

**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: 06 August 2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Safety, availability and suitability of equipment</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Complaints</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

*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 August 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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Our inspection was unannounced, which meant that no one knew that we would be visiting. There were twenty people living at the home on the day of our inspection. During our visit to Ingham Old Hall we toured the premises, saw people using different parts of the building and garden. We spoke with five people and five members of staff. We saw how an exercise class was carried out for people who wished to take part with this organised event. We observed how people were treated and how staff interacted with them. We saw staff knocking on bedroom doors before entering and how they treated people respectfully. People appeared relaxed and content within their surroundings.

We saw that people were cared for effectively and that the care was planned for the individual. We saw that people were safe and that there were sufficient suitably qualified and experienced staff on duty.

The people who used the service that we met during the visit were very positive about the home and the care provided. Comments included: "The staff really look after you" and "The staff know exactly how to help me." "It's a lovely place to live, the staff treat me well, I get lovely food and the situation is so peaceful, no need to complain." "I have all I need."

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

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### More information about the provider

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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

### 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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People told us they discussed their care and preferred routines with the staff when they had moved into the home.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We looked at two people's care plans in detail and a further two, for people who required less staff input. The majority were easy to read and were laid out in a logical order. They commenced with the person's details and their background/life history before they moved into home. Further details included instructions for staff with the person's preferred care needs and routines including relevant risk assessments, in place. We saw that people had been assessed on moving and handling needs, personal care, nutrition and their mental wellbeing.

Staff told us that they maintained the daily records and we saw that regular reviews of the care plan files had been recorded. This meant that people were supported with their care in a way that was individual and in accordance with their wishes. Records were kept to monitor people's health. Within the care plan files there was a record that showed that people had been seen by their GP and/or other health professionals such as the optician, chiropodist, and dietician and district nurse when required.

We made general observations during the day of people using the service and how they were being cared for. We saw that people were being supported in accordance with the information in their care plans. People looked well cared for and we saw staff helping people in a way that encouraged their independence, respected their dignity and maintained their rights.

During our visit we noted that some people were taking part in a general exercise class, with one person telling us they felt the benefit of these classes afterwards. We observed people were spoken to courteously by the staff and the call bell was answered quickly. This meant that people experienced effective, safe and appropriate care, treatment and

support that met their needs and protected their rights.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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The home had written policies about safeguarding vulnerable adults and about whistle blowing (this means staff must report any bad practices that happen at the home). We saw staff had access to the policies although the telephone details of who to contact were kept in the manager's office. We saw records that staff had training in safeguarding adults after learning from a recent safeguarding incident at the home and this training had been completed during February 2013. The manager had notified the Care Quality Commission and local safeguarding team appropriately.

Staff were able to describe who they would contact if they needed to report any concerns. In this way, staff understood their duty of care to safeguard the people who lived at the home. One member of staff told us, "I'd go straight to the manager without hesitation. If I saw or was told anything negative I'd tell her".

People who used the service were relaxed in the company of staff. When they needed assistance they asked for this without any reluctance. People said that they felt safe. Where people were not able to make decisions for themselves the staff made sure that decisions were made for them in line with the law about how this should be done safely. We saw records within people's care plans about if or when family members were involved in decision making on behalf of their relatives living at Ingham Old Hall.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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We did not observe a medication round during our inspection however the member of staff spoken with was able to outline how they would ensure medication was safely administered. This included making sure they knew they were giving the medication to the correct person. We saw that a photograph of the person was attached to the front of the medication recording chart. The member of staff told us that they would check each dose of the medication before it was given and observed that the medication had been taken before signing the person's medication recording chart. We looked at a sample of these charts and found each entry had been signed for appropriately, leaving no gaps in the records. This showed us that medicines were prescribed and given to people appropriately.

The manager had taken over the ordering, checking in and disposal of the medication since the designated member of staff had recently left the service. We saw how this took place. Medication was received on a regular monthly basis from their nominated pharmacy. Upon receipt of the medication, it was checked and recorded appropriately onto people's medication administration records. This showed us that appropriate arrangements were in place in relation to obtaining people's medication.

There were also records kept in relation to the disposal and return of medications to the pharmacy.

Medicines were kept safely. We saw that medicines were kept in a locked medication trolley and liquids/creams stored appropriately. We checked the controlled drugs that were stored in a locked metal cupboard alongside the drug register, this was found to be correctly signed and implemented.

We saw that staff members had received the medication training and the manager told us that staff were regularly observed administering medication as part of their ongoing supervision. We saw staff had access to medication policies and information on the medicines people were prescribed, so that staff would be able to identify any effects should a person begin displaying adverse symptoms.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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We toured the home and randomly checked some of the equipment, checked the dates of the last maintenance and checked how the equipment was cleaned.

We saw there were policies and procedures in place which showed there were clear systems available for the checking and maintenance of the equipment used in the home.

We checked a random selection of the baths, profile beds, commodes, three hoists, fire equipment and the lift and saw all of these were in date with the relevant certificates in place. The manager told us that if they required extra pressure relieving equipment for anyone who required this they liaised with the district nursing team to obtain this.

Staff training records showed us that all staff members had received training for moving and handling and the use of fire equipment.

The manager told us an audit of the home had been carried out for identified areas that may pose a risk for people living in the home and staff. Risk assessments for all areas of the home had been carried out and were made available for us to look at.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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The service had an effective recruitment and selection processes in place. We looked at two staff recruitment records. We saw the service followed their recruitment policy when employing new staff and appropriate checks had been undertaken before staff began work.

Both records contained an application form/ CV and employment history. Two references had been received. Each staff member had the required criminal record bureau check completed (CRB) to ensure they were suitable to work with vulnerable people. We saw the relevant skills, training records and certificates that staff had completed to keep their skills up to date. We also saw that relevant identification records had been checked.

This showed us that people were cared for by suitably qualified, skilled and experienced staff.

We spoke with people using the service but their feedback did not relate to this standard.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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Most of the staff team had several years experience of working at Ingham Old Hall or similar care services and they spoke positively of the training and support they received. One staff told us; "I love working here, we are always doing some training, I've just done the dementia awareness training".

We saw the training records that showed that all staff had received training in fire safety, first aid, food hygiene, moving and handling, medication, health and safety and infection control as well as safeguarding adults. The records also showed when the refresher training was next due. Staff were able, from time to time, to obtain further relevant qualifications. We saw that end of life care and care of the dying had recently taken place for the staff team.

We saw that four staff had undertaken the National Vocational Qualification (NVQ) in care at Level 3 and seven had completed NVQ care at Level 2 out of a total of fourteen care staff. Care staff had attended training which focused on meeting the needs of people with dementia and end of life care. This meant that staff were given specific training to meet the needs of people who lived in the home.

Supervision records were in place for all staff and were up to date. We saw that where staff have raised issues in supervision, that these have been recorded and addressed by the manager. We also saw records of staff meetings and staff told us they used these to have open discussions about the service.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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People were made aware of the complaints system. This was provided in a format that met their needs.

The home had a clear complaints policy on how to raise a complaint displayed at the entrance hall. There was also a copy of this included in the service user guide in people's rooms. The policy included the timescales and the process the manager followed to respond appropriately to all complaints. We saw a copy of the one complaint raised during the last year. This had been fully investigated reaching a positive outcome for the complainant. The policy also contained details for people if they preferred to contact an independent body to investigate their concerns regarding the service.

If a person did not have the capacity to make their own complaint, a relative, friend or an advocate could act on their behalf.

Staff members spoken with told us the manager had an 'open door' approach and they could raise concerns during their supervision or staff meetings or at anytime. We saw there was also a system in place for compliments including more positive feedback from both people living at the home and from their relatives.

People we spoke with told us; "It's a lovely place to live, the staff treat me well, I get lovely food and the situation is so peaceful, no need to complain." "I have all I need."

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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