

Review of compliance

Ingham Health Care Limited
Ingham Old Hall Care Home

Region:	East
Location address:	Sea Palling Road Ingham Norwich Norfolk NR12 0TW
Type of service:	Care home service without nursing
Date of Publication:	April 2012
Overview of the service:	Ingham Old Hall is registered to accommodate up to 25 people who require care without nursing. The service has a registered manager.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Ingham Old Hall Care Home was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 2 February 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People with whom we spoke told us that they were happy with the care they received. They said that staff treated them with respect and they felt safe and well cared for. Some people told us that they were not always offered a choice of food but on the whole the meals were good.

What we found about the standards we reviewed and how well Ingham Old Hall Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The service is compliant with this outcome, but, to maintain this we have suggested some improvements are made.

People using the service are treated with respect and their dignity is being promoted. However, improvements are needed to ensure that this position is maintained.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The service is not compliant with this outcome. Improvements are needed.

People using the service do not always receive effective care and support that meets their needs and promotes their health and welfare.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The service is compliant with this outcome

People are being protected from harm and their human rights are being respected and upheld.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The service is compliant with this outcome.

People using the service are safe and their care is delivered by staff who are trained and competent.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The service is compliant with this outcome, but, to maintain this we have suggested some improvements are made.

People are protected by systems designed to assess and monitor the quality of the service to ensure that people receive the standard of care they should expect. However, improvements are needed to ensure that this position is maintained.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People with whom we spoke told us that they were able to make decisions about the way in which they wished to live their lives. One person told us that they preferred to stay in their room and staff respected their wishes. Another person told us that staff treated them well and considered their dignity and privacy. Three people told us that they were not always offered a choice of meals.

Other evidence

During our visit we observed staff engaging with people using the service. We found that staff had a kind, caring approach to people and spoke to them in a respectful manner. Staff were observed to offer people choices and to assist them with making decisions about their daily routines. People using the service looked well supported to maintain their appearance and we considered that their dignity was being promoted.

However, we also observed some areas that required improvement. For instance, we saw staff placing plastic aprons on some people at mealtime without asking them if they wanted one and without explaining what they were about to do.

We looked at the records relating to some people using the service and found that where possible people were involved in the planning of their care. We saw evidence

that relatives had been involved in providing information about people's life history and their preferences with respect to how they would like to be supported with their care. There was some evidence of person centred planning in people's care plans but it was limited. (see outcome 4 for more information)

Our judgement

The service is compliant with this outcome, but, to maintain this we have suggested some improvements are made.

People using the service are treated with respect and their dignity is being promoted. However, improvements are needed to ensure that this position is maintained.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are moderate concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People with whom we spoke told us that they had their needs met but staff were very busy and it could take a while for staff to respond when called. Another person told us that staff were very good and that they felt well treated. People with whom we spoke were generally satisfied with their care and said they liked living in the home.

The home accommodates a number of people who have some degree of cognitive impairment. Where people were unable to verbally communicate their views about the service, we made observations of their response to staff and way in which they were being supported.

Other evidence

During our visit we looked at the care records relating to some people using the service and crosschecked what it said in the records with the observations we made of those people engaged in their routines of daily life.

We found that the quality of the information in the records was variable and did not always accurately reflect people's needs. Care plans and assessments had been reviewed monthly, but had not in all cases been up dated with new information when people's needs had changed. There were inconsistencies in the information in some records which meant that staff would not have clear and accurate information about what people's needs were and how they should be met. For instance, in the records for one person there was a nutritional needs assessment which stated the person had 'normal food intake' and was at 'low risk'. In another record for the same person, entitled

'personal assessment', it stated that the person needed supervising with their meals and liked bite size pieces and finger foods. In another record, for the same person, relating to diet it stated that the person needed encouragement with their food and they were at risk. We observed this person at mealtime and found that they were given a full meal of chicken pie, carrots, cabbage and mash potato. They were not given any assistance with the meal and tried to pick up the food from the plate with their fingers. This went on for over an hour by which time the meal was cold. Their food was not presented in way that they were able to manage independently as set out in one of the plans of care.

When we made observations of the mealtime experience we noted that there were several people who did not receive appropriate support with their meal or the food was not presented in a way that they could manage independently. However, we looked in the records for these people and their weights were being monitored monthly. Most people were maintaining their weight and where issues with weight loss were identified, appropriate advice had been sought.

Risk assessments relating to people's health needs had been completed but were not necessarily accurate or followed up with a clear plan about how the risks should be minimised. For instance, one person was assessed as being at high risk of pressure sores and there was an entry in the records stating that they had a 'broken spot on buttocks.' There was no care plan setting out how the pressure area should be dealt with to prevent it from becoming worse and there was no evidence that advice had been sought from other health professionals.

In some of the records we found information about people's likes and dislikes along with some life history information. This is particularly important when providing care for people with cognitive impairments. However, the information was very brief and therefore other records of care lacked a person centred approach. For instance, a care plan for social and leisure stated that the person had dementia and did not get involved with activities as they cannot comprehend. We observed this person and they were able to engage with staff on a one to one and an entry, made by staff, in another record said they would look at magazines and papers.

Our judgement

The service is not compliant with this outcome. Improvements are needed.

People using the service do not always receive effective care and support that meets their needs and promotes their health and welfare.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People with whom we spoke told us that they were happy living in the home and that staff treated them well. They also said that the manager spoke to them frequently providing them with an opportunity to raise any concerns they may have,

Other evidence

We spoke with the manager about safeguarding. We were told that all staff have received safeguarding training that was delivered by Norfolk County Council. All staff are provided with the safeguarding procedure and are aware of how to raise concerns if needed.

The manager described a recent safeguarding issue involving a person with dementia. This was dealt with appropriately, involving other professionals in order to make a best interest decision to protect the person from harm and distress.

During our visit we did not see any safeguarding concerns and people appeared to be happy.

Our judgement

The service is compliant with this outcome

People are being protected from harm and their human rights are being respected and upheld.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

People with whom we spoke told us that staff treated them well and supported them with their needs.

Other evidence

We spoke with the manager about staff recruitment and training and looked at the records relating to a recently appointed member of staff.

The service had a recruitment procedure in place. All potential employees are required to complete an application form, attend a face to face interview, complete a Criminal Records Bureau check and provide two references. We confirmed that the procedures had been followed when the latest member of staff was appointed.

We checked the training that some staff had undertaken and were told that all staff had a NVQ level 2 and some had NVQ level 3. In addition, staff had received training in areas such as: fire safety, food handling, moving and handling and dementia awareness. Some staff had also undertaken dementia training delivered by the University of Bradford. The manager told us that training in the Mental Capacity Act and the Deprivation of Liberty safeguards had been completed online.

We were also told that the cook had undertaken training in nutrition for older people and was in the process of completing a NVQ

Staff were being supervised on a regular basis and provided with the opportunity to

discuss any concerns and any further training needs they may have.

Our judgement

The service is compliant with this outcome.

People using the service are safe and their care is delivered by staff who are trained and competent.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People with whom we spoke told us that the manager visited them frequently to ask them how they were. One person told us that they had not been asked for their opinion of the quality of the service. People also said they had not been asked what their preferences were in respect of food and were not always offered a choice.

Other evidence

We spoke with the manager about how the service assesses and monitors the quality of the service. We were told that all residents and relatives were asked for their opinion of the service by way of an annual questionnaire. Questionnaires had just been sent out and some had been returned, but the responses had not been collated at the time of the visit. The manager said that generally people were happy with the care provided and all the feedback so far has been positive.

We asked what audits were being completed to assure quality in other areas such as care planning. The manager told us that there are audit systems in place, for instance, falls are audited to ensure that people having frequent falls are monitored and referred to the falls team if necessary. Twenty four hour reports are completed on each resident to identify any trends or concerns and people's weights are monitored monthly. We were also told that medication was audited monthly and had recently been audited by the Primary Care Trust Pharmacist.

However, we did identify some shortfalls in care planning and risk assessments that tells us that the monitoring systems in place may not be working properly.

Our judgement

The service is compliant with this outcome, but, to maintain this we have suggested some improvements are made.

People are protected by systems designed to assess and monitor the quality of the service to ensure that people receive the standard of care they should expect. However, improvements are needed to ensure that this position is maintained.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns: People using the service are treated with respect and their dignity is being promoted. However, improvements are needed to ensure that this position is maintained.</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns: People are protected by systems designed to assess and monitor the quality of the service to ensure that people receive the standard of care they should expect. However improvements are needed to ensure that this position is maintained.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People using the service do not always receive effective care and support that meets their needs and promotes their health and welfare.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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