



# Review of compliance

<b>Barchester Healthcare Homes Limited</b> <b>Hickathrift House</b>	
<b>Region:</b>	East
<b>Location address:</b>	217 Smeeth Road Marshland St James Wisbech Norfolk PE14 8JB
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	December 2011
<b>Overview of the service:</b>	Hickathrift provides residential and nursing care for up to 50 older people, some of whom may be living with dementia. It is registered for the regulated activities accommodation for persons who require nursing or personal care, diagnostic or screening procedures and treatment of disease, disorder or injury.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Hickathrift House was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 24 November 2011, checked the provider's records, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

We spoke to several people who use the service when we visited the home. They stated that they liked living here and one person explained: "I love living here. I can get up and go to bed when I want. I have my room which is mine, staff do not go there. When they come to me, they always knock on the door. I do feel safe here. I don't want to socialise with others too much and there is no pressure on me to be with the others."

One person stated that the home "is very good" and stated that, "Staff always come when we need them. There is always someone around when we need them".

Five people told us that they felt safe and respected in the home.

One person told us that they wanted to have their bedroom door open so that they could see people walking by. Staff confirmed that this wish was respected.

### What we found about the standards we reviewed and how well Hickathrift House was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People who use the service experience full respect and are treated with dignity.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People who use the service have their individual needs and preferences appropriately assessed and met by staff who show patience and stamina when responding to people's calls and when meeting their needs.

**Outcome 05: Food and drink should meet people's individual dietary needs**

People who use the service are provided with a nutritious diet, which meets their diverse needs and choices.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

People who use the service are protected from abuse while they are supported to exercise their rights.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People who use the service are supported and helped by staff that are trained, competent and physically and emotionally able to meet their needs.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

People who use the service are provided with care and support that is monitored and assessed to ensure that they receive and experience a good service.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People told us that staff were very good and one person explained: "They always ask how we want them to help us."

People told us that staff respected them and their privacy. One person said: "I have my room, staff respect that. That is my room, staff do not go in there without me."

The person told us that they could "Come and go as we wish" and confirmed that staff showed full respect for their privacy and dignity.

##### Other evidence

We saw a letter from No 10 Downing Street, from the Government communication officer, responding to a letter sent by a person who lives in the home. The letter thanked them for informing the Prime Minister how happy they were with the home and with the care provided.

We saw five people who got up very early, as they wished to, who already had a fresh morning cup of tea in front of them.

We saw a person who liked sitting on their doorstep watching people and staff walking down the corridor. Staff confirmed that this was the person's preference which was recorded in their care plan and fully respected.

Three people walked through the corridors in a relaxed manner, greeting us and the staff. Staff responded in the same, polite way showing us why people felt safe, relaxed and respected.

**Our judgement**

People who use the service experience full respect and are treated with dignity.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People who use the service said that they knew their care plans and were consulted at the time of reviews, once a month, about what had been changed in their care plans. One person with whom we spoke told us that they knew details about their risk assessment documents and "can comment on both the care plan and risk assessment." People stated that staff were very good and that they always reacted appropriately when requested by the call bell.

##### Other evidence

The manager explained the admission process in detail and stated that nurses assessed clinical needs, while the care staff conducted an assessment of social needs. This way their approach to each person's needs were holistic.

The manager explained that monthly reviews were regular and that people's moving and handling needs were set according to each individual's abilities and needs for help and support.

The manager informed us that all staff were trained on Deprivation of Liberty and "Best Interest" which also contributed to the creation of care plans and actions required to care for people that were appropriately recorded and implemented in the care process.

We saw a member of staff helping a person to eat. The person was first made comfortable in bed, staff checked if they felt comfortable before starting to help them to eat. When they started eating, swallowing took a long time, but staff fully respected this

and were patient and understanding.

A call bell from the same room was activated five times with only a few seconds between calls. The staff attended the person patiently and offered reassurance on each occasion they responded to the calls.

**Our judgement**

People who use the service have their individual needs and preferences appropriately assessed and met by staff who show patience and stamina when responding to people's calls and when meeting their needs.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

People with whom we spoke stated that food was very good and that they had choices. One person explained to us that they could choose an alternative meal if they did not like any of the two meals on a menu. They added that they could ask for a snack whenever they wanted.

##### Other evidence

People's records were checked and showed that there were appropriate measures in place to monitor food and drink intake, to respect choices, preferences and special dietary needs. For example a person ordered a big breakfast which was served as ordered. As they could not eat everything, staff recorded exactly what they had eaten.

We saw the menu clearly displayed on the tables; this showed a good choice. The tables were nicely laid with table cloths and presented a pleasurable experience for people who ate in the dining room. People who were up early when we visited, were served hot morning drinks and three of them were served breakfasts in their rooms.

The night staff told us that they also were fully aware of people's nutritional needs and preferences and confidently informed us that in this particular wing there was no one with nutritional problems, but they knew about two people in the other wing of the home for whom the MUST (Malnutrition Universal Screening Tool) was in place.

People's weight charts were seen, confirming that they were weighed on a weekly basis.

We saw morning staff discussing who would monitor fluid intake for people who needed

monitoring for this care element.

The home had recently been awarded "Five Stars" from the last Food and Hygiene inspection.

**Our judgement**

People who use the service are provided with a nutritious diet, which meets their diverse needs and choices.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People who used the service told us that they felt safe and protected. People also stated that staff were very good and competent to meet their needs.

##### Other evidence

There was one case of safeguarding since the new, permanent manager came into post and this was being dealt with correctly, putting all people who use the services' safety first.

Staff were fully aware of their role in protecting people who live at Hickathrift, as one of them stated, "We look after some very vulnerable people and we must check who is coming in." Our identity was checked three times on our arrival to the home in the early morning hours. All staff showed great awareness and junior staff checked with their seniors to confirm our identity.

In the entry hall there were whistle blowing, health and safety fire procedures displayed. Staff confirmed they were aware of them and knew the procedures.

The manager stated that he personally went through safeguarding, Deprivation of Liberty and Best Interest processes with all new staff, in addition to these subjects being covered in the induction programme.

##### Our judgement

People who use the service are protected from abuse while they are supported to

exercise their rights.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

All people with whom we spoke stated that staff were excellent and two of them commented in more detail, explaining that staff were well trained, knew their jobs, showed a high level of respect and safeguarded people who use the service.

##### Other evidence

Staff training was up to date. The manager kept the training matrix in the office and accurate records were maintained. Staff were able to ask for any extra training they considered relevant to their roles.

Staff supervision was up to date according to records and comments that two staff made to us. Supervision was cascaded through the staffing structure, so the manager supervised heads of departments and they supervised their juniors. The maintenance manager and the senior care staff from the two wings confirmed this process.

The staff spoken with commented that they felt well supported. The manager also commented on very good support that he had from the provider and his operational manager. He explained that the stability of management was regained after several managers had been in post and left prior to his appointment, and the last few months the home had experienced stability of management. This was reflected in staff morale and motivation, for example where recently they had begun voluntarily, and happily, coming in even during their time off to support other staff and people who use the service.

Regular staff meetings were held monthly and the minutes from the last meeting ten

days prior to this visit were available. The heads of departments also had their own meetings where discussion extended to include financial management too.

Four staff members were seen discussing their individual duties for the day. They stated that organisation worked well, because staff were clear of their duties.

**Our judgement**

People who use the service are supported and helped by staff that are trained, competent and physically and emotionally able to meet their needs.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People who used the service stated that they could talk to the manager and the other staff at any time with any comments they wanted to make.

##### Other evidence

The manager explained the quality review process carried out by the home. He stated that people who use the service were consulted through questionnaires at least once a year. The surveys and questionnaires were planned to start in January for the coming year.

Clinical audits were carried out on a monthly basis and the report was made to the provider.

The responsible individual, an operations manager, was making her audit visits once a month.

The complaints procedure was displayed in the entrance hall. Staff and people who use the service confirmed that they were aware of the procedure.

To improve the recruitment procedure, two senior staff, heads of each wing were recently included in interview panel.

##### Our judgement

People who use the service are provided with care and support that is monitored and

assessed to ensure that they receive and experience a good service.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA