

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

## Hickathrift House

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, PE14 8JB

Tel: 01945430636

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2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety, availability and suitability of equipment</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</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 1 May 2013, 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.

We carried out a tour of the premises.

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### What people told us and what we found

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All of the people who we spoke with were satisfied with the quality and standard of their support and care. Assessments of people's risks and health and social care needs were carried out and planned. People received their support and care as planned.

Arrangements were in place to ensure that people who used the service had access to safe equipment.

People who used the service liked the staff and said that the staff looked after them very well. Staff were supported to do their job, which they said was rewarding. There were arrangements in place for staff to attend training relevant to their role.

There were systems in place which allowed people to make their views and suggestions known and actions were taken in response to these. There were also systems in place to analyse information regarding any untoward events, and to take remedial action, if required, to improve the quality and safety of the service provided.

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

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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

### Care and welfare of people who use services

✓ Met this standard

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 meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare.

All of the people that were spoken with had positive things to say about the standard and quality of their support and care. One person described this to be, "Very good. It's like a hotel here". The person also told us that the staff had a good level of understanding in how to meet their mental health needs.

To maintain and promote people's sense of well being, we observed that people who used the service were supported to maintain relationships with members of their families. A visitor to the home told us that other family members also visited their relative during other days of the week.

People who used the service were given opportunities to take part in social activities. At the time of our visit a group of people who used the service were sat outside in the sunshine and shade to watch or take part in 'The Gardening Club'.

Work was in progress to secure a small piece of land and pond area. Members of staff told us that this was in preparation for the arrival of ducks for people to feed and watch. The ducks would be in addition to the current resident rabbits. Information about forthcoming social activities was publicly displayed. These included exercise and music entertainment.

People who lived with dementia had access to corridors and an external view in which were displayed items and themed scenes as part of their reminiscence therapy. These included music of the 50's and 60's; doll therapy and sand with buckets and spades, as part of a seaside theme. Doors to toilets and bathing areas were provided with picture signage to support people's orientation and prompt their memories.

During lunch time we observed that members of staff engaged with people who used the

service in an attentive and social way. We noted that people responded and engaged in social conversations with members of staff. We also noted that people who used the service demonstrated signs of well being; they were smiling and freely talking with other people who used the service.

From our examination of four out of 48 people's care records we noted that risk assessments were in place to prevent the development of health issues such as pressure ulcers and malnutrition. Measures were taken to minimise these risks. These included the provision of pressure-relieving aids, and monthly monitoring and reviewing of people's body weights.

Our review of the sample of people's care records indicated that members of staff had taken appropriate action in response to a person's changed health needs. However, the provider may wish to note that there was inadequate care plan information for staff regarding the signs and symptoms that this person may experience and the appropriate health action to be taken.

The provider may also wish to note that from our review of people's care records and speaking with the registered manager, we found there were inadequate records to demonstrate that people living with dementia had undergone a mental capacity assessment. This assessment would be to determine their level of mental capacity to make valid decisions about their support, care and treatment, including end-of-life care.

Our review of the sample of people's care records indicated that people were supported to access health care services. These included, but were not limited to, GPs, chiropodists, psychiatric and district nursing services. A visitor who we spoke with said that their relative had received GP visits to assess and treat the person's changed health needs.

We saw that people were well-presented, wore clean clothes and had clean hair and fingernails. We saw members of staff actively support people with their personal care to maintain this satisfactory level of presentation. A visitor told us that each time they visited, they had found their relative was clean and well presented.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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People were protected from unsafe or unsuitable equipment because the provider had ensured its safety.

One of the people who we spoke with said that they felt safe and comfortable when staff supported them with their transfers by means of a hoist.

Records of service checks demonstrated that these had been carried out to ensure that all of the available moving and handling hoists were safe for people to use. All of the wheelchairs that we examined were provided with safe and appropriate tyres, foot plates and brakes.

Records were maintained which indicated that portable electric appliance equipment was tested and deemed safe to use. Records were also maintained for service checks on fire safety equipment.

From speaking with members of staff we noted that they were aware of their roles and responsibilities to report and record any unsafe equipment that required attention.

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

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications.

People who we spoke with, including a visitor, said that they liked the staff. They also said that they had confidence in the ability of staff to appropriately meet their individual support and care needs.

All members of staff who we spoke with said that they felt very well supported to do their job, which they found to be rewarding. They also said that they had had formal face-to-face supervision with their manager during which their training needs and requests were identified. Our examination of three out of 61 members of staff's supervision files confirmed that this was the case. Actions to be taken in response to these identified training needs and requests, and when the actions were completed, were recorded.

Members of staff who we spoke with said that they had attended training in a range of topics. These included safe techniques in safe moving and handling; dementia care and safeguarding of vulnerable adults against abuse. Staff told us that they had found that the training was beneficial and had positively informed their practice.

Staff training records that we reviewed indicated that staff had attended this described training. The registered manager advised us that arrangements were made for staff to attend refresher moving and handling training, during May 2013.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who used the service and their representatives were asked for their views about their care and treatment and they were acted on. There was evidence that learning from incidents took place and appropriate changes were implemented.

Minutes of residents' and relatives meetings, held during 01 November 2012 and 21 March 2013, indicated that people were provided with opportunities to make suggestions to improve the quality of the standard of the service provided. The registered manager advised us that, in response to suggestions raised at the meetings, arrangements were made, for instance, to introduce 'prawn cocktail' as a menu starter.

Incidents, accidents and events experienced by people who used the service were recorded. Through our examination of this collated information and speaking with the registered manager, we noted that the provider had a system in place to analyse this information for any emerging patterns. The registered manager advised us that the provider noted and reported to the registered manager any remedial actions to be taken, as a result of the analysis of the information.

A survey was carried out during 2012 to obtain people's views about the standard and quality of the service provided at Hickathrift House. Results of this survey were seen and the home had performed well. We saw that an action plan was developed and timescales were in place for remedial action to be taken in response to less well performing areas. We saw examples of this completed remedial action: these included an improved range of social activities and information about the home made more accessible for visitors and people who used the service.

## 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, acute 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 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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ 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

### Essential standard

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)

### Regulated activity

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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