

Hassingham Limited

Hassingham House Care Centre

Inspection report

Hardingham Street
Hingham
Norwich
Norfolk
NR9 4JB

Tel: 08444725173
Website: www.foresthc.com

Date of inspection visit:
05 March 2019

Date of publication:
30 April 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Hassingham House is a residential care home that provides nursing care and accommodation for up to 46 people. At the time of our inspection, 44 people were using the service.

People's experience of using this service:

The service met the characteristics of outstanding.

People received exceptionally kind and responsive person-centred care from staff who were motivated and led to provide the best care they could. People's independence and dignity were cornerstones of staff practice, staff understood how to support and enable individuals to maximise their potential. People were encouraged to meet goals and regain independence when possible.

Staff supported people to make decisions for themselves and frequently engaged with people about their wishes and preferences. People were able to live healthy lives, staff took a proactive approach in helping people improve their health to the extent that people regained lost independence. People felt they were partners in their care and encouraged to make decisions about this. The service's vision and values promoted people's rights to make choices and live a dignified and fulfilled life. Staff understood how to make people feel valued and people told us this improved their lives and made them happy. The registered manager had created excellent community links that benefitted people. They had a strong focus on reducing isolation, loneliness and promoting intergenerational connection. Activities were creative and diverse to meet different people's interests and needs.

The service was led by a registered manager and management team that were committed to delivering a service which improved the lives of the people in fulfilling and creative ways. Their drive and passion had created an exceptionally dynamic and vibrant service. The leadership team encouraged and facilitated staff to go the extra mile in delivering care that made people feel special. Innovation, creativity and sharing ideas and best practice were common place, staff were regularly involved in local initiatives to trail blaze the best care and support.

Rating at last inspection: Good (Published April 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 exceptionally effective

Details are in our Effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding 

Hassingham House Care Centre

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 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:

Hassingham 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 took place on 5 March 2019 and 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 a clinical commissioning group that pays for the care of some of the people living at Hassingham House.

During the inspection visit we spoke with six people using the service and four people's relatives. We also spoke with a visiting minister and community health professional. Some people were not able to tell us in detail about their experiences of living at Hassingham House. We therefore spent time observing staff working with and supporting people in communal areas of the home.

Staff we spoke with included:

The registered manager

The deputy manager

A senior nurse

A registered nurse

Two care workers

The cook.

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 and relatives confirmed this. A relative told us, "I feel she is safe here because of the staff and the leadership."
- 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.
- A senior member of staff undertook the role of the "Safeguarding Champion" at Hasingham House. The purpose of the role was to promote the safeguarding of people through modelling best practice and sharing information with colleagues. To support this the staff member had a poster displayed in the entrance area, with their photograph and details of who they were. The poster explained the "Safeguarding Champion" role and what support they could offer. Senior staff from the home were active members of the Norfolk safeguarding network.
- If safeguarding incidents occurred, staff reported these to other agencies as required, including the local authority and CQC.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people`s well-being and health were assessed and measures were in place to mitigate risks. Staff were familiar with risk mitigation plans including 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.
- Regular checks were made to ensure that equipment used to transfer people such as hoists and slings were safe to use
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEP) so 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.
- Accidents and incidents were recorded and responded to appropriately to ensure positive outcomes could be achieved and lessons learned. The registered manager had oversight of these and the provider monitored them for any trends or patterns.
- Staff completed thorough records of incidents, which helped when monitoring them.
- There was an open culture in which all safety concerns raised were highly valued as integral to learning and improvement.

Staffing and recruitment

- Staffing levels were calculated according to people's needs and were regularly reviewed. We observed and people confirmed there was enough staff to ensure people received prompt care and support. One person told us, "There are enough staff for my needs, I've never suffered because of a lack of staff." Another person said, "I've never been kept waiting." Staff we spoke with told us that there were enough staff on duty to keep people safe and people did not have to wait for their care. A senior staff member told us, "We deploy extra staff for priority times, if we needed any extra help, [registered manager] or the nurse will come and help."
- The provider had safe recruitment procedures which ensured only staff suited to work at the service were employed. All required pre-employment checks were carried out including criminal record checks.
- Recruitment and retention levels at the service were high. The registered manager told us they worked hard to ensure staff were retained by ensuring they were well supported and trained. This meant people received support from a consistent and familiar team.

Using medicines safely

- People said they were supported to have their medicines at the right times. One person told us, "They are punctual with my medication, and they always watch me take it."
- Only trained staff who had been assessed as competent to give medicines safely 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 registered manager or a nurse to ensure they were being managed safely.

Preventing and controlling infection

- We observed the premises were clean, tidy and free from odours. People and relatives confirmed this was always the case. A visitor told us, "I think this place is spotless." The service employed a high ratio of domestic staff to ensure the home was very clean.
- A senior member of staff carried out the role of Infection Prevention and Cleanliness (IPAC) champion. The IPAC champion ensured staff had access to up to date best practice information for cleanliness and infection control in nursing homes. They also ensured their own knowledge was up to date and modelled best practice for other staff to learn from.
- The registered manager oversaw infection control and carried out regular audits to ensure standards of cleanliness were good.

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

Outstanding: □ People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- Assessments of people's needs were holistic and comprehensive. We saw that full information had been sought and recorded to identify outcomes. The internal multi-disciplinary team often discussed current guidance from The National Institute for Health and Care Excellence (NICE). NICE provides national guidance and advice to improve health and social care. This ensured the service was using evidence-based techniques to support the delivery of high-quality care and support.
- Care plans were developed for each identified need people had and staff had clear guidance on how to meet those needs. The plans were regularly reassessed as people's needs changed. Assessments covered people's health and social care needs and their life history, preferences, hobbies and interests.
- Protected characteristics under the Equality Act 2010 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 and knowledge they needed to support people and the conditions they lived with to the highest standards of person centred and effective care. For example, staff had completed specialist experiential training in the sensory impacts on people living with dementia. They had also completed practical training where they had experienced the negative effects of poor quality care, such as being rushed, or treated without dignity or respect. Staff told us the experience helped them improve their practice and approach.
- We observed staff practice to be person centred and very responsive to individual needs. Staff demonstrated how their training influenced the way they provided care and support. For example, one person called out "Hello" very frequently and staff responded every time with, "Hi [person's name], are you ok?" or, "Can I get you anything?" or, "Nice to see you" in an upbeat friendly voice, as though it was the first time they had called out.
- Staff felt well trained and confident they had the skills needed to fulfil their role, and were regularly assessed to ensure their competency. One staff member told us, "We get plenty of training, both face to face and on line. If we need to learn about anything about a condition we are not sure about, for example Huntington's Disease or some neurological conditions, then we get extra training." The deputy manager had put together information packs for staff to use in increasing their knowledge of and recognising signs of illnesses that posed a higher risk to older people, such as sepsis.
- People and their relatives told us staff were well trained and competent. One relative said, "We can see they do a lot of training on the job, working with a senior carer. I've seen no evidence that the staff are not properly trained."
- In addition to completing national vocational and induction qualifications, the registered manager was

proactive in delivering and arranging training that was interesting and stimulating for staff, and which was open to other healthcare professionals from local public services. The registered manager told us this approach encouraged staff to discuss and share experiences with other professionals which promoted networking. For example, the registered manager had recently hosted a training session on anaphylaxis prior to annual flu vaccines being given. They had also been part of a drive with local healthcare professionals to reduce hospital admissions for people, by hosting a very well attended training session in subcutaneous fluids. This is a clinical method of hydrating people who are acutely unwell via a needle applied under the skin. Training nursing staff who work in care homes to do this, can negate the need for a person to be admitted to hospital.

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

- The service saw exceptional nutrition and hydration for people as a corner stone of their nursing care provision. The cook told us, "We nurse through food here, for too long care home cooks have been on the outside of things, it's not just a case of dishing food up. We can improve people's health here by ensuring they get the right diets, we actually make people better from ill health because of this." For example, high protein diets were formulated for people who were at risk of developing pressure sores, and had a history of this prior to admission to the home. This was because research and best practice guidance shows high protein diets help prevent skin breakdown in people who are less mobile. The cook and nurse worked with the clinical commissioning group, community nurses and tissue viability specialists prior to and during a person's admission to the home to plan this diet. The person was consulted as well so their food preferences could be met, ensuring they would be likely to eat the food within their diet plan. This included when people also had other important dietary requirements to manage their health, such as diabetic diets and low potassium diets for those people on dialysis. One person enjoyed eating chips, which contain potassium, so the cook cooked these using a process to remove the potassium first.
- The registered manager and nurses gave us examples of people with a history of repeated acute pressure ulcers, who now no longer suffered with them as a result of the proactive care and management by staff
- The cook told us of their work at improving people's nutritional intake to maintain a weight that was healthy for them. To reduce the use of prescribed artificial nutritional supplements the cook had introduced a range of homemade supplements called 'Pots'. 'Pots' had been developed with people through taste testing and were more enjoyable to eat or drink, and nutritionally healthier. A variety of flavours and textures were regularly offered to people and available 24 hours a day. As a result, there had been a reduction in the need for prescribed supplements in the home.
- The cook and registered manager were proactive at designing a system for people to access food and drink that met their needs regardless of physical need or cognitive impairment. This was very important for people living with dementia in the Mayflower unit who did not want to eat at set times or who only ate smaller amounts more frequently than three times a day and were at risk of losing weight. To ensure these people had a balanced diet regular supplementary hot and cold snacks and smaller portions were prepared were routinely available. We saw records that showed peoples weights remained stable, and feedback from community professionals told us that the service managed this extremely well.
- People told us they enjoyed the food. One said, "The food is definitely above average." We observed that staff were exceptionally perceptive and creative in ensuring people could have what they wanted to eat particularly where people were living with dementia. For example, one person did not want the meal they had ordered but were confused about what they would like. A staff member sensed this and sat down with the person. They talked about favourite foods in general and what the person would choose if they could have anything they wanted. The person said they would, "Quite like an egg." Staff told them this would be no trouble. The actions of the staff member prevented this person from missing a meal.
- For people who were at risk of choking and required a modified diet, the service focussed on seeking and implementing best practice and techniques to ensure the food remained appetising and stimulating to look

at. The cook had tested and reviewed extensively, the results of different foods once they had been modified and the impact this had on presentation. As well as using established techniques such as moulds to reshape pureed foods into a recognisable shape, they had also developed techniques using piping bags for better presentation, and experimented with the pairing of foods on the plate dependent on colour. This helped people identify the different types of food if they were visually impaired or living with dementia, as they were more distinguishable. At a healthcare professional's request, the cook had shared the outcome of this work in an article in the NHS care provider's bulletin, as part of a themed week focussing on Nutrition and Hydration best practice. All these events included activities for people living at the home to participate in.

- The registered manager and team had identified that to encourage people to maintain and improve their health through good hydration, an innovative and creative approach would have benefits and started a 'making drinking fun' programme. Staff recognised some people could get hydration from food which would contribute significantly to a healthy amount of fluid. The cook had calculated the amount of fluid in different types of food and carried a card on them which had these calculations. Once this scheme had been implemented, staff found many more of the residents were hitting their daily targets with ease. The staff team worked very hard to ensure people's hydration was a priority in their care, we saw evidence of where people benefitted from this, such as reduced risks of urinary tract infections, improved tissue viability, and general wellbeing and energy levels so people could enjoy their lives actively.

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

- People were able to lead healthier lives and enhance their wellbeing because the registered manager and staff were dedicated and proactive in supporting them to do this. The registered manager embraced the view that people should be provided with access to information for them to promote their own wellbeing, and for staff to support this where people were unable to, due to the impact of a health condition.

Information on this was provided to people through discussion, review or information boards.

- People's health care needs were met by the excellent partnership established with health and social care professionals. 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. One person told us, "I was found unconscious one morning and they had me taken straight to hospital."

- Staff were attentive to people's health needs, they identified when people were unwell and arranged for people to access a range of healthcare professionals including GPs, dentists, opticians, dieticians and falls specialists when they needed them. We spoke with a visiting health professional who told us they always received the information they needed to provide clinical support to people and staff were very knowledgeable about people's needs.

- Systems were in place for staff to escalate without delay if they were concerned about a person's welfare or changes in their usual daily patterns. As well as a monthly clinical governance meeting, the registered manager had implemented 'Hassingham Huddles'. These were regular brief information sharing meetings that took place between heads of departments including the cook.

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

- People's rooms were personalised with belongings from their family home and painted in the colour of their choosing. For example, we saw one person had their room painted in the colour scheme of the football team they supported.

- Staff told us that a priority of the registered manager was to ensure they recognised that although Hassingham House was their place of work, it was primarily somebody's home. Staff strived for this and worked hard to ensure the environment reflected this. On Mayflower unit, staff had worked hard to adapt the environment to be suitable for people living with dementia. This included a map on the corridor wall,

showing from what part of the world people living and working in the home came from, to stimulate discussion for people who may have forgotten this. We also saw that instead of names or door numbers, staff had created three-dimensional picture frames on people's doors to help people recognise their room. This included tactile items that people could explore, that reflected their working lives, interests or heritage and culture.

- The service benefitted from several dining rooms and lounge areas. This meant people did not have to convene in very large groups for meals of socialisation. There were extensive accessible garden spaces, with patios, gazebo seating areas and a newly constructed sensory garden. Each bedroom had en-suite facilities and access to an individual patio and garden area. Some people chose to grow plants and vegetables in this space. Signage around the service was 'dementia friendly' which helped people navigate around more easily. The registered manager was in the process of helping people to choose "Wraps" for their door, which are personalised covers that can be stuck on to change the appearance. This would also help people identify their own bedroom door more easily.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 people's 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

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; respecting equality and diversity

- At the core of Hasingham House was a very strong and tangible ethos of providing person centred care. We observed staff to be exceptionally kind, caring and thoughtful. One staff member told us, "We all try to be happy and cheerful at work, the people don't want to see grumpy faces." The provider's values pledge displayed at the front door stated, 'Our residential care represents a positive choice for improved quality of life'. It directed staff to be kind caring and compassionate, and that 'We work in our resident's home, they don't live in our workplace'. Staff we spoke with referred us to these values, telling us this was something they strived to achieve every day.
- Staff including managers saw people's relatives and friends as partners and influencers of the care that was provided. People and their relatives and friends told us they felt the service embraced them and the contribution that could make. People consistently told us staff were 'helpful', 'kind', 'caring' and 'friendly'. One person said, "I used to worry a lot but [registered manager] and her staff are so supportive, it feels like I have a second family. This place feels like home to me." Another person said, "When I come home from hospital, I can feel the warmth from staff." A relative we spoke with told us, "Staff are loving and gentle, residents have a lot of trust in the staff."
- We saw that staff were very patient with people, particularly with those living with dementia and who could call out or repeat themselves. One person called out "Hello" very frequently and staff responded every time with, "Hi [person's name], are you ok?" or, "Can I get you anything?" or, "Nice to see you" in an upbeat friendly voice, as though it was the first time they had called out. We saw that when the same person called out as the deputy manager entered the dining room, she stopped what she was about to do and responded by walking straight over, saying 'hello'. They then sat with the person holding their hand and chatting with them. The person responded by looking at them with a broad smile.
- Staff were motivated by the senior team to go the extra mile to make every day special for people, and were regularly asked to stop and think about how they had made a positive impact on a person's life that day. The registered manager ran a programme called 'Make someone's day every day' and staff recorded on a display board how they had made someone's day better. The registered manager told us this was to capture and recognise staff effort and inspire others to do the same. One staff member had written, '[Person] told me I had made their day today, because I welcomed her home from hospital with a bunch of flowers in her room.'
- Staff had detailed in depth knowledge of people's personal histories, backgrounds and preferences. This was also reflected in people's care plans and records. Care plans clearly identified where people had a preference of staff gender when providing them with personal care for example. Staff wore name badges which included topics that were important to them such as music or dogs. This was so people could identify staff with a common interest to generate conversation. Staff knew people's preferred names and titles and

ensured that these were used.

- Staff engaged with people positively and in an upbeat manner. At meal times, staff were positive and encouraging about what was to be served. We saw one staff member say, "OOO this smells nice, you picked well there!" when serving a person with a meal. For one person who did not want to eat their meal, but wanted a cup of tea, staff returned shortly after and said, "The kettles on, won't be long."

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

- People felt very involved in the planning and delivering of their care and support. They said that managers and staff regularly talked with them about this to gain their views and ensure their satisfaction. People were encouraged to make decisions where ever they could. One person told us, "The staff are exceptional, they come and talk to me and I look on the management as friends."
- Staff were exceptionally patient and supportive when communicating with people making a choice. We consistently observed that staff approached people at eye level, and spoke discreetly when offering choice. Where people needed time to respond, or could become confused, staff did not rush them to decide and kept a smile on their face to show they remained engaged with the person.
- People told us they had excellent communication with staff and were involved in decision-making around their care. People were not rushed and were given time to speak and when they did, staff listened and acted on what they said and respected their views. People said their care was designed and planned collaboratively with staff and included their relatives and friends.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "Dignity is very much a priority here, and I have never been made to feel in the least embarrassed." A member of staff had the role of 'Dignity Champion' for the service. This role was to promote the national common core values for dignity programme, and support staff to keep these principles at the forefront of the support they gave. This was achieved through initiatives such as dignity days where staff and people living at the home could focus on what dignity meant to them and the positive impact of dignified care. We saw staff had created a 'dignity tree' where people and staff were able to add paper leaves on which they had written what dignity meant to them. Staff had added their commitments to what they would do in their daily work to promote this. It also displayed the values the provider looked for in staff such as pride in their work, respectfulness and consideration for others.
- The registered manager told us their work to promote dignity for people receiving health and social care extended to the local community. They saw this as a collective responsibility to advocate that people living at the home had a right to be an active and respected part of the community. For example, local primary school children had been invited to attend and participate in the recent dignity day at the service. The children spoke with people to ask about and share what dignity meant to them. These thoughts were written on paper cut outs of hand prints and displayed on the home's promoting dignity information board. The local Brownies group led by a staff member attended a recent 'Hassingham House dignity action day' where they had created a display to advocate the values of dignified care.
- 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 and staff paid people compliments in a respectful way. For example, a staff member, and said to a person, "I love that blouse you are wearing, you look lovely."
- Staff were proactive and patient in supporting people to maintain their independence. Hassingham House provides short term rehabilitative care to some people and staff could clearly explain to us the importance of achieving this outcome for people. Staff were enthusiastic and encouraging when supporting people to help themselves. Staff also understood and advocated the importance of promoting people's independence who lived in the service for the longer term. The registered manager regularly reviewed the deployment of staff to ensure that people had staff when they needed them, and for enough time so staff could promote

their independence. People told us their care and support was never rushed and did not feel pressured to hurry. Staff told us they used the term 'assist' when referring to the support provided because this promoted an ethos of starting any support with the view people could always participate in their care.

Is the service responsive?

Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People told us the service was extremely responsive to their needs and staff went out of their way to assist them with any problems or changes to care and support they might require. For example, we saw in one person's care plan, they were hard of hearing and as they read people's lips, staff should ensure the person could see their face. People could express preferences on when and how they received care, staff ensured these preferences were met. For example, one person had a sign on their bedroom door saying, 'I am not a morning person!' Staff told us this person did not like to be disturbed until later in the day.
- Relatives and visiting professionals told us staff knew people very well and provided individualised support. One relative told us, "Staff respond in different ways depending on who they are looking after, they see that each person has different needs. I know that each person has a different care plan, and staff know exactly what they are doing for each person."
- Care plans highlighted individual needs and preferences and included very detailed person-centred information. The service had recently implemented an electronic care records system. A motivating factor in this investment was to capture people's changing needs on a more frequent basis, so staff could be responsive in real time. For example, care staff could now instantly record changes in people's wellbeing on hand held units rather maintaining a paper record which was later reviewed by senior staff. Any developing pattern of changes in a person's welfare, now generated an alert for a senior staff member or nurse to review without delay.
- The transference of information from the old to new system had been done methodically to ensure information remained relevant and was not lost. People had been involved in this so they could continue to review the care they wanted. The registered manager saw this process as an opportunity for development, for example, staff needed to take photos of people to upload on to the electronic record. The registered manager had arranged a 'Photo shoot day' where people could dress up to look their best if they wanted to. This included having hair and makeup done by a staff member who was a trained beautician, to promote people's wellbeing and self-esteem.
- The service used innovative ways to enrich people's lives through activities and social events that enhanced their quality of life. One person told us, "In two weeks' time four of us will be going to the sports hall in a taxi, and a group of us and a member of staff go once a month to bingo at the town hall." People told us that staff helped them access the local community, for example walking with them to the local shops to make a purchase. The home's activity notice board had many upcoming events advertised such as entertainers, an Easter fayre and a birds of prey experience. Information was displayed in alternative formats so that all people could read them, for example the daily date time and weather board was also displayed using pictures and symbols.
- People said they enjoyed attending the wide range of clubs and activities provided at the service. One person said, "There is an arts group, we recently made decorations for the Valentine's day party." The

Valentine's day fine dining evening was very well received by a lot of the people we spoke with. The dining room had been transformed into a bistro style environment, and a Harpist was booked to play whilst people and their guests enjoyed a three-course meal with celebratory drinks. One person told us, "I was very impressed with the arrangements for Valentine's day." The registered manager told us it was important for people to be able to spend special moments with their partner or close friend, and this should not be impacted because they lived in a nursing home.

- The registered manager told us many people living at Hasingham House had spent all or most of their lives living in Norfolk which was an important part of people's identity and heritage. To celebrate this, staff organised and hosted events including participating in the first "Norfolk Day". A display of images and information about the local village and wider community had created interest for people to contribute to or look at. In addition to this, a local person who spoke the traditional Norfolk dialect came to talk with people, and there had been a tasting event of locally produced foods such as honey and apple juice.
- The registered manager told us community links and reducing social isolation was a primary focus of the service. People were actively engaged with community groups and schools, and these groups regularly partook in events at the service. The village church had a very strong link with the service, running a café and friendship group at both the home and the church. We spoke with the Vicar who told us the home had been engaged with a project for the 100th anniversary of the Armistice. Staff had helped people research and remember loved ones who had been lost in wars. Staff and volunteers helped people make and decorate poppies as part of a large display on Remembrance Sunday at the church service.
- The registered manager saw engagement with school groups and younger people a positive way to counter social isolation. They had found some people were more likely to attend activities when these groups attended. Events including carol singing by the local primary school, performances by the church choir were a regular feature. School children were also involved in the design and decoration of the new sensory garden, and had been a part of the homes recent dignity day.
- The registered manager had created links with a local community group that supports parents with very young children to meet other people in their community called "Get me out of the four walls". The service hosted a monthly event where parents and children came together and socialized. This included people living with dementia. The provider had recently purchased through a fundraising campaign, a specialist interactive activity station which has been designed for people living with dementia. We observed during our inspection that this, with staff encouragement, engaged people who may not usually be inclined to move and interact. The registered manager told us that even greater involvement had been seen when people who were living with dementia, used the machine together with the young children.
- The registered manager told us that it was important to provide activities for people who did not always wish to participate in groups. A recent initiative had been creating a performance with an arts group. The group visited on three occasions with the objective of making a movie, whilst engaging and encouraging people to come out of their room. People created the set and back drop, then rehearsed, performed in and filmed the movie. To date the group had made three movies with different themes, Robin Hood, South Pacific and the Sound of Music. After the movies were made, staff arranged a premier night to screen them. This included a red carpet, people having cocktails and popcorn, followed by the Hasingham Oscars, where those involved were presented with replica Oscar trophies. The registered manager told us this had increased participation for people and more opportunities for a wider range of people.
- Staff working with people living with dementia had developed a collection of resources to encourage and improve reminiscence activities. Boxes of items with specific themes such as Bonnie Scotland, snug and cosy, pop icons, desert island discs, festival of my life amongst many others had been created. In these boxes, which could be picked up by people to look at individually or with others, were items and objects of reference that could be explored or used to prompt conversations.

Improving care quality in response to complaints or concerns

- 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 they would be dealt with.
- There was a robust complaint policy and procedure in a format suitable for people to read and understand. This was given to people as part of a service user guide.
- We observed during our inspection that the managers were in daily contact with people who used the service and were available to discuss their care and any concerns they might have. When managers spoke to people, they enquired as to whether their care and support was being provided to their satisfaction, or if anything needed to be better or different. This contributed to the provider's approach of ensuring people were regularly consulted about their care and treatment. A relative told us, "We have never had to complain, but if we did, we would go directly to the manager. We know she would listen and would take action if appropriate."

End of life care and support

- People were supported to make decisions and make plans about their preferences for end of life care.
- People were supported to remain at the service at the end of their life, in familiar surroundings, supported by staff who knew them well. The management team and staff provided on going sympathetic care to families of people who had passed away. For example, one person had their funeral wake held at the home so their visitors and relatives could celebrate their life alongside the friends they had made at Hassingham House. The person had decided when planning their funeral, they wanted the funeral procession to start from Hassingham House before traveling to the local church. On the day of their funeral, 40 staff lined the driveway as a mark of respect as the procession left.
- The registered manager showed us several letters and cards sent to them from relatives and friends of people who had passed away. One relative wrote, "You took Mum and her family on trust and I always knew how safe and cared for Mum was, never having to worry. Hassingham House will always be a special place for us."
- On the home's notice board was a poem, written by a resident about their care at the service the day before they passed away. One verse read, "Hassingham House has been a great blessing, masses of love and help with my dressing, but life's getting tough, the pains getting stronger, I won't be around much longer."
- Staff were skilled and experienced in end of life care and understood people's needs. Nursing staff had undertaken extensive additional training in providing palliative care. The service had received accreditation from a recognised best practice pathway for providing end of life care.

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

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- The service was led by a strongly motivated and committed registered manager, supported by a team that strived to deliver the best person-centred care they could. The registered manager's vision and values of continuous improvement were clear for staff and people to see and feel. These were delivered by the commitment of the whole team and the results seen by people receiving their support.
- The leadership in the service was very forward thinking and proactive in their approach to people's health and wellbeing. We saw many exceptionally effective interventions that had resulted in very positive outcomes for people.
- The home was an exemplar of good practice in developing and pioneering new approaches to promoting people's health and wellbeing. The leadership team prided themselves in contributing to the development of best practice that could be shared across other providers of care, local authorities and healthcare professionals.
- The registered manager and staff were held in extremely high regard by people, their relatives, community professionals and members of the public. One person told us, "She is the best manager we have ever had here, she's turned this place around." A relative told us, "I think this is the best home around here, I would most definitely recommend this place to others." A member of the public visiting the home for activities told us, "I go to all the care homes around this area, this is by far the best and the manager is amazing."
- Staff told us that they thrived on the strong team work that was present, and felt motivated by the ambition of the registered manager and senior staff. One staff member told us, "I love working here, the best thing is that all the residents and staff get along. Everyone knows their place in the jigsaw, [Registered manager] encourages us to be creative, she's willing for us to try things out." A senior staff member told us, "[Registered manager] is by far the best manager I've ever worked with, she values my input and is trustworthy. She supports me every step of the way in what I am trying to achieve. And, she is the best Nurse I have ever seen."
- People living at the service and their relatives repeatedly told us that the home was managed to the highest standards, and that team work and morale amongst staff was very high. They told us this led to Hassingham House being a service which was providing exceptionally high-quality care in a positive and caring environment. One relative told us, "It's definitely well led, the manager has a non-autocratic, team working approach. She knows what's going on and values the people who work for her, and the staff respond to this."
- People and their relatives told us that the leadership and staff team were always open and transparent and honest. One relative told us, "All the managers are good, we always get an answer. They always ring and

let us know anything we need to. Since [Registered manager] arrived they have turned everything around, the environment, atmosphere, the staff are so much happier." The service entrance lobby had a display on the wall titled 'You said we did.' This display noted all the suggestions that had been put forward through engagement with people, for example surveys or the services suggestions box. It also detailed the actions that were taken as a result, with photographs displayed of the improvements made.

- People brought our attention to the provider's 'Shining Star Award'. This was an award for staff who had 'gone the extra mile' to make people feel special. The registered manager told us that as well as recognising exceptional staff effort, it was also used to inspire other staff to strive for excellence. The programme's principals were 'Above and beyond the call of duty' (ABCD). Staff were encouraged to record their efforts in supporting people on the display and share their ideas with other staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The whole staff team had in depth technical knowledge in meeting the needs of people using a nursing home, but continued to look for, and achieve further improvements in their knowledge and skill sets. The registered manager's expected standards were exceptionally high, and staff were committed in achieving these. Staff took great pride and were passionate in providing care, support and meaningful activity to provide a high standard of life quality for people. The registered manager was motivated to innovate and use new ideas and initiatives to maintain excellent care for people. For example, they had recently begun a 'People like me' programme in matching staff with residents who had common interests, and then provided staff with the time to spend with people to share those interests.

- Community professionals we spoke with told us communication with senior staff was excellent, and that any direction or clinical advice given was always followed. The registered manager actively sought opportunities to work with other bodies and individuals to improve the quality of care or find new opportunities for people and staff. The service's activity co-ordinator had been instrumental in facilitating and organising a network of co-ordinators from other homes. This network has since shared ideas for activities, fundraising activities and entertainers. The service has put together a local volunteers group, for local people to become involved with the service and support activities and shared interests.

- The registered manager actively sought and valued the input and influence of people in driving improvement within the service. This included supporting people to share their views and give their input in projects outside of the service. Following the arrival of the interactive activity station at the home, staff supported people living with dementia to provide feedback on what they enjoyed about the equipment. They also supported people to help make suggestions for future development of new applications or 'Apps' for it. The feedback from people living at Hassingham House helped the machine win dementia product of the year for 2018.

- The cook at Hassingham House had recently been awarded the 'Collaborative working' award at the 2019 Norfolk Care Awards. This was in recognition of their work in developing the 'Professional Cookery in Health and Social Care Award' alongside Norwich City College. The cook's work with the speech and language therapy team at the local hospital to produce a training DVD in best practice support of people with swallowing difficulties for use in care homes across the County, had also been recognised.

- 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 as well as staff attended. Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.

- 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. This was monitored by the provider who also undertook regular quality assurance visits to the service. The results of these audits were

provided to the registered manager and reviewed with the provider's regional manager. We saw that actions were taken in a timely way. The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed, there were systems in place to notify CQC of incidents at the home.