

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Hickathrift House

217 Smeeth Road, Marshland St James, Wisbech  
, PE14 8JB

Tel: 01945430636

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

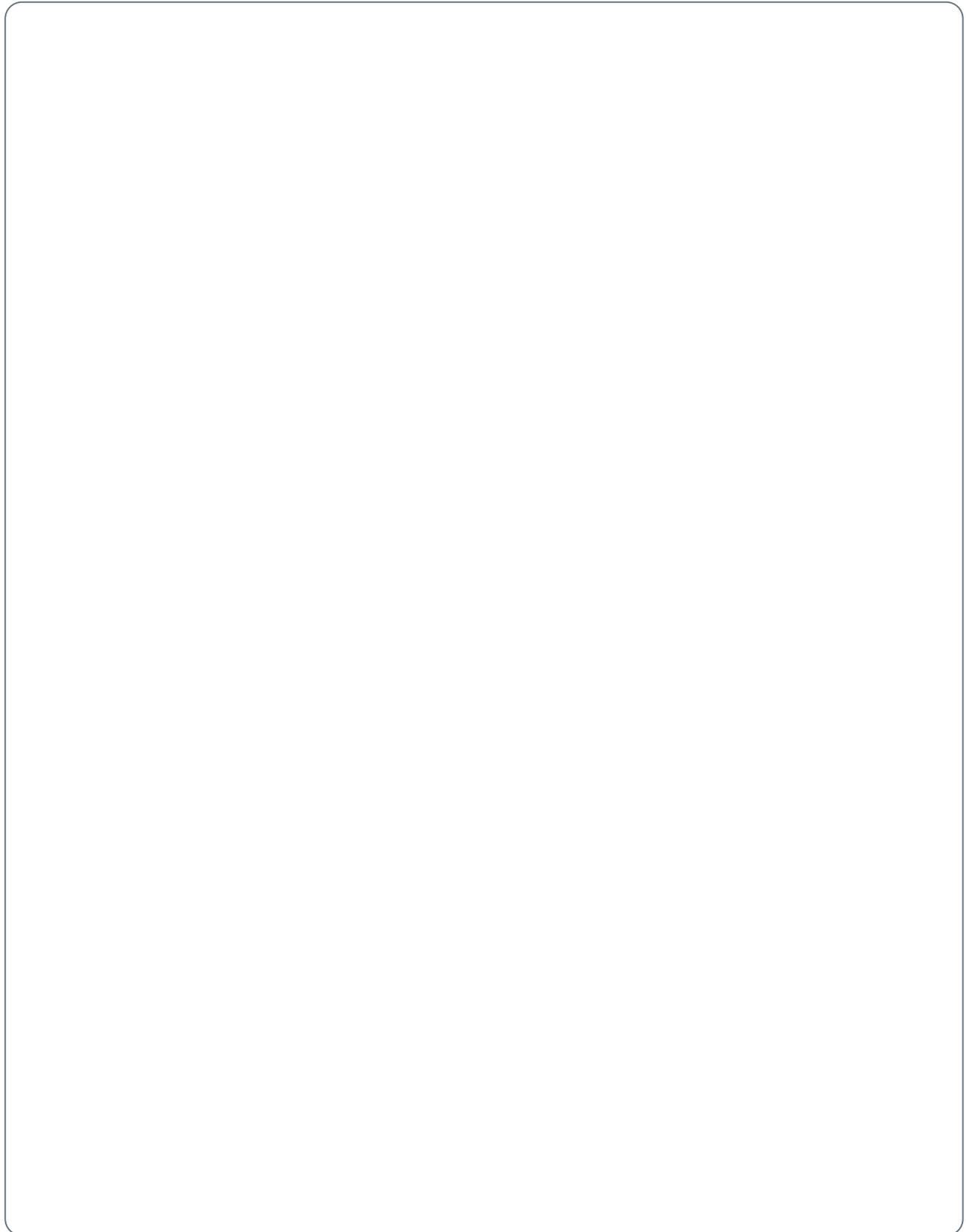
<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✗ Action needed
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard

## Details about this location

Registered Provider	Barchester Healthcare Homes Limited
Registered Manager	Mrs. Susan Margaret Scarlett
Overview of the service	Hickathrift House is registered to provide support and care for a maximum number of 57 mainly older people. The home is registered not to provide nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*



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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 August 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Tour of premises

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### What people told us and what we found

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We found that there were effective systems in place to ensure that people were given opportunities to make valid decisions to give their consent to be assisted with their support and care needs.

We found that people were supported by attentive and caring staff. People told us that they had no complaints to make and said that they felt their support and care needs were being met. A visitor to the home told us, "They do everything right here. I can't fault it." Other people who we spoke with said that there was a, "Community spirit" within the home, which they appreciated. Care plans were detailed but we found that some of these had not been reviewed for more than one month. The standard of people's personal care was variable and areas required more attention to improve the quality of this.

People said they liked their rooms. The home was accessible and safe for people who used the service, staff and visitors.

Effective recruitment and selection systems were in place to ensure staff were suitable to work with vulnerable people.

There was a suggestion, compliments and complaints system in place and information about this was publicly available. People who we spoke with were satisfied with the standard and quality of their care and had no concerns about these.

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

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 25 September 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Through speaking with staff, people who used the service, a visitor and examination of five out of 50 sets of care records we found that there were systems in place to obtain people's consent in respect of their support, care and treatment. This included end-of-life care and giving people opportunities to make decisions about how and when they wanted support with their personal care.

Care plans reviewed indicated that there was an informal assessment to determine people's capacity to make informed decisions about their support, care and treatment. The manager told us that their July 2012 audit of care records had identified action to be taken to improve the assessment of people to determine their capacity to make such informed and valid decisions.

Information regarding accessing advocacy services was publicly available in the main reception area of the home.

The manager advised us that training arrangements were made for staff to increase their understanding in mental capacity awareness.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was not meeting this standard.

People experienced support, care and treatment that did not always meet their needs and protected their rights. This was due to the standard of personal care and support provided to some of the people who used the service. Care was not always provided to promote people's wellbeing and health.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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People's needs were assessed and support and care was planned but not always delivered in line with their individual care plan.

During our SOFI we noted that people's wellbeing was promoted. People were encouraged to maintain their independence and were supported with eating their lunch. Staff spoke with people in a sociable way during this lunch time experience.

People were supported with their personal care although we found that there was inadequate attention paid to the cleanliness of some people's finger nails. This meant that there was a risk to people's health. We were told that a person with a dry and coated tongue was supported with maintaining their oral hygiene. However the standard of oral hygiene was ineffective as indicated by the condition of their mouth and increased the health risk of infections. Staff confirmed that the person had not had their daily facial shave due to ineffective communication between a changeover of staff. We also noted that some people's clothing was unclean due to spillages.

A review of five out of 50 sets of care records indicated that people's individual support and care needs were assessed and guidance was provided to ensure that staff safely met these in an appropriate way. However, we noted that 4 out of five care records examined had not been reviewed each month or sooner as per company policy. Staff advised us that information about people's needs was provided during shift handover periods although the quality of this information varied. The manager advised us that an audit had been carried out in July 2012 which identified deficits in care records and remedial action was being taken.

For one person we noted that they were assessed to be at high risk of developing pressure damage to their skin. Their care records indicated that they were being treated for a pressure ulcer which was acquired whilst living at the home. We found that their pressure-relieving aids were provided for the person when lying in bed and seated in a

chair. However the person's positioning in both bed and chair increased the risk of the person developing pressure ulcers and delayed the healing of the acquired pressure ulcer. In addition, staff advised us that the person would sit in their chair for two hours only and would be supported to return to bed after their lunch. We noted that the person was seated in their chair for a minimum of four hours. This meant that there were ineffective measures in place and inadequate care provided that increased the person's risk to develop pressure ulcers. The person's care records noted that their risk assessments and management of pressure ulcers were last reviewed 16 April 2012 but not reviewed since they had developed their pressure ulcer on 22 June 2012.

Through speaking with staff and noting publicly displayed information we found that people's wellbeing was promoted with the provision of social activities. People and their guests were invited to attend the home's summer fair, held on 25 August 2012. Staff advised us that there was a range of social activities which included trips out and social events and games which took place at the home.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. This was due to effective systems to ensure that people were protected from the risks associated with unsafe or unsuitable premises.

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### Reasons for our judgement

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The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

All areas of the home were accessible for people who used the service. Access to the first floor was by means of a chair or passenger lift. Other areas of the home were located on the ground floor.

Building and maintenance work was in progress to increase storage space in people's en suite rooms. Building work was also in progress to improve communal areas for people and their guests to visit.

Communal toilet and bathing facilities had door locking systems in place and all bedrooms were for single occupancy only. This meant that people's privacy was maintained.

Records were maintained for safety and service checks for fire alarms and emergency lights. Tests were carried out and recorded to ensure that the hot and cold water supplies were safe for people to use.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. People had information about how to make a suggestion, concern or complaint. Staff knew how to support people with their complaint.

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### Reasons for our judgement

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

All of the people that we spoke with said that they were satisfied with the standard and quality of their support and care and had no concerns or complaints to make. People, including visitors to the home had access to information about how to make a comment, concern or complaint.

We found that staff were knowledgeable about their roles and responsibilities regarding supporting people to raise their concerns or complaints and the appropriate action they were to take.

The manager advised us that there had been no complaints made against the home since April 2012. We noted that during August 2012, the home had received, from people who used the service and visitors, compliment letters about the standard and quality of care that they had experienced.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. This was due to effective staff recruitment and selection systems in place. Staff were trained and supported to do their job and welcomed training opportunities to increase their skills and competencies.

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work.

Through speaking with staff and examination of three out of 30 staff files, we noted that there was a robust system in place to ensure that all checks, including criminal record bureau checks and other required satisfactory information, were obtained before the person was employed.

Staff told us that they felt supported, trained and competent to do their job but welcomed the opportunity to attend training in mental capacity awareness, dementia care and management and care of people at risk of developing pressure ulcers.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Care and welfare of people who use services</b>
	<b>How the regulation was not being met:</b> The planning and delivery of support and care was ineffective to meet all of the people's individual needs to ensure their welfare and safety.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 25 September 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

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

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

Contact us

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Phone:	03000 616161
<hr/>	
Email:	enquiries@ccq.org.uk
<hr/>	
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
<hr/>	
Website:	www.cqc.org.uk
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