

Hassingham Limited

Hassingham House Care Centre

Inspection report

Hassingham House Care Centre
Hardingham Street
Hingham
Norfolk
NR9 4JB

Tel: 08444725173
Website: www.foresthc.com

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Hassingham House provides nursing and personal care for up to 47 older people, some of whom may be living with dementia. There were 36 people living in the home on the day of our inspection.

This inspection took place on 2 February 2016 and was unannounced.

The registered manager had left the service in November 2015. A new manager had been appointed and had started working at the service in November 2015. They were in the process of completing a CQC registered manager's application. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's privacy and dignity was respected by staff. People, their families and staff were all complimentary about the service. People told us and our observations confirmed that they felt the service was caring. Staff were enthusiastic about working with the people who lived at the service and developed positive relationships with them.

The service had policies and procedures in place to ensure that medicines were handled safely. Audits of medicines were carried out by the service manager.

People's health, care and nutritional needs were effectively met. People were provided with a varied diet and staff were aware of people's individual dietary needs. Staff, including the cook were knowledgeable about people's individual nutritional needs. The service worked with external professionals to support and maintain people's health.

There were range of activities available and people were encouraged to participate in them. People were encouraged to take part in the activities but also offered alternatives where their preferred not to.

Staff received training to help them undertake their role and were supported through regular supervisions. Training records confirmed that staff had training in safeguarding adults. Staff knew how to identify if people were at risk of abuse or harm and knew what to do to ensure they were protected.

Safe recruitment practices were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care environment.

People felt supported by the service manager. Management processes and audits were in place. People and their relatives were involved in their care assessments and care plan reviews. The manager was supported by senior staff, including qualified nurses and a deputy manager. People and staff told us the home was well

run and that the manager was approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

There were systems in place to make sure the risk of abuse and avoidable harm to people was reduced.

There were enough staff to meet people's needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

The service was meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards, which helped to ensure people's rights were upheld.

Staff were well supported. They received training, supervision and support to enable them to provide the care and support people required.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

People were treated with dignity and respect.

Relatives were positive about the care and support provided by staff.

Is the service responsive?

Good ●

The service was responsive.

People's care records were detailed and provided staff with sufficient guidance to enable them to deliver individual care.

Staff delivered care and support that met people's needs, took account of their preferences and was in line with people's assessments and care plans.

Is the service well-led?

Good ●

- The service was well led.
- There was a homely and professional atmosphere within the home.
- There were opportunities for people and staff to express their views about the service via regular meetings.
- The service had a quality assurance system in place which identified when improvements were needed.

Hassingham House Care Centre

Detailed findings

Background to this 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.

This inspection took place on 2 February 2016 and was unannounced. The inspection was undertaken by three inspectors.

Before we carried out this inspection we reviewed the information we held about this service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also sought the views of the local authority's quality assurance team to aid with our planning of this inspection.

During our inspection we spoke with five people who lived in the home. We also spoke with two relatives. Throughout the inspection we observed how the staff interacted with people who lived at the service. Some people were not able to communicate their views of the service to us and therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke to the service manager and eight staff who work at the service. These included four care staff, two activities staff, a cook and a housekeeper. During the inspection we looked at three people's care records and records in relation to the management of the service including staff recruitment records, staff supervisions, complaints and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe living at the service. We were told, "Staff are very kind, if you feel down they will cheer you up and have a joke and a laugh with you." We were also told, "They look after you alright here. Staff always make you feel welcome and don't bring their own problems to work." A relative told us, "They [staff] can't do enough for you."

Our observations and discussions with people, relatives and staff on the day of our inspection showed that there were sufficient numbers of staff to meet people's needs and keep them safe. We were told by people who lived at the service, "I think there are enough staff. If I press my call bell they come straight away." Another person told us, "There are enough staff to meet my needs. When the last manager left it was very difficult but the situation has now improved." During our inspection we saw that people in their rooms all had access to a call bell. We heard people calling for assistance using their call bells and saw that these were all answered in a timely manner.

The service followed safe recruitment practices. Appropriate recruitment checks were carried out before staff started working at the service. We viewed staff files and were also told by the service manager that the relevant checks were completed to ensure that staff were suitable to work with people living at the home before they were employed.

We found that people were supported by staff that were knowledgeable about safeguarding people. Staff told us the process for raising a safeguarding concern; they were all clear on who they would contact if they had any concerns. One member of staff told us, "I would report to the home manager, I also know I can contact the safeguarding team. Their numbers are displayed in the home." Another said, "I would go to the manager and keep going up if needed, up to the operations manager." Staff told us that they had received training in safeguarding people and were able to tell us how they would recognise potential abuse.

There were systems in place to reduce the risk of people being harmed. Potential risks to people had been identified and subsequent risk assessments had been completed. We saw risk assessments were carried out in areas such as falls and the risk of choking. We saw that in both these areas; follow up referrals and appointments with health professionals had been arranged to help keep people safe.

We found medicines were stored safely in a locked designated room in trolleys which were securely attached to the wall. The room where medicines were stored was temperature checked daily and controlled by an air conditioning unit. We checked the temperature storage records for medicines, including the medicines fridge, for the month of January 2016 and found that all were stored at safe temperatures.

On the day of our inspection the previous month's medicines charts (MAR charts) were being audited by the service manager. There were a few staff signatures missing from the MAR charts. When we checked the corresponding medicine 'blister' packs for the same days the medicines were not there. This suggested that they had been administered to people, but had not been recorded. The service manager had identified this issue in their audit and was already planning a meeting with medicines on the agenda. We spoke to people

about their medicines. One person told us, "I get my medication on time. They [the staff] explain what they [the medicines] are and listen to me. I can speak to a member of staff if I feel my medicines need to be changed." Another person told us, "Sometimes I have to wait for my medicine, but this is not a significant wait."

We saw that relevant checks to ensure the environment was safe were undertaken. For example, temperature monitoring, fire alarms tests, hoists and slings, and kitchen and laundry equipment were undertaken and recorded. Throughout the service we noted the cleanliness. We spoke to one of the housekeepers who told us how they took pride in the appearance of each room and the environment.

Is the service effective?

Our findings

Staff told us they received regular supervision and support. We also saw records of these supervision sessions. Staff told us that they had the opportunity to discuss their personal development and learning. Training was undertaken by staff in areas such as moving and handling and first aid. Some staff told us that they also had undertaken further training in care related qualifications and topics such as advanced dementia care. We looked at staff training records. There had historically been some gaps in staff training being undertaken, however the new service manager had ensured that staff had either carried out the training or they were booked on upcoming training sessions to do so.

The staff and manager told us that there were a number of people who lived at the service who lacked capacity to make decisions about their care. Therefore they had to work within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who 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. Where people lack mental capacity to make particular decisions, any made on their behalf must be made in their best interests and be the least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application for these procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA. All the staff that we spoke with understood and were able to demonstrate that they knew about the principles of the MCA and DoLS. The manager had submitted a number of applications for DoLS to the supervisory body (local authority) but the outcome of these were not known yet. Within some people's care plans we saw appropriately completed MCA assessments. We observed throughout the inspection that staff worked to and were following the principles of the MCA when making day to day decisions for people in their best interests. We saw staff asking people for their consent before performing a task to ascertain if they could consent to it. Such decisions were around their care, for example, what they wanted to eat or drink and whether they wished to take part in an activity.

We observed the lunch time meal. There was a noticeable difference between the two units in the service and the way in which the mealtime was organised. In the main dining room we observed the lunchtime meal being served to people in a timely manner and observed their enjoyment of the experience. We saw that there were some people who required assistance with their meal. They were helped to eat in a discrete and non-rushed manner.

In the part of the service where people who were living with dementia were eating, we saw that people did not have sufficient staff available to assist them during the mealtime. We saw that there were two people who were sitting at the dining table with others but who had to wait half an hour to be assisted with their meal. The two people who were delayed in receiving their meal were watching other people eat. This was

because there were insufficient staff in the area at this time. We spoke to the service manager about this. We were told that this had occurred because there was training occurring within the service and staff working in this area were not the usual staff. We saw that there were a number of staff undertaking training on the day of the inspection. The service manager told us that this was not usual practice at mealtimes. However, appropriate arrangements had not been made to ensure sufficient cover over this lunchtime period.

People were very complementary about the food. One person told us, "That dinner was lovely, I really enjoyed it." Someone else told us, "The meals are excellent. They are homemade and you get a choice." We were told that people had to choose their meals the day before they were due to eat it. Some staff expressed concern that people forgot on the day what they had requested to eat. However staff told us that they offered people a choice until they found something that the person liked to eat.

We spoke to the catering staff at the home. We found that they were very knowledgeable about people and their dietary preferences. We were told that catering staff meet with anyone new who moves into the service to discuss their likes and dislikes. A care plan was then completed about nutritional needs and placed in the kitchen. We viewed these nutritional care plans and found that they also contained individual instructions on how to improve the health of the person. For example one person was prone to pressure concerns so it had been identified that a high protein diet would help this person. Catering staff told us that not only did they follow the nutrition care plan; they reviewed the content of it monthly and signed it off with a lead nurse. They also told us that they worked with the dietician and speech and language therapy teams to ensure that people were supported with their food and drink safely. We found that the catering staff had received appropriate training.

People were able to access the appropriate healthcare support such as the dietician, GP and community nurse to meet their on-going health support needs. One person told us, "My GP comes in [to the service] once a week. I can put my name down on the list to see them. They [the staff] will also make another appointment if I need it." Another person told us, "You can see a health professional when you want. All you have to do is ask and they'll get who you want to see in." One person told us that staff knew them very well, "Staff knew when I was getting unwell. They suggested a medication review and booked me an appointment with my GP. The medication I was put on has made a difference and I am feeling better now."

Is the service caring?

Our findings

All of the people that we spoke with told us positive things about living in the home. One person told us, "It is good here." Their relative went on to tell us, "I would not want [relative] to live anywhere else." Another person we spoke with said, "The staff are nice and kind. We can always have a laugh." Some people were not able to communicate their views verbally about the staff. However, we observed positive interactions. The service manager and staff knew people well and were able to describe people's care needs and preferences.

We saw some good examples of staff being caring and kind towards people and treating them with respect. People were asked their preferences and these were given such as which book to read, where they preferred to sit, whether they would like a film on and if so which one. We noted that staff knocked on bedroom doors before they went in and that doors to rooms were closed when personal assistance was being provided. Staff we spoke with confirmed that they always respected people's privacy. We were told, "We always shut door and curtains when helping people." A person living at the service told us, "When helping me with my personal care they [the staff] always cover me up with a towel and only help me with what I can't do myself."

We found that people's personal preferences were respected by staff and that staff knew people well. One person told us, "I love having the home's cats come and sleep with me on my bed at night. They [the staff] always make sure they leave my bedroom door open a little bit for me so the cats can come in." Another person told us that when they felt low, staff encouraged them to take part in an activity which involved their favourite music. The person we spoke with told us, "They knew it was my favourite music and it made me feel better." Another person chose to get up late during the morning of our inspection. They told us, "I love my bed and get up when I am ready." When this person did get up they were immediately offered drinks and food by staff.

Throughout our inspection there was a calm and caring atmosphere within the service. People looked comfortable with the staff that were supporting them. We observed a member of staff taking time to find out what one person, who had limited verbal communication, wanted. The staff member was patient and took time to establish what they wanted. When the staff member worked out it was a drink that the person was asking for, they got it quickly for them. We also saw staff making conversation with people which wasn't task orientated but a friendly 'chat'. One person told us that, "Staff are all very nice people and they do their upmost I think."

During the lunch time meal, a person who did not eat food orally, stayed in the lounge. During this time one of the activities team sat with the person one-to-one and read a book. This ensured that the person was not left alone while others were eating.

Some people who lived at the service were either unable to communicate verbally or had difficulty doing so. We observed staff using varying forms of communication such as word boards and objects of reference. The information within people's care plans supported these approaches.

People told us that they were able to attend and be involved in residents meetings. We were told that people had the opportunity to express their views. Meeting minutes from residents meetings we viewed showed the range of topics discussed. Items such as an update on staff recruitment, letting people know when the operations manager would be visiting the service and update on the activities being run. We noted in the lounge there was a notice on the relative's noticeboard asking relatives to make an appointment to come in and attend their relative's care plan reviews as soon as possible.

Is the service responsive?

Our findings

People told us that staff met their needs well. One person told us, "They [staff] are really genuinely helpful and they make me happy here. Without them I don't know where I would finish up." Another person told us, "It is good overall here. I wouldn't want to be in another one [service]."

Before people moved to the service an assessment of their needs was completed to ensure their needs and preferences could be met. Staff said they had the information they needed to provide person centred care. We were told by a relative that the service manager had been out to visit their relative in order to carry out an assessment of their support needs prior to the person moving in to the service. The relative told us, "I feel confident that they know how to support and manage [relative's] care." A staff member told us about person centred care and how they were delivering it, "People should have choices of what to wear, eat or do." Another told us, "Care plans are up to date and we use these to establish people's needs. Staff work together to make sure people are able to have the routines they like. They can have care how they want."

People knew how to make a complaint and felt that they were listened to. One person commented, "I can go and see [service manager] with any concern and it is dealt with straight away." Another person said, "I have not had to complain but if I did they [staff] would put it right." The provider's complaints policy was available. We saw that a record of complaints made and action that was taken was kept.

We spent time observing care on the unit where people were living with dementia. We saw on our arrival that staff were sitting in the lounge with people. Activities were taking place such as looking at a book about cars with one person. We later read in the same person's care plan that this was something important to them from their life history. We saw another person was doing a colouring pattern which they told us they enjoyed doing. A third person was playing 'four in a row' with a staff member.

Care records showed that planned care was based on people's individual needs. We viewed two care plans and saw that the information was up to date and relevant to the person the care plan belonged to. We found full pre-assessments had been completed. People told us that they knew they had care plans in place. One person said, "All my needs are written in my care plan and I can see it whenever I want to". Another person said, "I am not sure if I am involved in writing my care plan. I trust staff though, they are always checking on me and my care and I trust that they know me well enough to write my care plan." Staff were knowledgeable about the content of the care plan, a staff member we spoke to told us, "Care plans are helpful for care needs but also checking with the person as you go that the care they are receiving is what they want and need on a daily basis is important."

We viewed the care plan for one person who required support with their communication. Their care plan included information about how they expressed their likes and dislikes. We saw from the care plan that the person used a letter board for communication to ensure that people communicated appropriately. Throughout our inspection we saw all staff that interacted with the person using the letter board. Another care plan we viewed showed how the person's family had been involved in helping to develop the plan. The person's history was included as well as their likes and dislikes. We saw that this information was used by

staff to occupy this person during the day.

People had access to a range of activities. We spoke to a member of staff who was responsible for arranging activities for people. The service employed an activities co-ordinator and a care buddy. The care buddy role provided activities support and some one- to-one activities with people. They told us, and we saw that there were activities taking place. These included a group activity and also additional activities that people wanted to take part in on an individual basis. Activities on the day of the inspection included a game of 'hoopla'. We saw people engaging with staff and each other and laughing and enjoying the game. The atmosphere was friendly and encouraging and there were opportunities for people to talk about their own enjoyment of the game and personal experiences. We saw other people being offered to join in the activity but when they declined, alternative activities were offered to them. During the afternoon we saw that another group of people were playing a quiz game and were involved in discussions about the past and current affairs. We saw that again, people were engaged with this activity and it was a lively session.

Is the service well-led?

Our findings

The service had a manager in post; however they were not registered with the Care Quality Commission (CQC). At the time of this inspection they had submitted their application to the CQC to become the registered manager of the service.

People living at Hassingham House, their relatives and staff were all positive about the service manager. We were told by a person who lived at the service, "They [service manager] listens to you and acts on it. [Service manager] always comes in and asks how you are doing." Another person told us, "The home is so much better now [service manager] is here. The home has improved greatly." We saw that staff meetings were held on a variety of occasions and targeted to meet different staff job roles. We saw that separate meetings were held for day care staff, night care staff and registered nurses as well as heads of department meetings.

The service manager was visible in the home throughout our inspection. People told us that they felt the manager listened to them. We were told by one person, "We have residents meetings where we can express our views." Staff told us that they could make suggestions for improvements to the service and the service manager listened to them.

The service manager told us that they were trying to promote community links with the service. Activities staff were trying to build up contacts with a local primary school in order that people could go to lunch with the pupils there and in response the children would return to share lunch at the service. During our inspection the vicar from the local church visited the service to discuss with staff+ plans for more frequent services to be held at the home. In addition, the service manager told us that they had links with other providers and were sharing good practice ideas.

Staff were very positive about the support they were receiving from the manager. We were told, "The manager is brilliant, very open. If you have a question or problem you can go to [manager]." Staff told us they received supervision but felt they could speak to the manager at any time. Staff told us that their supervisions were used to discuss training, their performance and as a way of the service manager checking if they were requiring any support. One member of staff said, "The service has clear values and a vision. The home is a happy place with laughter and people involved." Another staff member told us, "I can speak to the manager if I need to. I never feel pressured to work extra hours. The [manager] is sensitive to my needs too."

A training record was maintained detailing the training completed by all staff. This enabled the service manager to monitor training undertaken by staff. Staff told us that they had access to training relevant to their job role and also support to complete developmental learning too. One member of staff told us, "The manager is very supportive of my study needs." We saw that the service manager was ensuring that all staff were now undertaking training, whereas there had previously been some gaps.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external

organisations. They can do this anonymously if they choose to.

Systems were in place to monitor the quality of the service. The service manager told us that a number of audits took place. A health and safety audit had recently been completed and a number of action plans were in place. We could see that the actions planned were being worked towards and some actions had been completed. The manager also told us that an infection control audit had been completed during the previous week to our inspection. An audit and review of all the care plans was being undertaken by the deputy service manager in the home. There were other quality assurance systems in place that monitored people's care. We saw that the manager provided information that enabled the provider to also monitor actions taken in the service. These actions were in relation to staff training, quality and health and safety.

Records, and our discussions with the service manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This show us that the service manager had an understanding of their role and responsibilities.