Barchester Healthcare Homes Limited

Hickathrift House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 25 and 26 May 2016 and was unannounced.

The home is registered to provide accommodation with personal care for up to 52 older people. On the day of our visit there were 48 people living at the home, some of whom were living with a dementia.

There was a registered manager at the service, who was permanently based onsite. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe living at the home. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspicions of abuse.

There were sufficient staff numbers on duty to keep people safe and to meet people's needs. Safe staff recruitment procedures were in place, which ensured only those staff suitable to the role were in post.

The home followed procedures to identify risks and protect people from harm. Risk assessments were in place and regularly reviewed. Where someone was identified as being at risk, actions were identified on how to reduce the risk and referrals were made to relevant health care professionals.

Medicines were managed, stored, given to people as prescribed and disposed of safely by trained staff.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were knowledgeable about MCA and DoLS and had received training. There were appropriate referrals and applications had been submitted to the relevant body. Staff sought consent from people regarding their care and from relatives where appropriate.

Staff showed good knowledge of working with people living with dementia and had received appropriate training to deal with all elements of care delivery.

People health care needs were assessed, monitored and recorded and referrals for assessment and treatment were made. Where people had appointments within healthcare services, staff supported them to attend these.

Staff were caring and they knew people well, they supported people in a dignified and respectful way. Staff acknowledged people's privacy. People felt that staff were understanding of their needs and provided

support during periods of distress. Staff had positive working relationships with people. People living at the home told us that staff listened to their wishes and carried out care services in response to their requests. Care was based on people's individual needs and was person-centred. People and their relatives were fully involved in the assessment of their needs and in care planning to meet those needs.

Quality assurance systems were in place that reviewed the quality of the service that was provided. The views of people, relatives, health and social care professionals were gathered as part a quality assurance process.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff received safeguarding training and knew how to recognise and report abuse.

There were sufficient staff numbers to ensure that people were safe and their needs were met.

Risk was managed effectively and regularly reviewed to ensure people's safety was promoted.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received training to ensure that they were able to meet people's needs effectively. They received regular supervision.

People were supported to maintain good health and had regular contact with health care professionals. They had sufficient to eat and drink and were involved in menu planning.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards policies and procedures. Staff were provided with training

Is the service caring?

Good

The service was caring.

People were treated with kindness and dignity by staff who took time to speak and listen to them.

Staff were understanding of those living with dementia. Staff respected people's privacy.

Is the service responsive?

Good

The service was responsive.

People received care which was personalised and responsive to their needs.

Activities were available for people and they had a variety of choices.

People were able to express concerns and feedback was encouraged.

Is the service well-led?

Good

The service was well-led.

The registered manager sought the views of people, relatives, staff and professionals regarding the quality of the service and to check if improvements needed to be made.

There were systems for checking and auditing the safety and quality of the service.

Hickathrift House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 26 May 2016 and was unannounced. The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the provider. This included notifications, which are events that happened in the service, that the registered provider is required to tell us about. We also contacted social care professionals within the county for their views.

We spoke with 10 people living at the home, eight visitors and two visiting health professionals. We also spoke with the registered manager, deputy manager, activities co-ordinator, trainer, three care workers and the chef. At the time of our visit, the regional manager was also present. We spent time observing care provided to people during the day.

We reviewed the care records of five people, training records and staff files as well as a range of records relating to the way the quality of the service was audited.

Good

Is the service safe?

Our findings

People living at the home told us that they felt safe and that they felt cared for by staff who understood their needs. One person living at the home said, "I feel absolutely safe" whilst a visitor told us; "[Relative] has been here over two years and never felt in any danger or unsafe".

Staff told us in some detail what they would do if they felt a person was at risk of harm and what the procedures were for the home. Staff told us they had the knowledge and confidence to report issues, incidents and accidents to their senior manager, which we saw to be the case. Additionally the training manager told us, and staff confirmed that they received face-to-face training for safeguarding people from harm.

Some people living at the home sometimes showed signs of behaviour that people could view as challenging. Which meant that staff were dealing with behaviour that challenged others on a regular basis. We saw evidence that risks to people's safety had been assessed and there was guidance for staff about how to minimise these. Staff told us that they were confident in supporting the people living at the home. They felt they had relevant guidance and sufficient information in order to meet the needs of people with behaviour that challenged others.

People who were at risk of developing pressure areas were risk assessed appropriately. We saw evidence that one person had an airflow mattress and people had pressure cushions, this relieved pressure and helped to minimise the risk of deterioration to the person's skin. The registered manager also undertook spot checks out of standard hours to ensure that staff were checking on people and repositioning people when they should.

We saw that people were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. For example, a number of people living at the home had historically had bed rails in place to keep them safe. The registered manager had assessed with visiting professionals whether this was the safest method and as a result people had alternative equipment in place such as lower beds or a crash mat. This meant people were still able to move independently around their rooms, without support, but were at a lower risk of injury.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew how to access the information. We saw this to be the case when we reviewed care records. The registered manager informed us that there were consolidated care records of people's needs in readymade packs used in the event of an emergency. Staff told us the fire alarm was tested weekly and they felt confident how to deal with individuals safely in the event of a fire.

There was a dedicated staff resource for maintenance and staff involved explained the processes for health and safety checks, and showed us records of audits undertaken. These were all up-to-date and relevant service engineers called when needed, to keep equipment safe.

People who lived at the home told us that they were happy with the numbers of staff. People did tell us that staff were responsive and one person told us, "[Staff] come, quickly, and at night time they come quickly as a rule". We observed this as throughout the visit we saw that call bells were answered swiftly. We saw that staff sat and talked with people who had called them and not just checked on them.

On each day of our visit, there was the registered manager, deputy manager, one senior and six care staff on duty. An activities lead, trainer, kitchen staff and housekeeping, supported them. The regional manager was also on site during our visit. The regional and registered managers told us that there were enough staff to meet the needs of the people living at the home.

The organisation used a dependency tool to determine staffing levels that were required and staff told us that there were sufficient staff to meet people's needs. The rotas that we viewed confirmed this. Staff told us that they had recently asked for more support at teatime and another person was put in to cover 4pm to 8pm, as people's needs were higher at this time. Staff said this had made a significant difference and meant more people received 1:1 time. The registered manager also told us that this had reduced the number of falls at this time of the day.

The service followed safe recruitment practices, which included the appropriate criminal record checks and references. The registered manager told us about the recruitment process they followed and staff confirmed this to be the process they experienced.

There were safe medicine administration systems in place and people received their medicines when required. We observed staff carrying out administering medicines during lunch and medicines were stored securely, administration records were up to date, clear and concise. Staff wore tabards that indicated they were on a medicines round and not to be disturbed. We observed staff discreetly asking people if they wanted medication and explaining what the medication was for before giving it to the person. Staff told us that they had received medicines training and that they could shadow senior care staff before being observed by them. Staff were knowledgeable and confident with the process and policies around medicines management and what process they would follow if a medicines error occurred.

Good

Is the service effective?

Our findings

People and their visitors spoke positively about staff and their abilities and expressed confidence that staff were trained to meet their needs.

The home had a training manager that was based at the home part of the week. The trainer showed us the records they had to show what training had been completed and what was outstanding. The relevant training, that the provider considered mandatory, had taken place and additional training based on individual needs was accessed by staff where needed. Staff confirmed to us that they received appropriate training and that they felt very well supported by the trainer and senior managers. This meant that staff had access to effective training that supported them to undertake their specific roles and care for people living at the home.

The training manager and staff confirmed to us that they received an induction period following recruitment. A new staff member told us this included shadow shifts, where they worked alongside an experienced staff member. The staff member told us this could be for as long as they felt they needed it for and told us that it gave them more confidence to learn their caring role. Staff told us that they enjoyed coming to work each day, especially as staff supported one another even after induction, staff felt this meant people got good care and had their needs met appropriately.

The registered manager and the deputy told us that they carried out supervisions with staff, and we saw evidence that this had been undertaken. The registered manager told us, and staff confirmed that these supervisions were to discuss their competency checks and determine if they required any further training. Staff also told us that they did not have to wait for their formal meeting, if they wanted to approach managers before, they needed only to ask.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and were helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that for all the people living at the home applications had been made to the DoLS team and the registered manager was awaiting the local authorities' outcome. Where the application was outstanding the registered manager confirmed that best interest decisions were carried out and we saw these to the case. Staff were able to tell us about the training they received for MCA and DoLS and what this meant to people living at the home.

Some people living at the home would sometimes refuse care due to the nature of their dementia, and this was well documented in care records. In these instances care records showed where people were not able to make an informed decision, staff involved others who knew the person well in discussions. This meant that their best interests were taken into account. Staff were given guidance in records as to how to manage this and ensure the person's needs were met whilst respecting their wishes for refusing care.

Additionally where people living at the home had the capacity to make some decisions their care records reflected this, and what decisions that person liked to make themselves and how staff should support this. For example one person liked to visit people in the other unit and staff assisted this person to the other side of the home where they were able to move independently and talk to people they knew.

People living at the home told us the quality of the meals was good. One person told us, "It's excellent food and there's a good choice and plenty of it". Another person said, "I am never hungry since I have been here, food is alright and there is a choice". A visitor told us that, "[Relative] never complains about the food".

We saw that at lunchtime people were given a choice of two starters; two mains and a dessert and people did not have to make a choice until lunchtime. We did observe that the menus on the tables were in quite small writing and had no picture aids. However staff did show people two dishes of the options for them to choose from. The food was presented well, and those people who required a softer or minced diet were also given the choice, and these too were presented well. One person told us, "I have a special diet, minced meat and thickener in my drinks, the minced food is presented well".

People were served their meal in either the dining room or their own room if this was their preference. We noted that service was slower in the Memory Lane unit (which was the part of the home where people had more significant dementia diagnosis) as more people required support to eat their meal. The registered manager informed us that this was something they were working towards rectifying.

Kitchen staff had a copy of the likes and dislikes and dietary needs of the people living at the home. People told us they could have a different choice if they did not like the menu. We observed this to be the case where one person asked for a sandwich and this was made for them. Another person quite like baked potatoes and one was cooked each day in case that is what they would prefer, to the main choices available.

Kitchen staff and care staff informed us that they received information following the monthly nutritional meetings as to changes in people's needs. This meeting also focused on the weight loss or gain of people living at the home. Where people were at risk of weight loss, staff took action to increase their food intake and had access to higher calorie food. Records showed that staff referred people for dietary advice if this was appropriate.

People told us that they could access chiropody services at the home, and care records showed this and other appointments that had been made. For example, we saw that people had access to optician's appointments, health and dental appointments and were referred to specialists when necessary. Whist we were at the home one person had been supported to attend a hospital visit. Staff told us that they felt confident to contact healthcare or social care professionals if they needed too. During our visit, two health professionals were attending people that lived at the home for follow-up assessments and referrals.

Good

Is the service caring?

Our findings

People living at the home told us that they were happy with the care provided by staff, and visitors alike confirmed this. People said that, "Living here was lovely' and, "I love it here, don't think you can better it". Another person told us, "Staff all good, lovely lot will do anything for you" and a visitor told us, "They fetch me [staff] so I can visit my friend; care staff are nice and [friend] is well looked after".

Visitors also praised the deputy manager saying to us, "[Deputy manager] – when they are working there is a buzz about the place, they are wonderful – empathy and pizazz and genuine caring is there when they are working". Another visitor told us that, "Staff have a real eye for detail, it is quite moving, for example they put eye shadow and lipstick on [relative]". This showed that staff knew what was important for people living at the home to maintain their personalities.

We saw examples throughout the visit of staff supporting people in a gentle and encouraging manner. We observed staff sitting with people and either talking or holding their hands. At lunchtime we observed a staff member ask a person if they required an additional napkin, and not until after the person had said yes, did they place the additional napkin around their neck. Staff were observed interacting with people that lived at the home, and encouraged people to tell other staff about their achievements.

The registered manager told us that they had wanted to create an environment that helped to stimulate people living at the home. We observed that there were many sensory objects for people to handle, including socks, handbags and empty perfume bottles. These were in drawers around the building and people had access to them at all times. The home also had 'twiddlemuffs' (which are knitted warmers that people can hold onto), on them are a number of objects like buttons, watches etc. that people can touch.

We observed that in addition to the sensory objects around the home, people living at the home were also encouraged to have their own belongings and photographs. This supported staff with conversation and if people became distressed due to their dementia, they could distract them with conversation that was meaningful. Rooms had a memory box on the wall outside and this helped people orientate to their room. These were put together with people living at the home and their families. We also saw that communal rooms had the doors painted blue, which also helped people orientate around the home.

Additionally the registered manager told us that people had talked about their work in the past, and so they had created an 'office space' for people, as well as a 'housekeeping' space with carpet sweepers, so people could use these if they wanted too. If a person had shown an interest in anything that would support their stimulation the registered manager had gone over and above everyday procedures to obtain it.

We observed staff throughout the day in giving people choices and actively involved people when writing up their daily care notes. Staff sat with people asking them to tell them what they had done with that staff member in the morning. Staff also asked if they were happy with what had happened and recorded that as well. A visitor to the home told us that they felt, "This home lets people make their own choices about care decisions, and is personal and friendly".

Staff could tell us about individuals likes and dislikes and these were reflected in the care records we saw. For example one person was very restless at night and therefore liked a lie in and staff would let them wake naturally. Another person was seen to be very sleepy at the breakfast table and had not eaten any food. Staff were gentle when waking this person, and offered to make another breakfast and then encouraged them to eat. We discussed with staff if this was usual behaviour for this person. They confirmed that it was and were able to explain that this person followed a similar pattern on days after they had not slept well. Another person living at the home said they can ask for anything different at any time, for example, "If I want a shower, I ask staff how about a shower tomorrow and they say yes, and it gets done".

People told us that staff respected their privacy and dignity. Staff confirmed the importance of closing doors and curtains before delivering care, and that they should knock on doors and ask before care was delivered. A visiting professional told us, "Excellent care is happening here, people may become unsettled with care, staff are caring and care is tailored to that person".

People at the home had their dignity respected in different ways. For example, one person became upset if some of their laundry was done by the home. Instead they wanted to wash these items themselves and did this in the sink in their room. To facilitate this, the registered manager had brought an airer for the person and had included the person's wish to use this in their care records.

Staff told us that they would soon be getting a dedicated 'dignity champion' (a member of staff who would keep up-to-date with best practice) and this would support them to maintain high standards in this area.

Good

Is the service responsive?

Our findings

People living at the home told us that they were involved in their care planning and that their families were as well. One person telling us, "They [staff] come and do the paperwork with me and have a chat". A professional visitor to the home told us, "It is professional care tailored to people's needs, even down to choice around dying. The end of life care is wonderful, if someone approaches [registered manager] and wants to stay at the end, they can, they make it happen". They went on to add that the, "[Registered manager] liaises with professionals to ask their opinion on what people and their families have put in their plans, to help make it work". This showed a proactive care approach that gave people personalised care.

We reviewed the care records of people that lived at the home. We found these records to be concise and showed the care that people required and how their needs could vary from day-to-day. For example a person told us that they did not always like to have support to be washed in the morning, however could ask for a shower at any time. This was recorded in their care records and what options to give the person if they refused care on a regular basis. Staff felt that the care records provided them with the right guidance to provide the care people needed.

The registered manager told us, and we witnessed whilst on our visit that if a new person moved into the home then a pre-admission assessment was carried out by the registered manager. This supported the registered manager to record the likes and dislikes of that person and to initiate the life history section, which was a major part of the care records.

Staff told us that they had 'resident of the day' each day and this was to enable more in-depth care reviews to take place on a regular basis. This also enabled the registered manager to keep up-to-date on changing needs and wishes of the people living at the home. Staff told us that is was important to know about people's past lives, as if a person became distressed they could talk to them about things they had done. For example, a number of people grew up in rural England during the war and were land girls. The staff and management had spent time researching this to talk knowledgeably to people and reassure them whilst delivering their care.

People living at the home enjoyed the activities. One person told us, "Activities are a good programme" and another said, "It does not always go to plan but there is something on". The activities co-ordinator told us during our visit that there was a mixture of 1:1 sessions and group activities. There were regular activities meetings with management and these meetings were discussed during the 'resident and families meeting'.

We saw that there were boards around the home displaying the activities taking place and relatives had asked for a copy to be in people's rooms. This had been requested at a recent meeting and we saw that this had been put in place. During our visit we saw arts and crafts and arm chair Zumba which a lot of people joined. There was a wide range of activities taking place during the month. For other people, staff spent time in their rooms talking to them or doing activities with them. People also told us that pastoral staff from the local church visited monthly so that they could take communion, and the registered manager confirmed that if anyone wanted to access a different church this would be accommodated.

We saw that the home facilitated 'resident and families' meetings and these were well documented. The home also had meetings during the day and in the evening to support any family member to attend. These meetings focussed on menu choices; activities and general information regarding the home. A visitor told us about these meetings during our visit, however said they themselves did not attend but they were very informative.

People told us they knew how to complain if they needed too, with one person saying, "I see [registered manager] most days, if I don't like something, I can say something, why wouldn't I?". A visitor also told us that they had, "Some minor niggles, but these were dealt with". We saw that complaints that had been raised were dealt with in a timely fashion and lessons learned had been recorded. Staff told us that they felt confident they could tell the registered manager or deputy if a person had raised a concern.

The complaints process was visible to staff and visitors and at the time of our visit there were no outstanding complaints.

Visitors also told us that they could approach the registered manager about bigger concerns and that they felt listened to. For example, a visitor told us they complained the previous year, "Last year I pointed out that the lounge area in memory lane was like a corridor and all resident's looked at was a TV and a concrete wall. I asked for something to be done; I was promised a new lounge with access to a garden. It was agreed for May, now I am told June". When we spoke to the registered manager, they confirmed to us that there was planning permission for this building work to start. However, it would now begin in July and they were in the process of conveying this update to people living at the home and their families. The registered manager also told us that a satisfaction survey was regularly carried out and an action plan was in place to improve year on year. There was a separate 'residents and families meeting' to discuss the survey and the findings from it.

Good

Is the service well-led?

Our findings

People living at the home and their visitors told us they could talk to the registered manager at any time. Health professionals visiting the service also told us, "Everyone is lovely, it is one of the best homes and referrals come from [registered manager] with all the information we need". The registered manager confirmed to us that they had an open door policy not only for people living at the home, but families, staff and visiting professionals.

People told us that they could make comments about the home at any time and this could be done in a number of ways including, directly talking to staff, care reviews, satisfaction surveys and meetings.

Staff knew how to raise concerns outside of management and there was information on whistleblowing helplines around the building. Core values were listed in the guidebook for people and the employee guide, and staff were able to tell us what these were. The home also had good links to the local community through the local church and a number of volunteers who came to help out.

The registered manager facilitated a daily meeting with heads of departments that was short and concise. This enabled all managers to understand the challenges at the present time and information from the service provider and a roundup of the previous day. One visiting professional told us that, "It is such a good team, strong leadership with proactive care". For example, one person living at the home needed an urgent referral to a specific clinic following a discussion with a staff member. This was dealt with by the staff member promptly and then fed into the daily meeting so all staff were aware and could reassure the person if needed.

The registered manager confirmed to us the processes they had undertaken when they were not happy with a staff member's performance, and the steps they followed in order to find a solution that would be appropriate. We reviewed records that showed these processes and found them to be the case.

Staff told us that they felt supported by the registered manager, with one staff member saying, "I have been here for 24 years, [registered manager] is always around and can support you". Likewise, care staff told us that the deputy manager was very capable and always on hand to support staff when they needed it. Staff confirmed that they had regular staff meetings and they knew who to contact if the registered manager was away from the service. There was a clear line of accountability for staff to access.

Additionally the registered manager felt extremely well supported by the regional manager and the organisation. The organisation had recently responded to a national staff survey, which said that communication across the organisation was poor for staff from head office. The organisation addressed this by launching new technology that staff downloaded on their phones as an application. They could access anything they needed to know, new training opportunities, payroll information, management updates from head office and did not need to take time out to log onto a laptop or computer.

We saw that the registered manager had business continuity plans and risk assessments for fire or

significant issues in place. However, at the same time kept the core values of the home paramount, which included quality safe care. The registered manager worked with heads of departments and looked at incidents and accidents and this was shown in general risk audits to minimise risks going forward. The registered manager told us this was important as it meant staff were given the right resources to carry out their roles and the registered manager had oversight of all issues or concerns.

The registered and deputy manager's undertook a clinical audit each week for each person living at the home. This enabled the registered manager to note changes in the needs of the people and to update care records that impact on the staff dependency tool used for staffing. The registered manager had a number of audits that were carried out to monitor the competencies of staff and health and safety. The registered manager to ensure safety and quality care at night or at weekends carried out of hours' visits, which were unannounced. The registered manager also told us that they oversaw daily records audits and the weekly medications audit.

We saw that the home had visits from regional managers who undertook audits that were based around the Care Quality Commission (CQC) reports. This meant that the registered manager had a good understanding of the inspection process. The registered manager reported all relevant incidents to the CQC and other relevant agencies.