

Ingham House Limited

# Ingham House

## Inspection report

10-12 Carlisle Road  
Eastbourne  
East Sussex  
BN20 7EJ

Tel: 01323734009

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14 March 2022  
17 March 2022

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### Ratings

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

# Summary of findings

## Overall summary

Ingham House is registered to accommodate 40 older people, some of whom live with dementia. There were 36 people living at the home at the time of the inspection.

### People's experience of using this service

People received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "It's a nice and safe place to live." Care plans and risk assessments meant people's safety and well-being were protected. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent. The home was well-maintained and comfortable. There were enough staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the service.

The providers' governance systems were being used consistently to improve the service. There had been improvements made, to areas identified from audits, such as a reduction in falls from increasing staffing levels. The manager and staff team were committed to continuously improve and had plans to develop the service and improve their care delivery to a good standard. Feedback from staff about the leadership was positive, "We work as a team, good leaders."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Good (published 9 January 2019)

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was not always well-led.

Details are in our well-led findings below.

# Ingham House

## 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 team consisted of two inspectors.

#### Service and service type

Ingham House 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the

service is required to send us by law.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We looked around the service and met with the people who lived there.

We spoke with seven people to understand their views and experiences of the service and we observed how staff supported people. We spoke with the manager, and seven further staff members. This included care staff, housekeeping, administrative, catering staff and maintenance staff.

We reviewed the care records of five people and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service. We also looked at staff rotas, and records relating to health and safety.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four relatives and a visiting health care professional and completed these discussions on 17 March 2022.

# 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 Good. At this inspection this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I do feel safe here, I came into a care home because my family thought I would be safer", "I do feel it's safe here, the staff are very professional." A staff member said, "We have safeguarding training, we get updates of changes to the procedures." Another staff member said, "If I saw anything that was not right, I would report it."
- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns regarding people's safety and well-being and make the required referrals to the local authority.
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Assessing risk, safety monitoring and management

- People told us they felt safe "I am safe here," and "Very nice."
- The service used an electronic care system. Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, care plans for people with mobility problems included clear guidance of how staff should move them safely. There was guidance for people with fragile skin on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. Daily record checks for air flow mattresses and continence care were in place.
- People who lived with health conditions had detailed care plans to manage their condition safely. For example, diabetes.
- There were some minor inconsistencies regarding linking falls to the risk assessments and monitoring hydration needs. These had not impacted on safe outcomes at this time due to the knowledge of staff.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. However, staff were storing equipment and charging electrical hoists in a stairwell which was also a main fire exit. This was immediately cleared and an alternative charging area found. This immediate

action had ensured that the environment was safe for all the people who lived there and visitors.

- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP). PEEPs were accurate, accessible and up to date.
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

#### Using medicines safely

- We asked people if they had any concerns regarding their medicines. One person said, "I have no worries." Another said, "It's nice to give that responsibility to someone else, and staff always offer me pain relief." One visitor said, "I have no worries about care or medicines, they keep me informed of changes, I totally trust them."
- The service used an electronic medicine recording system. This had improved medicine administration and reduced medicine errors.
- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- Staff who administered medicines had relevant training and competency checks that ensured medicines were handled safely. When poor practice was identified, a performance review was held with the staff involved and a plan put in place to monitor and improve practice.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines described the circumstances and symptoms when the person may require this medicine.
- Medication audits were completed on a weekly and monthly basis.

#### Staffing and recruitment

- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.
- Comments from people about staffing included, "Staff are kind to us," and "The staff are all nice, it can be busy but staff are generally quick to answer the bell when I ring." Visitors told us, "I have no concerns about staffing levels. Seem to be enough staff," and "Very good staffing levels I think."
- Rota's confirmed staffing levels were consistent, and the skill mix appropriate. We looked at accident and incident records. There was evidence that the manager had identified in January 2022 that there had been an increase in incidents and accidents and had increased staffing levels. This had improved peoples' outcomes and reduced accidents.
- The Short Observational Framework Tool (SOFI) was used in the lounge area and evidenced that staff had the time to sit, talk and walk with people and there was a good level of interaction seen.
- There was a robust recruitment programme. All potential staff were required to complete an application form and attend an interview online, so their knowledge, skills and values could be assessed.
- New staff were safely recruited. All staff files included key documents such as a full employment history, at least two references and a DBS check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

#### Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw that most incidents/accidents were responded to by updating people's risk assessments and care plans. However, we found that not all had pulled through to the risk assessment and care plan. This has been reflected in the well-led question.
- Learning from incidents and accidents took place. Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by

the management team to look for any trends or patterns.

- Staff took appropriate action following accidents and incidents that ensured people's safety without restricting their freedom and this was clearly recorded. For example, for one person a sensor mat had been placed in their room so staff were alerted when the person stood up and started to move, so they could go and support them and keep them safe.

#### 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 can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had followed government guidelines relating to visiting arrangements at the home. All visitors had to show proof of a negative COVID-19 test taken on the day of the visit. Temperatures were taken and PPE provided to relatives and professional visitors to the home. Visits took place away from communal areas either in bedrooms or in the garden surrounding the home.



# 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 Good. At this inspection this key question has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Since the last inspection, there was a new manager in post. The manager is already registered with the CQC at the providers' second home located nearby. The manager was in the process of adding Ingham House to her registration with CQC. The manager is committed to improvement and was open and transparent regarding the improvements made and the improvements that were on going.
- Quality assurance systems were in place and were being used effectively to improve the service. We looked at the last three months as that was when the manager took over her role. It was acknowledged that work was on-going and the management team were confident that progress was being made.
- There was a complaint policy and procedure system which was used to improve the service, however there was no clear system or signage to enable people who lived at the service to raise a complaint. This was acknowledged and acted on immediately.
- Not all fire safety recommendations had been followed. Staff were storing equipment and charging electrical hoists in a stairwell which was noted as a main fire exit. This was immediately cleared and an alternative charging area found. The equipment however was not impeding the fire exit or putting people at risk.
- There had been some leadership issues in 2021 with two changes of manager, but there was now clear leadership to guide staff in delivering a consistently good level of care. Staff told us that things had significantly improved and they feel supported by the manager. One staff member said, "It is a really good team now, we have seniors and extra training and a new deputy and manager." Another staff member said, "I love working here, there are some exciting new plans plus the refurbishment is making a big difference."
- Staff meetings had been held and minutes kept. Staff meetings were well attended and staff said they were helpful.
- Resident and family meetings had stopped during the pandemic, however the provider was hoping to reinstate them soon.
- Quality assurance surveys had been completed with people and an overview of actions from those put in place. For example, mealtime experience. The feedback form regarding the meals and mealtime experience was very positive. People told us, "Meals are excellent, we all eat in the dining room." The chef was very knowledgeable regarding people and was a key part of the mealtime experience. One visitor said the chef visited their partner and offered many choices. They also said they were always offered a meal when visiting.

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

- The provider and manager understood their responsibilities under duty of candour. The Duty of Candour is to be open and honest when untoward events occurred. We have received notifications as required.
- People and relatives confirmed that the provider kept their website up to date with changes from the government regarding visiting and COVID-19.

Continuous learning and improving care:

- The manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen, increase in staffing levels and from the staff we spoke with. One staff said, "We monitor all falls and injuries, we contact the GP for advice, and this has really helped to reduce falls." The lessons learnt were used to enhance staff knowledge and to improve on the service delivery.

Working in partnership with others

- The manager had developed links with the local community and worked in partnership with health and social care professionals. This included GPs and social services, who were contacted if there were any concerns about a person's health and well-being. For example, manager was in close contact with the CCG and community pharmacist team. One health professional said, "I have noticed a change, a good change in staff, staff are knowledgeable about the people they support. Staff are polite and respectful."