

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Ingham Old Hall Care Home

Sea Palling Road, Ingham, Norwich, NR12 0TW

Tel: 01692580257

Date of Inspection: 24 April 2014

Date of Publication: May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Ingham Health Care Limited
Registered Manager	Mrs Paulene Galliver
Overview of the service	Ingham Old Hall is registered to accommodate up to 25 people who require care without nursing.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	6
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	7
Consent to care and treatment	8
Care and welfare of people who use services	9
Safety and suitability of premises	11
Assessing and monitoring the quality of service provision	13
<b>About CQC Inspections</b>	15
<b>How we define our judgements</b>	16
<b>Glossary of terms we use in this report</b>	18
<b>Contact us</b>	20

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 April 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

---

### What people told us and what we found

---

We conducted this inspection to establish the following about Ingham Old Hall Care Home: Was the service safe? Was it effective? Was it caring? Was it responsive and was it well-led?

Below is a summary of what we found. This summary is based on our observations during the inspection, speaking with people who used the service, their relatives, the staff supporting them and from reviewing records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

Most of the people we spoke with who lived at Ingham Old Hall told us that they felt safe and secure and that staff treated them with respect and dignity. Some people we could not communicate with but we did observe and note how they were treated, how they were looked after and what efforts were made to keep them safe.

People we were able to speak with told us that they knew who to speak to if they didn't feel safe or were unhappy about something. They indicated that staff took great care to ensure that they felt secure in their surroundings.

We spoke with family members of one person we spoke with. They said "It was a very good admission process. It caused a lot of heartache for us though. We were worried about them not fitting in, but we needn't have worried. Friends were made almost straight away. Staff are excellent too."

We inspected the staff rotas and found that there was sufficient staff on duty to meet people's needs throughout the day and night. The home was clean and maintained to a satisfactory standard. We found that staff were trained and supported to do their job safely.

Ingham Old Hall had a daily programme of identifying and rectifying maintenance requirements. This meant that people were not exposed to unnecessary risk.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards [DoLS] which applies to care services. We reviewed applications up to and including July 2012. No applications had been made since that date. All applications were documented, signed, dated and with witness statements where applicable. Adequate policies and procedures were in place relating to DoLS. Staff had been trained to understand when an application should be made and how to submit one.

Is the service effective?

Ingham Old Hall demonstrated that it took great care to ensure the care and wellbeing of the people using the service. This was shown in individual care records, up-to-date and current risk assessments, daily reports and communication records. We saw evidence of people having been involved in decisions about their care, where this was possible, and that their needs and wishes were known.

There was a system of recording and managing incidents concerns and complaints which was managed by the manager. We saw evidence of how the home responded to issues, or requests, which resulted in the home increasing its levels of effectiveness and satisfaction. For example there was an internal policy of replacing worn equipment immediately.

Is the service caring?

Ingham Old Hall operated an 'open door' policy to people living at the service, their families and staff. The manager told us "If anyone had any concerns or issues about the care provided, the door was always open to discuss it."

We noted that people were supported respectfully and courteously. We particularly noted that people were spoken with in a polite manner by staff. Smiles and words of comfort were offered and interactions seen to be understood by the person spoken with.

We saw evidence that care records were reviewed on a monthly basis or more frequently if required. Reviews with people using the service and their family members were also noted to take place. This told us that the home took reasonable steps to work with families to deliver care in a way which was both satisfactory and re-assuring.

Care and support provided was as individual and informative as it could be. We noted that other healthcare professionals worked with the home to ensure continuity of care where necessary.

Was it responsive?

We saw that the home responded to people on an individual basis. People's likes/dislikes were acted on and we saw every effort made to put the interests and wellbeing of the individual first.

One person we spoke with said "I had to live somewhere and as it turned out, this was the best place for me. It was hard at first but now I'm settled and happy."

We saw staff responding to people's needs and questions in a proficient manner. We

noted that whilst staff were busy that they still took time out to re-assure people, interact with them and generally engage with them.

We saw evidence that staff had individual knowledge of each person and their care requirements, for example, how best to communicate with them, their likes, dislikes, dietary requirements and behavioural challenges. We noted that comments and thoughts were shared in daily records and shared across the management and care teams as part of ongoing reviews.

Was it well-led?

Ingham Old Hall runs and maintains a quality assurance system. The quality assurance system in place was robust. Learning from incidents/complaints was recorded and shared and any shortfalls in service provision put right.

We found that people's personal care records, and other records kept in the home, were accurate, safe and filed appropriately and securely.

We also noted that management and senior carer staff at Ingham Old Hall had agreed to take part in a regional dementia care coach programme. This illustrated their commitment to service users who were living with dementia.

You can see our judgements on the front page of this report.

---

### **More information about the provider**

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

---

### Our judgement

---

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

---

### Reasons for our judgement

---

People's diversity, values and human rights were respected.

During our inspection we noted through observation, checking care records and listening that people were involved in making decisions about their care and treatment.

We observed three people who were not able to communicate with us. We spoke with three people who could communicate and two family members of one other person living in the home.

We observed how people were spoken with and how they were managed generally. We found staff to be polite and helpful. They did not rush people even at busy times such as meal times and medication taking. People living in the home were offered and given comfort frequently.

We noted that people could eat their meals where they chose to and were supported to do so. We observed that staff responded promptly to requests for assistance.

All care records and daily records we reviewed were up to date and signed. They reflected people's likes/dislikes, wishes and requests.

Where people were able to they expressed their views and were involved in making decisions about their care and treatment.

**Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

---

## **Our judgement**

---

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

---

## **Reasons for our judgement**

---

As part of this inspection we looked at how Ingham Old Hall dealt with the matter of consent. This involved looking at matters pertaining to end of life, mental capacity and best interest decisions. We also looked at how Ingham Old Hall communicated internally and externally regarding people's best interest decisions.

We found that where possible people were involved in making decisions about their health and welfare and outcomes were recorded.

We saw that where and when necessary independent advocacy was used to assist people who used the service in the decision making process about their support and care.

Of the four care records we reviewed we found evidence of one best interest decision regarding a Do Not Attempt Resuscitation [DNAR] form. This advance decision had been made in line with the Mental Capacity Act 2005. We saw evidence of mental health team involvement recorded. We found all to be up to date and signed by the relevant authorities.

Ingham Old Hall was working to ensure that people understood the need to drink plenty of fluids. Where people were involved in this we found consent had been signed either by the person concerned or a family member. We observed that where care or treatment was refused the risks, benefits and alternatives had been discussed and noted.

The provider had a robust system for managing the application of Deprivation of Liberty Safeguards [DoLS]. We reviewed all submissions, both successful and unsuccessful for the period of December 2010 and up to July 2012. All had been completed appropriately and were dated and signed. All were based on best interest decisions and mental capacity assessments. Where third parties were involved all statements that had supported the application, were signed and dated.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

**People should get safe and appropriate care that meets their needs and supports their rights**

---

**Our judgement**

---

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

---

**Reasons for our judgement**

---

Before people were admitted to Ingham Old Hall their needs were assessed. They were also reviewed on a monthly, or as needed basis. Care records were regularly updated to reflect any changes in circumstances or health. Where changes to the care record had been made we noted relevant risk assessments and discussions had taken place and were recorded and signed.

Family members of one person told us, "The staff are brilliant, we can't fault them in any way." They went on to say "We have spoken with family members of other people that live here and they all say the same."

We spoke with a district nurse that called at the home, during the inspection, to see one of the people living there. They told us that medical intervention had taken place immediately and had been reported back to the manager. We noted that the manager took steps to relay to family members the reason for the nurse's visit. This showed us that the home moved quickly to deal with any medical emergencies and shared any relevant information in a timely manner.

Ingham Old Hall placed a high emphasis on engagement with other health and social care providers relating to those living with dementia. It offered workshops for 'dementia friends', held 'open house' sessions for family members and held managed activities for those able to take part. We saw photographs of an Hawaiian event which had taken place and where some people had dressed up for the occasion. No pressure was applied to those not wishing to take part in activities and people were free to mix or not. Staff we spoke with all said that they did not put pressure on people to take part in activities if they did not want to.

We reviewed four people's care records. In particular we reviewed needs assessments, including nutrition and hydration, other healthcare interventions and medications. We also looked to see how the provider managed frequent changes to people's needs and requirements. We found regular reviews had taken place and discussion with other health professionals that were involved in the care of people who used the service. For example we found nutritionists input, mental health team involvement and involvement in specialist

work in the area of dehydration recognition.

The care records we looked at were comprehensive, accurate and up to date. The above showed us that the provider had procedures in place to ensure the health needs of the people who used the service were identified and met.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

There were arrangements in place to deal with foreseeable emergencies. People who use services were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

---

**Our judgement**

---

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

---

**Reasons for our judgement**

---

At the time of the inspection Ingham Old Hall cared for 23 people. There was ongoing maintenance and refurbishment of certain areas taking place. New kitchen equipment had been purchased and was being fitted. Heating and lighting requirements were also being updated.

There was a lift on the ground floor complete with regulatory and safety notices.

We saw firefighting equipment throughout the building; this had been serviced and was in date. There were nominated fire marshals whose role was to ensure the safe evacuation of people from the home. The provider had just completed a review of their emergency evacuation procedures and put in place contingency plans in the event of an emergency.

The provider employed a maintenance technician to oversee the repair, maintenance or replacement of equipment and works relevant to the building. All works were managed through a worksheet system and were overseen by the manager. We reviewed the work sheets for the period from 2012 and up to the date of our inspection. Examples of works recently carried out covered curtains off rails, blocked sinks and toilets and the replacement of corridor lights. All work sheets were signed and dated on completion.

The building was showing signs of wear but was generally in a satisfactory condition. Internally carpets and decoration were satisfactory and found to be clean and trip free. There were ramps and handrails strategically placed to ensure safety. Bathrooms and toilets were clean and presentable, and were fitted with raised seats and rails where relevant.

The provider had placed raiser/recliner chairs in the main reception for those with mobility issues so that they could view the gardens.

There were adequate raised chairs in the main lounge together with table and chair seating if required. A large conservatory was well placed to enjoy seeing both into the home and the gardens. It was adequately furnished.

The second lounge/dining room provided a quiet place for sitting or eating and again was

well furnished and free from hazards.

The provider was in the process of recruiting a gardener/handyman for the extensive gardens. Whilst large the gardens were reasonably well kept. The provider may wish to note that the water fountain in the garden may pose a danger in the summer if access to the gardens is permitted without appropriate risk assessments in place.

All windows, doors, latches and fire doors were considered safe and useable.

The provider has taken steps to provide care in an environment that is suitably designed,adequately maintained and safe.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

---

### Our judgement

---

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

---

### Reasons for our judgement

---

During our inspection we found evidence of ongoing audits. These covered aspects such as risk assessments, emergencies, supervision and medication. We found all to be completed, up to date and signed.

The quality assurance work also covered person centred care planning, night check logs, activities log, minutes from meetings, induction and training and health and safety risk assessments. This told us that the provider took reasonable steps to ensure quality systems were applied throughout the organisation.

We also noted that there was a training schedule in place and we reviewed the January 2014 to April 2014 training schedule. We found evidence of training which had taken place, including management of unsettled behaviours, food hygiene, dementia and infection control.

We reviewed the policies and procedures for disciplinary and grievance, recruitment, supervision, infection control and training. All were up to date and assured us that the provider supported its quality assurance with relevant and appropriate policies and procedures. We also reviewed the provider's quality assurance system: improvement through audit and self-assessment. There was a robust mechanism for ensuring quality. This was to be supported by the implementation of a "Quality Circles" system in May 2014. This aimed to help groups of four carers and management work together to identify and make improvements.

The provider made available to all who use or work in the service the option to "have their say". They believed that concerns could be addressed before they become an issue. Likewise, if someone had a good idea the door was open to discussion.

We reviewed the complaints system from December 2011 up to the date of our inspection. We found: details, what actions had been taken, people involved, findings, conclusions, action plans (by whom and when), the appeals process and time frames involved. There were no unresolved complaints. We found evidence of the implementation into the quality

assurance system of a medication checklist which had resulted from a resolved medication issue.

We spoke with staff regarding quality assurance and were told what quality assurance meant to them. This reflected what the provider and manager had told us and shown us.

There was a daily report sheet covering aspects such as concerns about individuals, machinery breakdown, falls or incidents relating to the premises. All were signed and dated.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Decisions about care and treatment were made by the appropriate staff at the appropriate level.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

---

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---