Hickling House Limited

Hickling House

Inspection report

Hickling House
Town Street, Hickling
Norwich
Norfolk
NR12 0AY

Tel: 01692598372
Website: www.norfolkcarehome.co.uk

Date of inspection visit:
06 August 2018

Date of publication:
30 August 2018

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

This inspection was unannounced. This was the first comprehensive inspection carried out of this service which was re-registered with the Care Quality Commission (CQC) in December 2017 under the same owners.

Hickling House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to 29 people in one building. At the time of our inspection 28 people were living in the home. Hickling House provided accommodation and care to older adults, some of whom were living with dementia. People were accommodated in rooms with ensuite toilets, and there were other communal bathrooms available, as well as two communal lounges and a conservatory with ample seating, and a dining room. One room was shared between two people.

There was a registered manager working in the service. A registered manager is a person who has registered with the Care Quality Commission 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.

The service was safe, as staff had a good knowledge of safeguarding, and there were risk assessments meeting people's needs. The environment was maintained and kept safe for people, and there were enough staff to keep people safe. There were recruitment practices in place which contributed to suitable staff being employed. Medicines were administered as prescribed, and any errors were identified and acted upon in a timely manner.

Staff had training relevant to their roles and people were confident in their ability. People received a choice of home cooked meals, and enough to eat and drink. Staff supported people to have specialist diets, and to access healthcare services when needed.

People's needs were pre-assessed to ensure the service could meet these needs before they moved in. To ensure people received consistent care, staff communicated with healthcare professionals involved in people's care arrangements so obtain relevant information.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood people's mental capacity, and supported people to make decisions in their best interests if needed.

Staff were caring towards people and respected their privacy and dignity, and encouraged independence.

Care plans were in place to guide staff on how to meet people's needs and these were reviewed regularly.

These also included information about people's life histories and their day to day preferences. People were supported in a sensitive and responsive manner towards the end of their lives.

There were meaningful activities on offer throughout the week in the home and people were supported to access the community and go out on trips. There was equipment to support people living with dementia to engage with, which enhanced their wellbeing and allowed them to practise movement.

People and relatives felt comfortable to speak with staff or raise any concerns. Staff sought feedback regularly from people and there were meetings for people living in the home and their families, as well as surveys. Action was taken where any areas for improvement were identified.

There was good leadership in place, and the registered manager was known to everybody. The staff team worked well together. There were effective quality assurance systems in place to monitor and improve the service.

The staff and the management team had a strong sense of accountability and were aware of their responsibilities. This included working with external agencies and organisations and sharing information where needed.

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 keep people safe and manage risks associated with their care.

There were enough staff to keep people safe and they understood how to manage risks.

Medicines were administered as they had been prescribed, and errors were acted upon.

Is the service effective?

Good

The service was effective.

Staff were competent and received training relevant to their roles.

People were supported to eat a balanced diet and to drink enough to meet their nutritional needs.

Staff understood people's mental capacity and supported them to make decisions.

Staff supported people to access healthcare when they needed.

Is the service caring?

Good

The service was caring.

Staff had built positive relationships with people and were kind, caring and compassionate.

Privacy and dignity was respected and staff encouraged people to maintain their independence.

People and their families were involved in their care as much as possible.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's needs and contained guidance for staff on meeting people's needs. People were supported in a responsive manner towards the end of their lives.

The service supported people to participate in activities which reflected their interests, both within the home and the local community.

Is the service well-led?

Good

The service was well-led.

There were effective systems in place to monitor, assess and improve the service.

There was good leadership and teamwork in place and the management team were approachable and accessible. The manager was aware of their responsibilities and well supported by the organisation.

Hickling House

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.

The inspection took place on 6 August 2018 and was unannounced. The inspection was carried out by one inspector, a medicines inspector and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A member of the Care Quality Commission (CQC) medicines team looked at how the service managed people's medicines and if the systems in place were safe.

Before the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection, we also obtained feedback from the local authority.

During the inspection, we spoke with nine people and one relative, and received further feedback from another relative immediately following the inspection. We also spoke with six staff members including the registered manager, an activities coordinator, a cook, a care worker and a team leader, as well as the area manager. We looked at five care records in detail. We looked at the medicines administration records (MARs) and a range of records which demonstrate the running of the service. This included records of staff training, recruitment, rotas, and audits of different areas as well as health and safety records.

Good

Is the service safe?

Our findings

Without exception, people told us they felt safe living in the home. In addition, a relative we spoke with said, "I feel [relative] is completely safe living here." Staff knew how to protect people from harm and had received relevant training in safeguarding.

People's care records contained individual risk assessments, which included information about people's behaviour, eating, drinking and mobility. Risks associated health conditions, such as diabetes and asthma, were also assessed and mitigated in people's care plans. They contained guidance for staff, who demonstrated good knowledge of risks to people and how these were managed. Some people were cared for in bed and were at high risk of developing pressure ulcers. We saw that these risks were managed well, and that staff supported people to reposition regularly, and they recorded when they did this. These records were regularly checked by the registered manager. Where needed, pressure relieving equipment such as specialist cushions, were in place. For some people who were at risk of falls, there were pressure mats in place so that staff were alerted to people mobilising in their rooms.

Risks associated with the environment were managed properly, for example water, electricity and fire. Each person had an individual fire risk assessment which also guided staff how to evacuate them safely in the event of a fire. The service had completed fire drills regularly to ensure that staff knew what to do in the event of a fire.

There were enough staff to keep people safe and ensure there was time to spend meaningfully with people. Seven out of the nine people living in the home we spoke with felt there were always enough staff. One person said, "You can always find someone to help you". Two other people said that they felt there were not always enough staff at night, one person saying they felt staff did not attend in a timely manner at night. Staff confirmed that there were enough staff, and this was reflected by the staff rota which we looked at. One staff member said they felt they had plenty of time to talk with people in addition to delivering care to them. Staff we spoke with explained that the service used their own bank of staff to cover shifts in the event of staff absence. There was a dependency tool in place which assessed people's requirements so that the registered manager could assure themselves that there were enough staff to meet people's needs.

There were systems in place to ensure that only people deemed suitable, in line with the provider's guidance were working in the home. The recruitment policies and induction processes contributed to promoting people's safety. This included relevant checks, such as a DBS (Disclosure and Barring Services) had been completed. This allows organisations to see whether potential staff have any criminal record, and contributes to the safe recruitment of suitable staff.

The people living in the home received support to take their medicines. One person said, "[Staff] are very good at giving me my medicines." Records showed overall that people living at the service received their medicines as prescribed. Audits were in place to enable staff to monitor medicine stocks and their records to help identify areas for improvement. We saw a system available for reporting and investigating medicine incidents or errors, to help prevent them from happening again. However, we noted that for one person, one

of their medicines had not been given to them as intended by written information provided by the hospital on discharge. Another person received a minor incorrect dose of anticoagulant medicine warfarin the day before the inspection which could have placed the person's health at risk. The registered manager took immediate action to hold a supervision with the member of staff involved with the error.

We observed the latter part of the morning medicine round and noted that people received their medicines by staff that followed safe procedures, had a caring manner with people and helped them with their medicines. Staff who handled and gave people their medicines had received training and had their competence assessed regularly to ensure they managed people's medicines safely. Medicines were stored securely for the protection of people living at the service and within appropriate temperature ranges.

Supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification and information about known allergies and medicine sensitivities, however, there was a lack of information about how people prefer their medicines given to them. When people were prescribed medicines on a when-required basis, there was written information available for medicines prescribed in this way to show staff how to give them consistently and appropriately. However, for a person whose medicines prescribed on a when-required basis had been discontinued by the prescriber the written information had not been removed. This could have led to confusion and error by staff when considering the use of such medicines. We raised this with the staff on our inspection visit.

There were systems and PPE, personal protection equipment such as gloves, available and in place to prevent the spread of infection as much as possible. The home was clean and there were regular checks in place to ensure good hygiene standards were upheld.

Incidents and accidents were recorded by staff and reviewed by the registered manager. Where needed, action was taken to further mitigate risks as a result of an incident. Furthermore, the registered manager had introduced additional systems to mitigate risk following reviews of care records. For example, they had introduced an audit which regularly recorded people's weights, their risk of malnutrition and what action had been taken in respect of these risks. This meant that the service constantly monitored people's weights across the home and took consistent action.

Good

Is the service effective?

Our findings

Prior to living in the service, people's needs had been fully assessed so that the service could ensure they were prepared and fully able to meet a person's needs. This included gathering details of the persons needs including support with personal care, life history, health conditions and emotional needs.

People we spoke with felt that staff were competent, one saying "Staff do know what they are doing." This was closely reflected by everyone we spoke with, a further person stating, "Staff know what they are doing, they get regular training." Two staff members told us about some virtual dementia training they had undergone, which they told us lead to a greater understanding and empathy of the condition. One staff member said that it had taught them how dementia can affect people's senses, including sight, hearing and touch. Staff we spoke with told us they felt the training was effective, and they received enough. The training which the provider had deemed mandatory included safeguarding, infection control, moving and handling, first aid and food hygiene. Some staff had undertaken additional training in areas such as continence, diabetes, dysphagia (swallowing problems) and dementia. Staff were also supported to undertake further qualifications such as NVQs, which cover relevant areas within health and social care.

Staff told us they received regular supervisions and support where they had an opportunity to discuss their role with a member of the management team. We saw records confirming this. One staff member also told us about their induction when they had started working in the home, and how they had been encouraged to undertake further training and progress in their role. Inductions for new staff included shadowing more experienced staff, and having their competencies checked before working alone with people.

Staff supported people to eat a varied, balanced and healthy diet according to their needs. One person told us, "We get a choice, I'm a vegetarian and they try and get me stuff I like. I have pasta, lots of fruit which I love. I eat what I can." Another person said, "We get a choice and if they can't supply something suitable they will find something else for you. I do like a main meal at night. We get enough, in fact we often get huge helpings." Other people described the food as "Home cooking" and "Beautiful". Staff paid attention to detail to create a pleasant atmosphere at mealtimes. One person told us, "At tea time we have a teapot and teacups." We spoke with a member of staff in the kitchen and they were able to tell us details about people's individual dietary needs and preferences. We observed that the food looked appetising and was presented nicely, including pureed meals.

People were supported to drink enough and drinks were available to people throughout the day. For some people who required support and prompting to drink, staff recorded their intake. We saw that these records were completed, and checked regularly by the registered manager. People had fluid targets in place and were supported to drink to ensure they remained hydrated. Where people were not drinking enough, action had been taken to investigate why this was, and if needed, further referrals had been made to a GP.

The staff worked closely with other organisations and professionals, for example people's social workers, GPs and consultants to ensure people received proper treatment and that their quality of life was enhanced. We saw that some people had been referred to a dietician, and the home was following their

recommendations. The staff also communicated effectively with other healthcare professionals involved when people were moving between services, or moving into the home for the first time.

One person said, "If you just mention you would like to see a doctor the next day he is here." This was also reflected by other people we spoke with. People's care plans also contained records of regular healthcare appointments and confirmed they had regular access to relevant professionals.

The environment was homely and there was a garden which was attractive, secure and accessible, with flowers, fruit and vegetables growing. There were several seating areas with shade available. It appeared to be well used by several people throughout the day of our inspection visit. There were two staircases, a lift and a stairlift, with some people using the stairs regularly. There were risk assessments in place with regards to people using the stairs, and risks associated with the stairs were mitigated.

There was a shared room which was shared by two people, and we saw that there was a privacy curtain which could be put across if needed. We discussed this room with the registered manager in terms of ongoing review to ensure that the room remained suitable for sharing as the two people's needs changed. They told us that this was regularly discussed and reviewed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interest and as least restrictive as possible. We saw that where people were not able to make a specific decision, there were records of best interests' decisions made, and who was involved, such as a family member. Staff also demonstrated to us that they understood the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the previous manager had applied for some DoLS authorisations for people living in the home, and some of these required further review, which the registered manager said they would address. We saw that people were only deprived of their liberty in the least restrictive way possible, to keep them safe.

Good

Is the service caring?

Our findings

We observed that staff and people living in the home had built a good rapport. One person told us, "Staff are very sympathetic and pleasant. I know there is always someone there to give you a cuddle." Another said, "It's one big family in here, we are all treated equally. They make sure everyone is ok. If you need any help they are there." Other people we spoke with said they felt that they had a laugh with staff, and that staff were gentle. A relative we spoke with told us staff were very caring, and they added, "[Staff] were fantastic, and with me as well when [relative] first came in and we were both struggling with the change."

People's bedrooms were personalised with their own furnishings and preferred decor. They had a variety of things identifying their doors, including some written life stories and pictures of them. This also helped to orientate people and prevent them from having problems finding their bedrooms if they were living with dementia.

We observed that the staff had a patient and caring approach towards people, using humour with certain people because they knew they enjoyed this and engaged well. Staff demonstrated to us that they knew people they were caring for well. Staff adapted their communication to suit people's needs. We observed a member of staff kneel on the floor to be at the same level as the person they were talking with. We also observed staff supporting people to make choices about their meals by using pictures of the choices available and talking through them with people.

During the mealtime we saw that with the exception of one staff member, staff supported people in an interactive and caring manner. They spoke with people they were supporting, and did so in a discreet and kind way. Regarding the one staff member who did not interact with the person they were supporting, we fed back to the registered manager and they told us they would initiate a supervision immediately.

Staff respected people's privacy and dignity, and this was confirmed by everyone we spoke with. We observed that staff knocked on people's doors and awaited an answer from people before going into their bedrooms. We did identify two communal toilets which had broken locks, therefore compromising privacy. The registered manager told us these had been noted for the maintenance to complete on their next visit to the home.

People we spoke with told us their visitors were always welcome. A relative we spoke with said, "I am always made welcome, I can come anytime and at least once a week I have lunch here."

One person told us, "I've got a care plan, they do ask you regularly about things like that." Staff supported people to be involved in their care as much as possible and maintain as much control over their lives as possible. We also saw records of staff discussions with people about their care in their care records.

The home had a scheme where one person was 'Resident of the Day' each day, and this meant that staff would ensure they were asked if they wanted anything specific to do or to eat that day, and the aim was to make them feel extra special on that day. On the day of our inspection visit, for example, the person

requested to watch a film and to have a glass of sherry, which staff said they would support them with.

Staff explained to us how they prompted and encouraged people to do as much as they could for themselves, and supported them only when needed, whether physically or through supporting people to make a decision. A relative we spoke with felt that staff had supported their family member to improve their mobility. They told us, "[Relative] has improved physically and their mobility immensely since being here." People were empowered to go out into the community if they were able and wished to.

Good

Is the service responsive?

Our findings

People received care that was responsive to their own individual needs. Care plans were in place to guide staff on how to meet people's needs, for example, with regards to their eating and drinking, emotional wellbeing, health conditions and supporting people with activities and personal care.

Staff supported people to get up and go to bed according to their preferences. One person told us, "If the time in the morning doesn't suit they always adjust, go away and come back later." Another told us, "You can have a bath or shower, there's no lack of soap and water here!" A further person described to us how staff were respectful and responsive, "Staff are very good, they let me do what I want and put no pressure on me. I choose when I get up and go to bed. If I want something I only have to go to them and ask." The care records were reviewed regularly and updated with changes.

People were supported to participate in various activities both in the home and going out into the community to engage with activities. One person told us, "I do some of the activities, some I find a bit simple. They do have a store where you can help yourself to something, cards, jigsaws. I don't get bored, there is always something to do and I can still form ideas for myself. We went to Cromer Zoo three weeks ago. There are religious services. The activities lady is amazing." Another person told us, "The telly is always on so there is always something to watch. I've sometimes done a bit of gardening, I go outside and walk about." The activities coordinator who we spoke with told us about their role, and said they discussed things people wanted to do with them. They also said they spent time with people who were either cared for in bed or preferred to be in their bedroom. Other activities within the home included snakes and Shetland ponies visiting the home, and various fundraising activities including seasonal fetes, music and movement, board games and puzzles. The home had also organised some boat trips for people later in the Summer, and people attended a weekly dementia café regularly. There was a staff member dedicated to activities every day of the week. We saw that a monthly 'what's on' guide was given to people living in the home.

The home was decorated with a variety of interactive boards (materials, locks, handles, nuts and bolts) and reminiscence items, which were available for people living with dementia. There was also a vintage pram, and we observed one person had taken it out into the garden with some dolls in it, and was checking on them regularly. The registered manager explained to us that 'baby therapy' had been effective for this person, in engaging them in an activity.

There was also an innovative piece of equipment recently sourced by the home which was an interactive table. This was highly effective for engaging people through various sensory means, as it was touch sensitive and had many different settings, for example photographs which would become coloured if rubbed, and fish in the sea where the water rippled if touched. The table also had games where people could bat a ball to each other on it. The activities coordinator we spoke with said they felt this had been highly effective in engaging people, especially those living with more advanced dementia.

People's care records who had recently moved into the home contained information about meeting their preferences towards the end of their lives. This included information about people who were important to

them, and details about preferences around funeral arrangements and what would be important to people should they require end of life care. The registered manager explained that for some people who were living with more advanced dementia, it was difficult to ascertain this information. However, they were contacting people's families to discuss end of life care plans if appropriate. The registered manager gave us an example of how they had recently supported one person at the end of their lives. This had included closely liaising with the family and meeting their preferences.

People we spoke with felt confident to raise concerns if they had any. One person confirmed, "There is no need to make a complaint. If there was something I wasn't happy with I would say. We are treated as human beings." This was closely reflected by others we spoke with. Meetings were held with people and families in order to inform them of any changes and discuss the service provided. A relative said, "I have been to a lot of the meetings, we got answers to the questions we asked." We saw that any concerns raised had been investigated and resolved appropriately, and the home had received a great deal of positive feedback.

Good

Is the service well-led?

Our findings

The registered manager had been in post since July 2016 in the home. The provider's organisation had re-registered in June 2017, so this was the first inspection under the current provider name.

People were complimentary about the registered manager. One person said, "The manager has made a lot of difference to the place in that she has enlivened this place up. She will come in when they are short staffed, that's what you need." A member of staff we spoke with said, "The door is always open so you can always go and talk to [registered manager]." There was a positive culture amongst the staff working in the home, and the staff we spoke with reported that they enjoyed working at the home and found it a supportive and rewarding environment.

We received positive feedback from people and relatives about the way the home was run, for example, "This place is run very well, we have the care here in every way, we have all the amenities. If all homes were run like this there would be a lot of happy older people."

There were clear lines of responsibility and accountability. There were champions in some areas, for example a fire marshal within the staff team, who was responsible for the organisation of fire drills. Staff were supported by team leaders, and the management worked with staff in an effective team. The registered manager was supported by the area manager, who visited the home twice a week. They were also supported by the directors of the company who also visited regularly.

The registered manager was aware of their responsibilities to report certain incidents or information to CQC and other authorities when required. They communicated effectively and shared information with external organisations when needed. When we reviewed the PIR, this reflected what we found during our visit.

People and staff were actively involved in developing the service. There was a key worker for each person, and the registered manager told us that the main part of their role was to engage with people to ensure they were receiving appropriate care. They held regular discussions with people. One person said, "They do have meetings, but managers will often come and chat with you while you are having lunch, and you can always go and see them. I have been to a meeting and they talked about what was coming up." A relative confirmed that they had attended meetings in the home. There were also staff meetings where any areas for improvement were discussed with staff, and staff told us they felt confident to raise any concerns in their meetings.

There were surveys used to assess the service, which had been given to family members and people living in the home. The results were analysed and displayed in graph formats in the communal hallway of the home, along with information about where findings suggested improvement was needed. The registered manager told us how they had addressed any areas where there was room for further improvement.

The home worked with their local community engaging with people in the area through their dementia café in the local memorial hall. They also held a Christmas lunch for the local community as well as people living

in the home at this location. The home had also had recent involvement with the local preschool and had the children to visit the home, and participate in a drawing competition.

There were several systems in place to assess, monitor and improve the service. Quality assurance methods included audits which were carried out in areas such as infection control, care planning, health and safety and medicines. We saw records of audits that had taken place and found that any actions arising from these had also been completed, or were noted for completion. The area manager also completed regular 'inspections' which were checks on the service including speaking with people and staff and making observations of care and interactions. The management team also planned and carried out regular spot checks to ensure staff were working as expected, and this included at night.