Care Quality Commission

Inspection Report

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: 22 October 2012

Date of Publication: November 2012

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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'.

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 22 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and talked with stakeholders.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

During our visit we spoke with eight people living at Ingham Old Hall as well as four staff members who worked there. We spoke briefly with one visiting vocational professional. We observed how people were treated and how staff interacted with them specifically during lunch time. We saw one person ask a member of staff for a blanket for their shoulders and this was brought to them immediately. We saw one member of staff asking people their choice of drinks and placed the drink within their reach before leaving.

We saw some people walking in different areas of the home, or sitting in two lounges, while others preferred to stay in their rooms. Staff were seen popping in to speak to people on their own and check they had things within reach.

We observed lunch being served and how staff helped those who required assistance with their food in a discreet manner. This sociable event was not rushed and people were given choices throughout. Two people commented: "The food is lovely. We have a good selection to choose from the menu." Another person told us: "Its good wholesome food, very tasty."

We looked at a selection of care records and checked the improvements made after the previous inspection.

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 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

During our visit we looked at five care plans for people living at Ingham Old Hall. We saw that all the care plans were person centred this meant they looked at what the person wanted rather than task orientated. We saw that everyone's care plan had been compiled into a new format. Each plan was contained in individual folders beginning with the person's personal details, a life story about their past and an index of specific care needs with the required risk and action to meet their needs. The care plans showed us that the person or their family member were involved when writing up the care needs which were signed by them. We saw that the care plans were reviewed on a monthly basis.

We observed how staff treated people respectfully, asking direct questions to minimise confusion for those with a memory impairment. People were dressed appropriately, were offered choices and included in conversation. We saw staff knock on people's bedroom doors before entering and assisting people with their drinks and meals in a discreet manner.

People we spoke with told us: "The staff are wonderful here, they're all very kind to me." Another person said: "They help me to come down to the lounge so I can sit with my friends."

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

A compliance action was set from the previous inspection during April 2012, where there were gaps found within the care plans we checked. We looked at five care plans during this visit and saw that they had been completely rewritten, in a new format. All five care plans were detailed and informative in most aspects of people's needs. The provider may find it useful to note that some detail was a little too brief within the person's personal details, even though further on in the care plan this became more informative. We saw risk assessments in relation to pressure sore prevention, trips and falls, nutrition and manual handling. These assessments were clearly written and the care plans reduced the risks in respect of threats to people's welfare. For example, the nutritional assessment showed how they identified ways to encourage people to eat such as offering favourite food, finger food such as sandwiches, offering supplements and monitoring their weight. We saw that all the assessments were reviewed on a monthly basis.

Staff told us they could access care plans and the information within the daily records was used during shift handover at the beginning of each shift so they were informed of any changes.

We observed several health professionals such as the district nurse and GP visiting people and these were accompanied by senior staff. Records were updated at the end of their visits. Within one of the care plans we saw how staff had requested assistance from the mental health team during a confusional episode of a person living there and how, through using the multidisciplinary approach of assessment, a positive outcome was reached for that person. This showed us that the care and treatment was planned and delivered in a way that ensured people's safety and welfare.

People we spoke with told us: "I like to choose my clothes when I get up and the staff help me get dressed." Another person we spoke with could not remember if they were helped by staff although they told us they were comfortable living there.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

The assistant cook had made three hot options for the main meal for lunch time. The menu was displayed in the lounge/dining room. They told us they always cooked a little extra in case anyone changed their mind when it was being served. We saw this during our observation during the lunch time period when one person preferred the chicken curry rather than cottage pie. During lunchtime we used our Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.This included looking at the support that was given to them by the staff. We spent fifteen minutes observing at lunchtime and found that overall people had positive experiences. People were not rushed during their meal, with staff being led by the person they were helping.

The care plans showed evidence of people's preferred assistance with food and drink with corresponding risk assessments in place. Staff monitored people's weight who were deemed at risk of not taking adequate nutrition and alternatives were put in place. For example, people could have extra cream with their porridge or in their desserts to maintain their weight. The manager told us that people with specific needs were referred to the dietician who gave advice or recommendations for prescribed calorific drinks. We saw that people were offered various beakers with lids or handles or ordinary cups and mugs that allowed them to be as independent as they were able.

Both the breakfast and evening meal were dispensed from the trolley and people could chose at the time. We saw a selection of hot and cold drinks offered to people throughout the day. People were supported to be able to eat and drink sufficient amounts to meet their needs.

All of the eight people we spoke with commented positively about the 'tasty' and 'home-cooked' food they were offered.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at the staff rotas for three weeks and saw that sufficient numbers of staff were on duty at the home to meet the needs of people living there. We saw that staff were flexible when extra events were organised, such as escorting a person to hospital or in case a person required a little more help. The rota showed that four care staff were on duty during the morning reducing to three in the afternoon and two overnight. The senior care staff told us that the majority of staff worked all three shifts so they could get to know people during the whole twenty four hour period. Overnight staff were supported by the manager or senior carer through an organised 'on call' system if they required assistance.

Staff members also had the appropriate skills to meet people's assessed needs. We saw that more than half of the team had the recommended National Vocational Qualification in care. Staff told us they had attended or completed training in fire, dementia awareness, diabetes management and manual handling. They told us they had access to a wide selection of training and felt supported by the manager to complete both mandatory and supplementary training. One senior carer had completed a dementia course from the university to enable them to broaden their awareness of how to care for people within this scope of complex care needs. We spoke with the vocational professional who told us they were always made welcome when they visited to assess staff and the staff worked to a high standard.

People we spoke with told us: "The staff are wonderful here. Lovely staff, such a good mix." One person commented that they enjoyed having the young men around.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Improvements were required to maintain the systems of monitoring the service after the previous inspection carried out in April 2012. We looked at the records of how the service obtained people's views and how this was taken forward. The manager gave us an example of how the previous results from the last survey had told her that people felt they were not offered enough to drink. The method of offering drinks was reviewed and an extra round of drinks was put in place, although people could have a drink whenever they asked for one and for those who could not, then this was a method of ensuring people received adequate fluids.

We saw that other methods were also in place to monitor the service. Care plans were reviewed regularly and staff received supervision and training. There were risk assessments carried out for areas such as health and safety of people and fire risks and care risks were contained within the care plans.

The manager told us they completed a satisfaction survey that obtained people's views, their relative's views and other professionals with the results displayed of any action taken. We were told that regular staff meetings were held to discuss or plan future training or events planned to improve care for people living in Ingham Old Hall.

All the records we asked to see were made available to us. We saw the environmental health visit in June 2012 resulted in the kitchen staff being awarded five stars for food preparation. The last fire officer visit in April 2012 resulted in compliance, having reviewed the home's fire risk assessment. The provider visited the service to support the manager on a regular twice weekly basis.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk