

Barchester Healthcare Homes Limited

Hickathrift House

Inspection report

217 Smeeth Road
Marshland St James
Wisbech
Norfolk
PE14 8JB

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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

About the service: Hickathrift House is a residential care home that provides care and accommodation for up to 57 people, some of whom are living with dementia. At the time of our inspection, 49 people were using the service.

People's experience of using this service:

There were enough staff on duty to enable people to remain safe and receive care in a timely way. Accidents and incidents were analysed to prevent re-occurrence. The environment was safe, and people had access to appropriate equipment where needed. The premises were clean and followed infection control guidelines. People were supported to take their medicines in a safe way. Staff were safely recruited, they knew how to keep people safe from avoidable harm.

Staff were kind, caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this. People were observed to have good relationships with the staff team. Staff actively ensured people maintained links with their friends and family.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to pursue their hobbies and interests.

People and relatives told us that the service was caring and well led. The registered manager provided staff with leadership and was visible and approachable. Staff were motivated and enjoyed strong team work. Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received.

Rating at last inspection: Good (Published July 2016)

Why we inspected: This was a scheduled inspection based on our previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Hickathrift House

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of an inspector, an assistant inspector and an 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. Our expert by experience's area of expertise was the care of older people.

Service and service type:

Hickathrift House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We requested feedback from the local authority that pays for the care of some of the people living at Hickathrift House.

During the inspection visit we spoke with six people using the service and four people's relatives. Some people were not able to tell us in detail about their experiences of living at Hickathrift House. We therefore spent time observing staff working with and supporting people in communal areas of the home using the short observational framework for inspection (SOFI). We also spoke with a visiting district nurse and an advanced nurse practitioner.

Staff we spoke with included:

The registered manager

The deputy manager

The head chef and the head house keeper

Two team leaders

A senior carer and a carer

We looked at three people's care records. We also looked at other records relating to the management of the service including staffing, accidents and incidents, medicines and quality assurance.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home, relatives confirmed this. One person said, "I trust the staff implicitly".
- Regular checks were made to ensure that equipment used to transfer people such as hoists and slings were safe to use.
- Staff were trained in safeguarding and knew what to do and who to tell if they had concerns about the well-being of any of the people using the service.
- If safeguarding incidents occurred staff reported these to other agencies, as required, including the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people`s well-being and health were assessed, and measures were in place to mitigate these and staff were familiar with them. This included risks associated with health conditions, mobility and nutrition.
- Risk assessments detailed how to support people with personal care needs so they could do as much for themselves as possible without falling or injuring themselves. A relative told us, "Its safe here because of the 24-hour care. The staff let [family member] do what she wants, but there is always someone around to keep watch."
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEP) in place so that staff were familiar with how to assist people in an evacuation. The home had a maintenance team who carried out frequent checks on the premises and equipment to ensure they were safe and fit for purpose.

Staffing and recruitment

- Staffing levels were calculated according to people's needs and we saw evidence of them being regularly reviewed. The registered manager included the layout and size of the building when assessing this, resulting in additional staffing being used. We observed that there was enough staff to ensure that people received prompt care and support. One person told us, "If I press my bell I haven't got to worry whether someone is coming, they don't seem to keep you waiting."
- The provider had safe recruitment procedures which ensured that only staff suited to work at the service were employed. All required pre-employment checks were carried out including criminal record checks.
- The registered manager and provider were proactive in using incentives to recruit and retain staff. This led to consistent staff that people were familiar with. One relative told us, "The staff seem to staff here for a long while, that says something about the place."

Using medicines safely

- People were supported to have their medicines at the right times.
- Only trained staff who had been assessed as competent supported people with their medicines.
- People had medicines care plans which explained how their medicines must be given. Protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief. People told us they could have PRN medicines when they needed them.
- Medicines were stored securely and regularly audited by the services managers to ensure they were being managed safely. In addition to this, checks were also undertaken by the providers quality assurance staff.

Preventing and controlling infection

- We observed the premises were clean, tidy and free from lingering odours. People and relatives, we spoke with confirmed this was always the case.
- Staff had access to aprons and gloves when supporting people with personal care. This helped prevent the spread of infections. Staff completed training in infection control.
- The registered manager oversaw infection control and carried out regular audits to ensure standards of cleanliness were good.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. Records were accessible and clear.
- The registered manager reviewed near miss incidents and acted promptly to reduce the risk of recurrence. The providers quality assurance team also reviewed all incidents soon after they were reported and conducted frequent audits.
- The registered manager sought the views of staff, relatives and residents and acted on their feedback.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager or deputy assessed people prior to admission to ensure their needs could be safely and effectively met.
- Care plans were developed for each identified need people had and staff had clear guidance on how to meet those needs. Assessments covered people's health and social care needs and their life history, preferences, hobbies and interests.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had so those needs could be met.

Staff support: induction, training, skills and experience

- Staff received training that equipped them with the skills knowledge they needed to support people. Staff had training about dementia and other conditions people lived with.
- Staff completed an induction period when they commenced employment including a period of shadowing experienced staff. New staff completed the care certificate, a nationally recognised qualification for staff new to working in social care.
- The registered manager evaluated the effectiveness of training through observations and checks of staff competency.
- Staff were supported by the registered manager to undertake the roles of "Champions" areas such as medicines, dementia care and meaningful activities. This included having access to additional training and resources, as well as protected time to complete the role.

Supporting people to eat and drink enough to maintain a balanced diet

- People had a choice of freshly made meals that were nutritious and prepared and served in ways that met their health needs. People had a choice of main meals and could ask for alternatives which were cooked fresh for them. One person told us, "I really enjoy the food, you always get a choice. I do love my food. You can get a drink whenever you want one."
- On the day of our inspection, we observed that the lunchtime meal was served later than the advertised time. Staff were apologetic to people about this. We did receive some feedback that people felt that the lunchtime meal and tea time meal were served too close together. We fed this back to the registered manager who told us that they would discuss this with people at the next residents meeting to see if this was a wider view.
- Peoples visiting relatives and friends could join them for a meal, a snack or a drink, which enhanced their enjoyment of eating. A relative told us, "We have had two Christmas meals here and they were lovely, it was nice that we could come and eat with [family member]."
- Nurses used a nutritional screening tool to assess people's dietary needs. This considered people's weight,

ability to eat, skin type, medicines, appetite and psychological state. Where required, staff involved dieticians in developing people's nutritional care plans.

Adapting service, design, decoration to meet people's needs

- People told us they liked the premises and the way the home was decorated. One person said, "I can't believe how beautiful it is here." People's rooms were personalised with belongings from their family home. One person told us, "The maintenance man is brilliant, he got me an extension for my fan, and he adjusted my radiator for me. I brought in pictures from my home and he put them up for me." A relative told us, "The gardener is very good, he is so thoughtful, he tries to put different flowers outside everyone's windows so they all have a nice view."
- The service was in good decorative order, the register manager told us that a major refurbishment of the home was in the planning stage. This was part of the providers "Wow" programme to upgrade the facilities and standards of accommodation in all their services. People we spoke with told us that they had been asked for their views on this.
- The service benefitted from several dining rooms and lounge areas. This meant people did not have to convene in very large groups for meals or socialising. There were spaces with drinks and snacks stations where people could meet their visitors in private and enjoy. There were extensive accessible garden spaces, with patios and seating areas.
- Specialist equipment had been provided to aid people with additional support needs. This included chairs for people who had eating and swallowing difficulties and needed to be supported to eat in a precise position, which ensures their safety, enjoyment and comfort. For people living with dementia, signage following best practice guidance had been installed to aid people's navigation and orientation around the service.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- If people needed emergency healthcare staff acted quickly to arrange this. They contacted out of hours GPs and called for an ambulance if a person needed one.
- Staff were attentive to people's health needs, they identified when people were unwell and arranged for people to access to a range of healthcare professionals including GPs, dentists, opticians, dieticians and falls specialists when they needed them. One person told us, "I have got a bad leg, they called the doctor out. I felt I was being really well looked after."
- Community healthcare professionals we spoke with told us the service provided very good healthcare for people and were consistently responsive in advocating people's needs or changes. They told us that communication was very good and that staff were very knowledgeable about the people they cared for. One community professional told us, "They are just so good here, in every aspect they are proactive."

Ensuring consent to care and treatment in line with law and guidance

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 are 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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interest process. Where this was the case, it was clearly identified in peoples care plans.
- We observed staff asking for people`s consent before providing support to people. People were offered choices and encouraged to express their wishes. For example, people were offered a choice of hot and cold drinks, where they wanted to spend their time and what they wanted to wear.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us staff were very kind and treated them with respect. Staff knew what was important to people and offered people reassurance and comfort.

It was clear good relationships had developed between people and staff. One person told us, "You are so well looked after, I can't speak highly enough of the staff and the place. It has really put my mind at rest because I was worried about coming here."

- Relatives could visit the home at any time without undue restriction. We saw relatives actively engage with their family members and other people living at the service.
- Each person had their life history recorded which staff used to get to know people and to build positive, caring relationships with them.

Supporting people to express their views and be involved in making decisions about their care

- When people had expressed their views about their preferences these were recorded and respected.

People told us they were offered choices and felt in control of the care they received. A relative told us, "[Family member] is very relaxed here and the staff are always willing to listen. [Family member] can speak up if she wants anything."

- Where people were not able to express their views and could not be involved in decisions about their care, their relatives, next of kin and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate. One relative told us, I have been fully involved in [Family members] care plan so I know what to expect."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. Staff we spoke with told us it was important to ensure they respected people and gave us examples of how they promoted people's privacy.

- People were supported to maintain their independence. Staff knew what people could do for themselves and were patient and supportive in helping them to do this.

- Staff promoted people's independence. We observed staff encouraging people to be as independent as possible when eating, drinking or mobilising.

- Staff were conscious of maintaining people's dignity when helping them to mobilise, knocking on doors before entering and providing clothing protectors at mealtimes. People looked very well presented and cared for.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff we spoke with could describe in detail the steps they took to support people, their preferences, life histories and how they liked to receive their care.
- People's needs were assessed prior to admission and used to formulate plans of care. Care plans were appropriate with up to date detail of people's preferences for example, their food likes and dislikes.
- Care records were reviewed monthly or if people's needs changed.
- People and relatives felt involved in care and regular reviews were held.
- People's social needs were assessed. Activities staff were employed to ensure people received a range of activities which people told us they enjoyed. This included trips out using the services minibus for day trips and local community events.

Improving care quality in response to complaints or concerns

- A clear complaints procedure was in place.
- People who used the service and relatives told us they felt able to raise any concerns with the manager or the provider and felt assured that they would be dealt with. People and relatives told us concerns or complaints they had raised were responded to, however on occasions they felt the improvement was short-lived and they had to raise the concern again. We spoke with the registered manager about this who told us that on occasions, some issues had to be revisited to resolve and were open and honest about this. This demonstrated to us that they were responsive and candid in ensuring that people concerns were fully addressed.

End of life care and support

- People were supported to make decisions and make plans about their preferences for end of life care. If they wished, people were supported to remain at the service, in familiar surroundings, supported by staff who knew them well.
- Staff were skilled and experienced in end of life care and understood people's needs. Community professionals told us, "Staff are very high calibre, they know people very well and their end of life plans of care. We work closely with the service and have confidence they will manage end of life care well."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The home was well run. The registered manager and management team were committed to providing high quality and person-centred care.
- People who used the service received high quality care.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last CQC inspection was prominently displayed and there were systems in place to notify CQC of incidents at the home.
- People spoke positively about the home. They said they would recommend it to others. One person told us, "I am really happy here, it's been a pleasant surprise." A family member told us, "We have been coming here for a while, I don't know what more could you ask for!"
- The registered manager was clear about their role and responsibilities and had confidence in the management team. Staff felt valued and well-supported by the management team. We saw that staff had one to one support appropriate for their job roles.
- There was good communication maintained between the management team and staff.
- The registered manager had an overarching governance system to ensure that good quality care and support was provided, as part of their approach to continuous improvement.
- There was an open culture in the home, people and staff told us that the registered manager was approachable and visible. One relative told us, "The manager will always help you if you have a problem, she is very approachable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. People told us there were regular meetings at the home that managers attended.

- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided. One person told us, "I think the manager is very good and she does try to improve things for us."

- People and their relatives told us they were encouraged to comment on the care delivered to them. People also told us they could simply speak with staff if there was anything they wished to discuss or change. There was a suggestions box for people and visitors to leave feedback.

Continuous learning and improving care

- The registered manager was keen to ensure a culture of continuous learning and improvement.
- The registered manager positively encouraged feedback, reviewed the quality of the service and acted on any identified shortfalls to continuously improve the service.

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision and joined-up care. This included people who used the service, their families and representatives, GPs, community nursing teams and other health professionals.