supervision and appraisals. When people became unwell or needed referrals to other health professionals this had taken place. People were supported to attend appointments and encouraged to maintain relationships with people that were important to them.

Staff responded to people with kindness and patience. We saw staff stopped to speak to people offering support and guidance when required. Relatives and visitors were greeted warmly and told us they felt encouraged to visit at any time.

People's religious and spiritual needs were discussed and supported. Religious meetings took place for people to attend if they wished. Staff considered people's privacy and records were kept securely to ensure confidentiality was maintained.

A lively and regular activity programme was in place. People were asked for their feedback regarding activities and there had been a focus on providing meaningful activities for people, with dementia and memory loss. People spoke positively about the activities provided and relatives felt they were able to attend and be involved if they chose. People who stayed in their rooms or were unable to attend group activities were offered support and one to one activities by the coordinator and care staff to help prevent social isolation.

A clear programme was in place to involve people and gain feedback regarding the day to day running of Ingham House. Feedback was used to strive for improvement and there was a clear ethos in place to continue to evaluate and improve.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Further improvements were needed to ensure the service was consistently safe.

Changes to people's care needs were not updated promptly and supported by individual care plans to ensure all staff were aware of how to provide safe and appropriate care for that person.

Medication was stored safely. Policies and procedures were in place to support staff around medicines.

Staff had an understanding about how to recognise and report safeguarding concerns.

People living at Ingham House, relatives, visitors and staff told us staffing levels were appropriate. People felt their needs were responded to promptly.

Maintenance of equipment and services took place and on-going redecoration of the communal areas was in progress.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Staff had received training and had the knowledge and skills to provide care for people appropriately.

Staff had regular supervision and appraisals.

Management and staff had an understanding of mental capacity and Deprivation of Liberty Safeguards (DoLS). People felt involved in decisions and choices about their care.

People's nutritional needs were monitored. Meal choices were provided and people were encouraged to maintain a balanced diet.

People were supported to have access to healthcare services and maintain good health.

**Good** 

### Is the service caring?

**Good** 

The service was caring.

People privacy was considered at all times. Care records were kept securely and conversations regarding peoples care needs took place discretely.

Staff displayed kindness and compassion when providing care and people were involved offered support when needed.

Visitors spoke highly of staff and felt welcome to visit at any time.

People's equality and diversity was considered. People had access to religious and spiritual support and religious views were supported.

### Is the service responsive?

**Good** ●

The service was responsive.

Care records included information about people's backgrounds, important people and significant events.

A varied and interactive activity programme was in place. People were encouraged and supported to share their views and be involved in plans for future trips and activities.

A complaints procedure was in place. If complaints were received a clear process was in place to respond. People told us they felt able to raise any issues and would be happy to do so if needed.

### Is the service well-led?

**Requires Improvement** ●

Improvements were needed to ensure Ingham House was consistently well led.

Improvements were needed to documentation to ensure it was clear up to date and contemporaneous. Changes to peoples care needs and rationale behind decisions had not been documented consistently.

Although a quality assurance system was in place this had not identified shortfalls in documentation identified during the inspection.

A clear programme was in place to involve people and gain feedback regarding the day to day running of Ingham House. Feedback was used to strive for improvement and the ethos was to continue to evaluate and improve.

# 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 was planned to check 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.'

This inspection which took place on 7 and 8 February 2017 and was unannounced. The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the home. We looked at information and notifications which had been submitted by the home. A notification is information about important events which the provider is required by law to tell us about. We also reviewed any other information that had been shared with us by the local authority and quality monitoring team.

At the time of the inspection there were 36 people living at Ingham house. Not everyone was able to tell us about their experiences living at Ingham House due to their dementia. To gain further feedback we carried out observations including a Short Observational Framework for Inspection (SOFI). SOFI is a tool used to observe care in communal areas to capture the experiences of people who have dementia and are unable to tell us about their experiences and the care they receive. SOFI observations take place over a designated period of time to gain feedback about people's first hand experiences, staff interactions and how people spend their time. We spoke with two visitors and relatives and eight people who lived at Ingham House to get their feedback about the home and what it was like to live there. We spoke with nine staff, including the registered provider and registered manager, care staff including senior carers, kitchen, domestic and administrative staff. We also gained feedback from visiting health professionals including the community nursing team.

We case tracked four 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. All Medicine Administration Records (MAR) charts were checked and medicine storage and administration was reviewed. We read daily records and charts and other information completed by staff including handover forms. We

reviewed three staff files and other records relating to the management of the home, such as complaints and accident / incident recording, quality assurance and audit documentation.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe and well looked after living at Ingham House. One said, "Yes quite safe, a quiet, calm life here, it's all I need." And, "I feel very safe here, I am quite new but it's all very good." Relatives we spoke with told us they felt their loved ones were kept safe and well looked after.

At the last inspection in January 2015 we asked the provider to make improvements in relation to the safe management of medications. The provider sent us an action plan saying this would be in place by January 2015. At this inspection we found that although some improvements had been implemented with regards to medication practice, further improvements were required around safe medication documentation to ensure medications were consistently given safely and appropriately these issues related to documentation and further details are included within the well led section.

Peoples care files included a care plan assessment and associated risk intervention for some identified needs. However we found that risk assessments and care information was not updated promptly when changes to peoples care and support needs occurred. A person had returned from hospital with a change to their continence needs and specific equipment was now in use. Over previous weeks this had been mentioned on the handover form as the person had been in and out of hospital and it was unclear if this was a long term health need or not. However, no information was documented in the care file to show the individuals care needs in relation to their continence or what assistance staff needed to provide. Some generic continence care information was available for staff. The handover form stated that the person had returned from hospital with this change of need, however, no guidance had been completed to ensure all staff were aware of their role or responsibilities in relation to this change to ensure care of continence equipment was provided safely and consistently. The reasons for the change were not recorded in the care plan or the possible risks for this person in relation to this change. This put them at risk as staff may not be aware of individual risks for this person. It was unclear what staff needed to do for this person or whether they were self-caring and any potential risk of further complications. People may be at risk of receiving inappropriate or unsafe care and treatment as all staff may not be aware of changes to people's care and support needs. Information regarding changes to people's health were documented in people's daily records but this did not lead to an immediate update in care plans to ensure all staff were aware of peoples current health needs. This needed to be improved to ensure people received safe and appropriate care at all times.

Policies and procedures were in place to support the administration and management of medicines. Medicines were stored in locked medicine trolleys or in locked cupboards in the medicine room. Stock items and those requiring refrigeration were locked in an allocated fridge within the medicine cupboard. Daily temperature monitoring had taken place to ensure medicines were stored appropriately. We observed medicines being given to people by trained care staff. MAR charts were signed after medicines were given. MAR charts included individual information and information about allergies. We found four MAR charts that did not have photographs in place to identify people. The provider assured us these were in place before the end of the inspection.



Systems were in place to help protect people from the risk of harm or abuse. People and relatives told us how they would alert staff if they were worried or felt they needed assistance. All staff were aware of their responsibility to report any safeguarding concerns. A safeguarding policy was available for staff to access if needed and staff had received safeguarding training. Staff demonstrated an understanding of how to recognise and report safeguarding concerns and told us they could also contact the registered manager or provider at any time. We discussed incidents and accidents which needed to be reported to the local authority and CQC and the registered manager told us they would contact CQC and the local authority if they needed any further clarification.

Incidents and accidents were reported and the registered manager was made aware of any incidents/accidents or falls that had occurred. The manager and staff understood the importance of learning from incidents to facilitate continued improvement within the service. For example when a person was identified as at risk of falls, their bedroom had been rearranged to improve the space in the room for the person to move about safely and pressure mats were in place for people to alert staff if they got out of bed during the night.

People's care and health needs had been considered in relation to their safe evacuation in the event of an emergency. Personal emergency evacuation plans (PEEPS) were in place with fire safety and evacuation information. An external fire checks and risk assessments had been completed for the home and equipment was available to aid evacuation if needed. Staff had received fire safety training to ensure they were able to respond to an emergency effectively.

Staffing levels were appropriate to meet people's needs. Staff told us that some people had higher care needs and others were quite independent and just needed guidance and prompting. The registered manager spent time during the inspection in communal areas when needed and spent time talking to people and visitors. Staff felt they had time to spend with people and although certain times of the day were busier than others, we also saw that staff were able to sit with people to offer assistance or just for a chat to check people were alright and had everything they needed. Staff told us that they felt staffing levels were appropriate and that they worked well as a team. People felt that staffing levels were reviewed and were flexible. A visitor told us that when a person had needed to attend an outside appointment extra staff had been bought in to go with them to ensure they did not miss it.

During the inspection people's requests were responded to promptly and people confirmed that staff were available when needed. We were told, "They look after me well." And, "Always someone around if I need them." Visitors and relatives spoke highly of the staff and management telling us, "I cannot fault the way staff care for people, staff show a kindness and understanding of people."

A recruitment process was in place, overseen by the homes administrator and registered manager. The registered manager told us they had completely reviewed their recruitment procedure. This had included taking time to interview people in more depth to really get a feel for their personality and see if they were the right person to fit in at the home. The registered manager was clear that they did not just look for people with qualifications and experience but looked for people who really demonstrated that they were kind, caring and appropriate for the role. We looked at three staff recruitment files; this included one file for a recently employed staff member. All files showed relevant checks had been completed before staff began work. For example, disclosure and barring service (DBS) checks, a DBS check is completed before staff began work unsupervised to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. Application forms included information on past employment. Details of the interview were in place and references had been sought before staff were able to commence employment. If references had been received over the telephone this information had been documented in

staff files.

Systems were in place to ensure environmental checks were completed, this included water safety and legionella checks, personal appliance testing (PAT) and other day to day maintenance of equipment and services which was carried out by the homes maintenance employee. Emergency contact details were in place for all more serious issues and a member of management was on call at all times in the event of an emergency. There was currently on going improvements taking place to the furnishings and carpets throughout the home. New carpets were being fitted during the inspection to communal hallways and stairs. All communal areas were kept clean and tidy and people spoke positively regarding the on-going redecoration taking place.

# Is the service effective?

## Our findings

People were supported and encouraged to be involved in decisions and choices. People told us they spent their time how they chose. Some people were seen to go out with friends/relatives during the inspection others chose to spend time in their rooms or one of the communal areas within the home. Relatives were keen to express positive comments about the home and staff, telling us that they felt staff were well trained and received appropriate support to ensure people are as appropriate to meet their needs.

People felt staff were appropriately trained to provide their care and staff confirmed that they received regular training to help meet the needs of people they cared for. One member of staff who had worked at Ingham House for approximately one month told us, "I love it here, it's completely different to what I am used to but I really enjoy it." And another said, "I absolutely love it here, the support is great." Staff felt they received appropriate training which was up to date and that the management were supportive. Some staff had completed or were working towards a recognised care qualification. A training schedule was in place this identified when staff required updates or training was due to take place.

Staff received regular supervision; this was provided by a senior or the registered manager. When supervisions were delegated the registered manager had oversight of the documented supervision to ensure that they were aware of any issues or concerns raised. Staff confirmed that regular supervision gave them an opportunity to meet and discuss any issues or identify any further training they may need. Annual appraisals were also completed. Staff told us they felt supported by the manager and provider and could speak to them about any issues if they needed to. The registered manager confirmed they received support from the provider and nominated individual.

When new staff began work at Ingham House they completed a period of induction. This included shadowing other members of staff, reading policies and procedures and getting to know people who lived at Ingham House. Once the induction and training was completed the staff member would be reviewed to ensure they were confident and competent to work unsupervised. This included spending time with another staff member to discuss any identified areas which needed further development or training. One staff member had completed additional dementia training and provided support for new staff to ensure they had a clear understanding of how to meet the needs of people with a dementia diagnosis and making communication meaningful.

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests. People's mental health and wellbeing was assessed and reviewed regularly. People's mental health and memory loss concerns were documented in care files in relation to whether or not any risks had been identified. The registered manager told us that if they had concerns they informed the person's GP. There were no specific Mental Capacity Assessments (MCA) completed by the home, however they had made referrals appropriately when concerns regarding people's capacity had been identified. For example,

one care plan stated a person was at high risk of confusion and becoming agitated when they went out. They required to be under constant supervision and escorted if they left the home. A DoLS referral had been made in relation to this. The service had also worked closely with the 'In Reach' team who support providers and who provide care for people living with dementia and people had received regular mental health reviews by appropriate health professionals involved in their care.

We saw that people were offered choices and involved in decisions throughout the day. People were supported to make decisions about what they ate, drank, where they spent their time and if they wanted to participate in activities taking place within the home. We observed people being asked for their consent before care and assistance was provided. People said staff always asked for consent before providing any care. Staff described how they would ask for people's permission before giving support. If people declined care or support staff respected the person's decision and if necessary sought advice from senior care staff or the registered manager. We saw that staff were very perceptive, picking up quickly when people were unhappy, anxious or did not feel well.

People were supported to have access to healthcare services and maintain good health. They were supported to attend appointments and GP visits were requested when people became unwell. Some people had visits from a community nurse, and the home liaised with occupational, speech and language therapy (SALT) and other associated healthcare organisations involved in people's care. One visiting healthcare professional we spoke with after the inspection told us they always ensured they fed back information to a senior member of care staff to ensure that they were aware of people's changing health needs. The home had worked with the local community nursing team and had trained care staff to provide first aid for people, for example when they sustained minor skin tears. Staff were able to apply minor dressings until such time that a community nurse was able to visit. This had meant that people were not waiting for GP or nurse's visits and this helped reduce the impact on the person when they had a minor injury.

Ingham House had a dining area on the ground floor. At the time of the inspection new carpets were being fitted and the dining room was not in use. Alternative arrangements had been made in the other communal lounges to ensure people had adequate seating at tables for their meals. We were told that usually most people chose to eat in the dining room. People had a choice where they ate and a few chose to remain in their rooms or in the lounge. Tables were nicely set with napkins, condiments and drinks provided. Most people who ate at the dining tables were able to eat independently. However, staff remained vigilant and offered assistance if needed. For people who remained in their rooms and needed assistance with eating and drinking this was provided by staff.

The chef was very knowledgeable regarding people's likes and dislikes and kitchen staff kept a record of all meals provided for people. We discussed how they recorded what people actually ate and drank and were told this would be implemented to ensure they had a clear picture of whether people had eaten all or some of their meal. We received very complementary feedback from people, staff and relatives regarding the quality and choice of meals provided. People told us, "The food is always very good, lots of it too." Relatives were able to stay for meals and eat with their loved one if they wished. Relatives told us that the chef went above and beyond to ensure people received the food they enjoyed. This included not just meals but also providing cake and snacks throughout the day. One told us that when their mother was visiting her husband who lived at Ingham House the chef had made her a cake as they were aware it was her birthday. This had made their mother feel part of the home even though she did not live there.

As people's care and support needs had changed Ingham House was providing care and support to increasing numbers of people with dementia or memory loss. The registered manager had looked at ways to improve mealtime experiences for people. For those living with dementia or who preferred a quieter

mealtime meals were now provided in two sittings, with a quieter first sitting for those who found this more appropriate and a second sitting for all others. This was a personal choice and the feedback from people and staff was positive. Staff told us they had noticed a considerable improvement in overall nutrition as people living with dementia ate better when there were no undue distractions. This demonstrated how the provider and registered manager had continually reviewed nutritional needs of people and looked at creative ways of improving mealtimes for people.

## Is the service caring?

### Our findings

People told us they felt cared for by staff. Telling us, "I think everyone here is very good, they treat us very well." And, "I go out on the bus regularly, they make sure I get out and about, and keep an eye on me."

Staff were aware of the importance of ensuring that people were treated with dignity and respect. People's dignity and privacy were considered when care was provided. Staff discretely asked people if they needed assistance to the toilet and interacted with people in a kind caring and supportive manner. Staff had a good knowledge on how to provide care, taking into consideration people's personal preferences. One person loved to be involved with music and crafts. Staff were seen to stop and talk to this person about what they were doing and their plans for the day whenever they passed them in the lounge. One staff member assisted them when asked. We saw that this staff member did not just complete the task for the person, but spent time discussing the task and supporting them to think about the activity. It was obvious from the person's response that they found this a really positive interaction and they were smiling and laughing with staff. Staff stopped and chatted to people in the lounge and greeted visitors warmly. Interaction was light hearted and friendly. Relatives told us that staff always kept them up to date with any changes, and if they needed to raise anything they would go to the office to speak to the registered manager.

People were supported to dress the way they chose. One lady had items of jewellery on and told us she liked to wear nice things. Care plans identified people expressed their sexuality in the clothes they wore and role models they identified with. People were able to have their hair done regularly if they wished and keyworkers supported people to purchase items of clothing and toiletries that they wanted. When people were going out staff encouraged people to dress appropriately for the weather. Relatives told us staff were aware of peoples 'little ways'. For example one relative told us their loved one could isolate themselves and not actively seek out company or attend activities staff had identified this and looked at ways to encourage them to participate. One person had always worked in a professional capacity and liked to have something meaningful to do. Staff had encouraged them to go out on the bus used to collect people attending the day centre at Ingham House. This had included giving them a clip board and list to tick off when people were picked up. This had been really positive for the person who felt valued and were participating in the day to day organisation and arrangements.

People were encouraged to maintain relationships with people outside of the home. Relatives and visitors told us that they were welcome at any time and encouraged to visit, invited to stay for meals and always offered a hot drink during their visit. Everyone we spoke with told us that Ingham House was homely and welcoming. People were able to have their own personal items in their rooms and told us staff respected their belongings. People told us that their rooms were their own personal space and they asked staff if they needed anything.

People's spiritual needs were supported. Religious groups and meetings took place and we saw that this was an open and lively discussion. People who had religious beliefs that meant that they needed to receive medical treatment or care in a specific way had information in place to ensure that this was provided. People's end of life wishes had been sought and information discussed with next of kin if appropriate. This

included information to prevent people being admitted to hospital unduly and ensure that when peoples care needs increased their end of life wishes were known.

Care records were kept securely within a locked staff area. Staff were seen to speak to people in a discrete manner when offering support and assistance. All conversations held to discuss peoples care and support needs were done within a private setting. This meant that people's privacy was supported and considered at all times.

## Is the service responsive?

### Our findings

People and relatives told us the registered manager and staff were responsive. Relatives said they were kept well informed about any changes and were always contacted if someone became unwell. People told us that they knew when appointments or visits were arranged. One person told us, "The nurse comes to see me; staff remind me when it's time for them to come so that I know to expect them."

People were happy that staff knew them and understood what their needs. Relatives told us they had been involved in how people's care was provided and said they were updated when any changes took place. People knew who managed the home and felt that they would be able to raise concerns with either the registered manager or provider and the issue would be sorted. A complaints policy and procedure was in place and displayed in the entrance area. There were no on-going complaints at the time of the inspection. When people had fed back via questionnaires that they were not sure of the complaints procedures people had been shown where this was displayed.

Information had been sought from people, their next of kin or significant people involved in their care. Documentation included background information about people, staff told us this helped support good communication and meant that they knew about people's lives before they moved to Ingham House. This included who was important to them and significant life events. One care plan identified that a specific family member was very important to the person. They liked to spend regular time away from the home with this person and staff actively supported this to ensure this important relationship was maintained. This meant people's individual preferences had been considered and supported.

The registered manager had looked at ways to provide meaningful activities for people which met their individual needs. The provider and manager had identified more people living at Ingham House had a dementia diagnosis or memory loss, activities had been tailored to ensure they were meaningful. The home had a choir, people told us they enjoyed singing and staff felt that this had been a really meaningful way of getting people with varying levels of dementia and care needs to participate in an activity together. Activity coordinators worked within the home and were receiving further training to assist them in this role.

Ingham House also provided a day centre within the home. This meant that people who did not live at Ingham House attended the centre. This provided opportunity for people to mix with others from the wider community and forge friendships with people who did not live within the care home. People spoke positively about this and told us they enjoyed the varied and interesting activities provided. People were also able to go out on the home's mini bus for trips and shopping. Staff told us that when the weather had been bad and people were fed up as they had not been able to go out the manager had suggested that they go out for a drive. The chef had made a picnic and flasks of hot chocolate and people who wished to had gone out with staff on the bus for a drive to a local beauty spot and had sat and had hot drinks. This had meant that people were able to go out and take part in an activity that they had enjoyed before they moved into Ingham House. There had been various trips out and special activities that had taken place at the home. People's attendance was documented and whether they enjoyed the activity or not. For people who were unable to attend or who remained in their rooms due to their health or by choice, we saw that staff



spent time with them to avoid them becoming socially isolated. Relatives told us that there was always something people could be part of and that when people did not wish to participate, their choice was supported.

At times when structured activities were not taking place people had access to music, crafts, jigsaws and books if they wished. We saw that people sat in groups with lively chatter throughout the day and it was clear that people had developed friendship groups within the home. When new people moved into the home people supported them and a befriending system was in place. This meant that people felt welcomed when they were new to the home and were able to chat to other people who lived there.

Ingham House had a residents committee with monthly meetings. This was person led and was used to discuss future plans and things people wanted to see take place, for example trips and activities. This was implemented by the registered manager to support a more person centred approach and ensure people were involved in decisions. Charitable events had taken place and funds were raised for trips and also for other outside charities as chosen by people.

## Is the service well-led?

### Our findings

Ingham House had a registered manager. Staff told us they felt supported by the registered manager. Relatives told us they felt there was strong leadership at the home, "In any environment there will be good and not so good staff, but if there are any issues the manager deals with them promptly." Staff felt that there had been improvements not only to the environment but to the general atmosphere at the home and this had been very positive.

Although there was a system in place to assess and monitor the quality of service provided we found that some of the audits needed to be improved to ensure a detailed picture to evidence how they had been used to continually improve the service and action any areas found. Further auditing was needed around care and medication documentation to ensure that correct information was in place and procedures were being followed at all times. Audits which were delegated to other staff needed to be overseen by management to ensure they had been completed accurately and covered all required areas had been reviewed.

Documentation had not been maintained to ensure it was clear, up to date and contemporaneous. We looked at all medicine administration records (MAR) charts and medication documentation for people living at Ingham House. Some people required PRN or 'as required' medicines. People who experienced anxiety or behaviours that may challenge and had medicines prescribed for this did not all have PRN protocols completed, or have information in place regarding what actions staff should take before PRN medicines was considered as an option. This meant there was no guidance for staff to follow to ensure medications were given only when required and at such a point that other actions to de-escalate behaviours had taken place.

When mood stabilizing medicine had been given, no documentation had been completed to evidence what had occurred which led to the medicine being required, for example incidents of agitation or anxiety. However, staff were able to tell us what had occurred and why the medicine had been given. One person had been given medication for their anxiety. The MAR stated 'given as agitated'. However when we checked this persons daily records there was no mention of any incidents, behaviours that may challenge, anxiety or agitation recorded throughout that day, this meant that the rationale behind why the medication had been given had not been not been clearly documented. Another person was also prescribed a mood stabilising medicine PRN for up to 1mg daily. The MAR chart stated half a tablet to be given twice a day when required. This had been given each morning for the last few days, staff told us this was given as this was the best way of preventing the person feeling agitated, and that the GP was aware that this was being done. However, there was no PRN protocol which included this information and no information recorded in the daily records to explain why the medicine had been needed.

PRN medicines were being signed for when given by staff. However, information was not consistently recorded on the rear of the MAR chart to identify the dosage, the time, or why the medicine had been given. We found seven separate medicines without PRN protocols, this included medications prescribed PRN for pain relief and mood stabilizing medicines. Correct record keeping ensures that any new health related concerns can be easily identified and follow up visits from GPs can be arranged in a timely manner if

required. Senior staff who were involved in the medication procedure told us that people's PRN forms had not yet been updated as the medicines were new and medication reviews took place monthly. However, we found medications that had been prescribed up to two weeks including Paracetamol which had been given daily to one person since 23 January 2017 with no PRN protocol in place to inform staff the reasons why this had been prescribed and when it should be given. We discussed with staff and the registered manager the importance of updating PRN guidance at the point that medications were prescribed as it is essential that these are given safely from the point of prescriptions being received.

The registered manager and acting deputy manager had a good knowledge of people's needs, and staff felt they had the knowledge and support to provide appropriate care. However this level of knowledge and detail was not supported by clear contemporaneous documentation which included significant changes to people's health and medication. Some areas of documentation had not been completed or maintained to ensure accurate records were in place to underpin safe care and support for people at all times. Although there were systems in place to assess, document and review care needs this information was not always clear in care plans. Staff told us they used daily records to document changes. However this meant it was not easy to determine people's current health and care needs. Feedback from visiting health and social care professionals included that although staff knew people well, documentation was at times inconsistent.

People with specific health needs did not have clear information in their care plans to inform staff how to provide the appropriate care. For example, people who have behaviours that may challenge or those with a specific health need did not have clear care plans in place regarding this. We found that for people identified at risk of becoming agitated and anxious, triggers or actions were not clearly documented and did not correspond with medication prescribed for this reason. This meant staff did not have a clear rationale of actions to follow, steps to take and potential triggers for the individual. Although staff were able to tell us why care and treatment had been provided, the lack of written guidance left people at risk of receiving care that was not consistent or did not meet their needs.

We saw that a daily handover took place. Although we acknowledged that staff were informed verbally of people's care needs and information was shared during handovers and staff meetings. However, changes to people's care and health were not supported by clear up to date care documentation and risk assessments. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured systems and processes had been maintained to assess and monitor the quality of services and maintain accurate, complete and contemporaneous records about people.

Accidents and incidents were documented in people's files but no overall analysis was completed to identify any trends or themes throughout the home. The registered manager informed us that a monthly analysis of accidents and incidents was being implemented before the end of the inspection to provide further oversight.

The registered manager was at the home most days and spent time in communal areas and visited people in their rooms. This meant that they were able to identify any concerns promptly, although not all checks were documented.

Staff were supported by regular meetings and daily handovers. People and relatives were invited to meetings and given the opportunity to give feedback about the home and the way people's care and needs were met. This had also included feedback sought from stakeholders. This feedback had been tailored to cover specific areas in relation to the regulation of care services by CQC. The home had currently completed feedback regarding 'Safe' and had used our Key Lines of Enquiry (KLOE's) to gain relevant feedback. They were currently in the process of gaining feedback in relation to 'Effective', and would continue to cover the

five domains as included in the inspection process. We saw that issues identified had been responded to in a timely manner. For example changes to meals and improvements to the environment.

It was apparent that the registered manager and provider had a strong and supportive working relationship. The registered manager told us about the areas they had identified to continue to improve the service provided. The provider and registered manager had also looked at ways of improving communication; this included keeping people informed with quarterly newsletters. A blog which was just being started to keep people informed what was going on and events that had taken place. There was a discussion taking place regarding a possible computer area for people to enable them to Skype families who were unable to visit or who lived abroad. The registered manager was clear that the focus at Ingham House was to continually improve and that a lot of positive changes had been made or in progress. They felt that staff morale was good and all staff felt involved in the changes and part of the on-going improvements being implemented. Since the last inspection they told us the emphasis had been on offering more and balancing people's needs with the care needs as the home was now providing care to a more diverse group of people.

Relatives spoke very highly about the standard of care their loved ones received and told us that they had visited other services and had chosen Ingham House. One told us , "I am a particularly critical person and I will always tell staff if something is not quite right, but I visit at various times and I am always impressed."

The management and staff worked hard to ensure the service was open and transparent and welcomed comments and suggestions from people and staff to take the service forward and make continued improvements.

Staff were aware of the policies and that these underpinned safe practice. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. Staff were aware of the importance of being open and transparent and involving people when things happened. We discussed with the home and registered manager incidents that were notifiable to CQC and the local authority.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured systems and processes had been maintained to assess and monitor the quality of services and maintain accurate, complete and contemporaneous records about people.</p> <p>17(c)</p>