

Mr & Mrs R Smart

# Hickling House

## Inspection report

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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

This inspection took place on 4 February 2016 and was unannounced.

Hickling House provides residential care for up to 29 people, some of whom may be living with Dementia. Accommodation is over two floors and, all bar one, every room has en-suite facilities. The home has a lift, conservatory, dining room and a number of communal lounges. At the time of our inspection, 28 people were living in the home.

There was a registered manager in post. 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 people living at Hickling House were supported by staff who were well trained and had the skills and knowledge to perform their roles. Appropriate recruitment checks had taken place to ensure that only those staff that were safe to work in care had been employed. Staff felt supported in their roles and worked well as a team. There were enough staff to meet people's individual needs in a timely and person-centred manner.

The service understood the importance of staff development and staff received regular support and supervision to assist them in developing their skills and performance. Staff had received training in areas specific to the people they were supporting and this assisted in ensuring people received care individual to their needs.

Staff understood how to prevent, protect and report incidents of abuse. They were knowledgeable in the types of abuse that people could experience and were able to give us examples of these. Staff had knowledge of the agencies they could speak to if they had any safeguarding concerns. Risks to people had been identified, assessed and reviewed on a regular basis. People received their medicines on time and in the manner the prescriber intended. The service safely stored, managed and administered medicines.

People had confidence in the staff that supported them and found them kind, caring and patient. People told us they were encouraged to be as independent as possible and make their own choices. Staff demonstrated a respectful, professional and cheerful approach to their work and had time for the people they cared for. People's dignity and privacy was promoted and staff demonstrated a discreet approach to this. Staff were quick to respond to people's needs and could effectively offer reassurance and comfort to those needing it.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. Although the service had not recorded the capacity assessments they had made on the people they supported, the principles of the MCA had been adhered to and staff had knowledge of this. The service had made some appropriate DoLS applications but we identified that two more were

needed. The registered manager told us this would be completed following our inspection. Staff had a strong understanding for the need to gain people's consent before assisting them and people told us this took place.

People received care and support that was personal to them. Care plans were detailed and person-centred and managed in a way that gave staff the information they needed to offer care and support. People's needs had been identified, assessed and reviewed on a regular basis. People's personal histories were available to assist staff in forming meaningful relationships with them.

The service had good working relationships with healthcare professionals that ensured people's health and wellbeing was properly maintained. The service liaised with healthcare professionals promptly and appropriately. Those that we spoke with talked highly of the service and said their recommendations were always followed by staff.

People told us their social and leisure needs were met. The service encouraged people to maintain their interests and provided a range of activities for people both inside, and outside, of the home.

The management team was visible and people told us they had confidence in them. They found the registered manager easy to talk to and responsive in addressing any issues or concerns. The service promoted accountability amongst its staff. It demonstrated it took concerns and complaints seriously and investigated them fully.

People were encouraged to provide feedback on the service and, although regular meetings did not take place, felt they could openly talk to the staff and registered manager about any concerns they may have. People told us they felt listened to. The service had systems in place to monitor the quality of the service and these were used to develop the service further.

## 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.

People were protected from the risk of abuse as the service had effective systems in place to manage safeguarding concerns.

The risks to people living at Hickling House, and others working and visiting the home, had been identified and appropriately managed.

There were enough staff to meet people's needs and assist them in a timely manner. Staff had been safely recruited.

People received their medicines on time and in the manner the prescriber intended. People and their relatives, where appropriate, had been fully involved in any changes to their medicines.

### Is the service effective?

Good ●

The service was effective.

People benefited from well supported, trained staff that had the knowledge and skills to meet people's individual needs.

The service had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Although people's capacity to make decisions hadn't always been properly recorded, staff gained people's consent.

People's dietary needs were met whilst offering choice. People had enough to eat and drink and were supported by staff who had a good knowledge of people's nutritional requirements.

People's health and wellbeing was supported by a variety of healthcare professionals who worked closely with the staff. The service took a proactive approach that saw people's health being well maintained.

### Is the service caring?

Good ●

The service is caring.

People were supported by patient, compassionate and empathetic staff who responded to people's needs with warmth and kindness.

Staff understood the importance of promoting people's dignity, privacy, choice and independence.

Staff respected people's privacy and demonstrated discretion when discussing personal or private issues with the people they supported.

People were fully involved in making decisions around how they spent their day and what care and support they received.

### **Is the service responsive?**

**Good** ●

The service is responsive.

Care plans were in place to assist the staff in providing people with care and support that was individual to each person.

People's social and leisure needs were met in a lively and stimulating environment.

Although people had no reason to complain, they felt listened to and confident that, should they need to, their concerns would be addressed.

### **Is the service well-led?**

**Good** ●

The service is well-led.

People benefited from being supported by staff who were happy in their work and demonstrated good team working ability.

The service was led by a management team that were accessible, visible and approachable.

People received a service that worked well in partnership with others. This ensured people received the care and support they needed.

Systems were in place to monitor the quality of the service and they were used for further improvement and development.

# 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.

This inspection took place on 4 February 2016 and was unannounced. Our visit was carried out by two inspectors 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.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also contacted the local safeguarding team and the local quality assurance team for their views on the service.

During our visit we spoke with six people who used the service and four relatives. Observations were made throughout the day.

We gained feedback on the service from three visiting healthcare professionals. We also spoke with the owner of the home, the registered manager, two senior care assistants, four care assistants and a kitchen assistant.

We viewed the care records for seven people and the medicines records for four people who used the service. We tracked the care and support of two of these people. We also looked at records related to the management of the home. These included staff recruitment files, staff training records, quality auditing systems, health and safety records and minutes of meetings.

# Is the service safe?

## Our findings

The people who used the service told us they felt safe living in Hickling House. Their relatives had no concerns in relation to their safety. One person told us, "I'm safe enough. I don't have anything worrying me". Another person said, "Oh yes, I'm quite safe". One relative told us, "Yes, [relative] is very safe – we're very happy. No, no safety concerns. Everyone has to sign in and sign out and the doors are secure".

People were protected from the risk of abuse. The staff we spoke with told us they had received training in safeguarding people. The training records we viewed confirmed this. Staff could tell us the different types of abuse and gave us examples of the changes in people that may indicate abuse was taking place. They knew how to report any concerns they may have and had knowledge of agencies they could speak to outside of their organisation. We saw records that demonstrated the service had appropriately liaised with the local safeguarding team when concerns had been raised.

Shortly after our inspection, potential safeguarding concerns were raised in relation to two people who used the service. The service took prompt and appropriate action to ensure people were protected from the risk of harm and that the concerns were fully investigated. We concluded that the service had effective systems in place to protect people from the risk of abuse.

The risks to people who used the service, visitors and staff had been identified, assessed and reviewed on a regular basis. The staff we spoke with could tell us about the people they supported and identified their individual areas of risk. For example, one member of staff was able to tell us the nutritional needs of the people they supported. They were able to tell us who were at risk of losing weight and required fortified food as well as those that required a soft diet due to being at risk of choking. Throughout our inspection we observed staff effectively supporting people whose behaviour could challenge others and put them at risk of harm. Staff ensured that the inspection team also had enough information about the people living at Hickling House to keep everyone safe and avoid potential harm. We saw from the care records we viewed that people's individual risks had been identified and assessed. These included where people were at risk of falls, losing weight, having poor skin integrity and the dangers associated with walking around the home freely.

The risks associated with the premises and work practices had also been identified and effectively managed. Equipment had been regularly serviced and maintained and the registered manager was able to tell us what regular checks took place to ensure people remained safe. People had individual risk assessments in place in the event of an evacuation due to fire. There were also plans in place for other emergencies such as the failure of the lift. We concluded that people were kept safe as risks had been identified, effectively assessed and reviewed on a regular basis.

Systems were in place to record, monitor and analyse accidents and incidents to reduce the risk of future occurrences. The staff we spoke with could tell us what they would do if an accident occurred and any incidents that had taken place had been recorded appropriately. From the incident records we viewed we could see what had happened, what action the service had taken and whether there were any contributing

factors.

People received care and support from staff that had been safely recruited. From our discussion with the registered manager and staff we saw that appropriate checks had been carried out on employees. The personnel records we viewed confirmed this.

The people we spoke with who used the service said there were enough staff to meet their needs. They told us that there was always a staff member available to help them when needed. One person said, "Oh yes, if I said I wanted something they'd [staff] do it. There's no them [staff] and us here. They all look after us with ease and it's very comfortable". One relative we spoke with told us, "Yes, they [staff] look after [relative] well. While I'm here, the staff respond quickly".

The registered manager told us they routinely reviewed people's needs every month, or if there was any obvious change in need. They said that this information was used to determine the staffing levels. Both the staff and the registered manager told us annual leave and absences were covered by their own staff. One staff member told us they often did overtime "...because of pride: pride in the job but also not wanting to let people down". During our inspection, we saw that staff were available to assist people and promptly met their needs.

People received their medicines on time and in a way the prescriber intended. One person we spoke with who used the service told us, "Yes, I know what medicines I take. They [staff] give it to me when it's due". People using the service and relatives we spoke with all told us they knew what medicines people took. They also said that they were involved in any changes to their prescribed medicines. People told us medicines reviews took place regularly.

We saw from the four medicine administration records (MAR) and associated documentation we viewed that medicines were managed in a safe manner. We saw that medicines had been administered as the prescriber intended and that there was a clear audit of all medicines. This ensured that the service was able to account for medicines at all times in the event of an error in administration. Staff had clearly recorded additional information on the MAR for medicines that were only administered as required. This information gave an explanation of what medicines had been given, why and when. People had care plans in place to assist staff to support people with their medicines. We saw that medicines were securely stored throughout our inspection and administered safely. One healthcare professional told us the service managed medicines well and that they had no concerns in relation to this.



## Is the service effective?

### Our findings

The people we spoke with who used the service told us they had confidence in the staff that supported them. Their relatives agreed that the staff had the necessary skills to care and support people living in Hickling House. One told us, "They [the service] look after [relative] very well. As I say, they've tried many new things to interest [relative]". Another relative said, "Yes, the staff are good at encouraging [relative]".

The staff we spoke with all said they had received an induction and up to date training in order for them to carry out their role effectively. They told us they were encouraged to participate in training and felt comfortable in requesting additional training should they feel they need it. More than half of the staff had completed a vocational qualification in health and social care. Training records showed that staff were up to date with mandatory training and had received additional training to support people's individual needs. Some staff had received training in diabetes management, assisting a person who had experienced a stroke and supporting people with thickened fluids. This enabled them to better support people with those needs. One staff member told us that they had received training from an optician. They said that it involved wearing special glasses to better understand how a person's condition affected their vision.

Staff told us they had received an induction. This included the opportunity to work alongside a more experienced member of staff for a number of weeks before starting in their roles fully. During our inspection we saw that staff demonstrated the skills associated with the training they had received.

Staff told us they felt supported in their roles. When we spoke with the registered manager they told us staff received regular supervision sessions and that training needs were reviewed at each meeting. The staff we spoke with confirmed this. All the staff we spoke with felt well supported by the management team and found the registered manager to be approachable and welcoming. One staff member told us the owners of the home visited regularly and that they felt comfortable in discussing any concerns they may have with them.

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 particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

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 and hospitals 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.

When we spoke with the registered manager and staff about the MCA, they had a good understanding of its five principles and how this impacted on the people they supported. They understood that some people

needed to be assisted in making decisions and choices and were able to give us examples of how they did this. For example, one staff member told us they used gesturing or props, such as pictures, to assist people in making decisions on their daily living. Staff demonstrated they had a good understanding of the importance of gaining people's consent before assisting them. One person we spoke with who used the service told us, "They [staff] ask me if I want any help". A relative said, "[Relative] is not restricted. The staff always ask, they never force". Another relative described how well the service encouraged people to participate in new activities such as swimming and gardening.

The service had made some applications to the supervisory body in order for them to consider legally depriving some people of their liberty. Although the service had assessed people's mental health and cognition, they had not assessed people's capacity to make the specific decision the application related to. When we discussed this with the registered manager they told us they would ensure capacity assessments were completed as required and recorded.

Everyone we spoke with was complimentary about the food provided at Hickling House. One person we spoke with who used the service said, "The food's great. We get a choice for our main meal at lunchtime but the staff will make you something else if you want it". Another person told us, "We get enough to eat and drink, yes. The staff come round and ask us which choice of meal we want for our lunch. We had homemade coconut ice and fudge with our coffee this morning. It was good". One relative we spoke with told us the chef "...gives meals the personal touch".

The staff we spoke with had a good understanding of people's nutritional needs and requirements. We saw from the care plans that people's dietary requirements had been assessed and reviewed on a regular basis. We saw that the service had requested specialist advice as required. This included liaising with dieticians and speech and language therapists (SALT) to ensure people were safe and maintaining their health and wellbeing. The kitchen staff, and care staff, had people's up to date dietary information available to them. We saw that this was adhered to when food and drink was prepared.

During the inspection we saw breakfast, lunch and tea being served. Mealtimes were a sociable occasion with music quietly playing in the background. Staff mingled and sat with people whilst offering encouragement and assistance as required. People were given choice as to what they wished to eat and drink and plenty of choice was available. We saw that people were free to come and go as they pleased. Staff were quick to offer napkins and clothes protectors to those that wished for them. Those people that needed assistance received this from a staff member on a one to one basis. We saw that staff were patient whilst offering assistance and gave explanations to people as they helped them. Food and fluid was provided that met people's needs.

People had access to a wide range of healthcare professionals. One person who used the service told us, "Yes, the staff sort it out for you. They normally say 'can I ask what you want a GP for' but that's ok. The staff are usually there but if you've got a pain they need to know". All the relatives we spoke with felt the service managed people's health needs well. However, one person felt the service did not always keep them informed of healthcare visits to their relative.

During our visit we saw that healthcare reviews were taking place for people living in the service. These were completed between the registered manager, a pharmacist and a GP, although one relative we spoke with told us they had also been involved. We also saw that a district nurse attended to offer treatment. All the healthcare professionals we spoke with during our inspection were complimentary about the care and support provided to people. One person told us, "They [staff] support me to support my patients". Another said, "They're [staff] on the ball and intuitive with the care they provide". The healthcare professionals

described the service as being proactive in managing people's health and wellbeing. They told us the service was particularly good at supporting people living with dementia. They explained that staff were always available, well organised and caring.

## Is the service caring?

### Our findings

The people we spoke with who used the service described staff as kind, caring, compassionate, patient and respectful. One person said, "I'm quite independent and don't make great demands on the staff but some people here have more needs than me but the staff look after everyone with such care. They listen, give people time and show respect". Another person told us, "They're [staff] patient and kind. I don't think you can improve on that". A relative told us, "Oh yes, the staff are kind and compassionate. They show such respect when I'm here to take [relative] out, they quietly speak to [relative] to pop to the loo before we leave. They would never embarrass [relative]".

Throughout our inspection we saw staff communicated with people, each other and visitors with warmth, respect and discretion. Staff showed they had time for the people they supported and we saw them interact with humour and cheerfulness. We saw one staff member providing a person with their lunch. The staff member met the person's eyes and smiled broadly whilst explaining what the meal was. They encouraged the person to eat and gave them an affectionate hug before they left to assist someone else. The person responded with a smile and went on to eat their meal happily. One person who used the service told us, "They [staff] are not distant here. They will always give you time – it makes it feel like home". A relative said, "[Relative] loves attention and the staff respond to this. They give [relative] lots of hugs, [relative] falls into their arms".

During our inspection we saw that staff consistently responded to people's needs in a timely manner. For example, we observed a person who appeared to be in distress. We saw that a staff member was quick to offer comfort which included telephoning the person's family member if they felt it would make them feel better. On another occasion we saw staff effectively diffuse potential conflict between two people. This was done by offering reassurance and gently moving one person away from the situation that was distressing them.

All the people we spoke with who used the service told us staff demonstrated respect and maintained privacy at all times. One person said, "Oh yes, staff are very respectful. They're really lovely here. They asked me what I wanted to be called when I came in here and they've always called me that. If there's something, they talk quietly and privately; no one discusses anything personal out here (pointed to the surrounding communal area)". Another person told us, "They [staff] usually knock. They always treat me with respect. They're very good, yes, very good".

People were encouraged to remain as independent as possible and their dignity was maintained. One person's relative told us, "Oh yes, they [staff] quietly get on with the job. They try to encourage [relative] to be as independent as possible". Another relative told us that, following ill-health resulting in immobility, the staff had encouraged their family member so much that they were now able to walk around the home. The relative described how the staff now encouraged their family member to climb the stairs rather than use the lift to maintain their mobility. A staff member we spoke with said, "I let people do as much as they can for themselves. If they can manage, I'll let them do it". Staff told us they encouraged people to help with daily tasks around the home such as laying the tables in the dining room. During our visit we saw that a staff

member and a person who used the service were cleaning the lounge floor together.

Staff told us how they made sure they promoted people's dignity and encouraged choice. This included making sure people were covered up and that curtains and doors were closed when assisting people with personal care. One staff member said, "It's amazing what you find out when you're helping someone to have a bath and you're just chatting away. [Person's name] used to be a [occupation], they've got a whole life to tell you about". We saw from the minutes of a meeting held with staff that they had discussed the need to ensure a person always had their tea in a cup and saucer, rather than a mug, in the evening. The minutes explained that this was as much to do with dignity as choice.

People told us they had choice over how they spent their time. One person we spoke with who used the service said, "Oh yes, things are how I want them to be". Another person told us, "They [staff] are very good and do as much as I want. I'm about to play a game" (we observed a board game ready to be played on a table close by). A third person said, "The staff respect my choice to sit in here rather than over there. I like to sew and will go upstairs to my room to do my embroidery in peace and quiet. They leave me to do that".

People told us they had been involved in agreeing what help they needed from the staff when they came into the home. They told us this was ongoing. One person said, "I was asked what I wanted and the staff meet my needs, no problem". Another told us, "I'm quite independent. You just tell them [staff] what you want and you get it". The care plans we viewed showed that people and, where appropriate, their relatives, had been involved in making decisions around the care and support required.

Hickling House had no set visiting times and friends and relatives could visit when they wanted. They told us they were always made to feel welcome. One relative told us, "They [staff] are kind and show respect for me and my [relative]. I'm always made to feel welcome when I visit". During our inspection we saw that staff offered visitors refreshments and welcomed them with a smile.

## Is the service responsive?

### Our findings

The people living at Hickling House were supported by staff who knew them well and understood their likes and dislikes. One person said, "I know them and they know me". Another person explained, "What's nice is that the chef knows each of us and our ideal portion size. The chef watches what goes back to the kitchen and gets to know what people like and how much they eat".

The staff we spoke with demonstrated they knew the people they supported well. One told us, "You know them [people] so well that you know if something isn't right for them". The service had a key worker system in place which assisted staff in getting to know people's preferences. The key worker's responsibilities included overseeing the person's care plan and ensuring special events, such as birthdays, were celebrated if appropriate. During our inspection we sat in on a handover between staff going off shift and those coming on. We could see from the communication between staff that they knew the people they supported well. For example, one staff member described how one person was a little sleepy and that that was unusual for them. Staff took note of this and described how they would monitor the person for any additional signs that may indicate they were unwell.

We viewed the care records of seven people to see if people's needs had been consistently identified, assessed and reviewed in an individualised way. Care plans were accessible and well organised to ensure staff could easily find information to care for the people they supported. People's needs had been reviewed on a regular basis and both the people who lived at Hickling House and their relatives told us they had been involved in this. People's needs had been thoroughly assessed prior to admission to ensure the home could meet that person's needs. We saw that care plans were personal to the individual and contained information to assist the staff in meeting their needs. For example, we saw that one care plan gave information on how a diagnosis of dementia affected that person. It explained what insight the person had into their diagnosis, how this made them feel and what staff could do to help them in relation to this.

We also saw that care plans were in place to support people with healthcare needs such as allergies and visual impairments. Following a recent hospital appointment, we saw that one person's care plan had been updated with the details of this. It gave staff information on what procedure had taken place, how this might affect the person and what follow up treatment was required.

Staff could have meaningful conversations with the people they supported as detailed life histories and biographies were in place. These contained information such as the person's family history, their friends and what hobbies and interests they had. One relative told us the service had tried hard to support their family member in their hobbies.

During our inspection the service was supporting one resident living in Hickling House with their pet. We saw staff happily helping with tasks around this and supporting the person themselves with their pet. The person told us how important it was to them to be able to have their pet with them. When we discussed this with the registered manager they told us the home was pet-friendly as they recognised how therapeutic and important this was to people.

The service employed an activities coordinator whose role was to ensure people's social and leisure needs were met. People told us they were happy with the activities the home provided. One person told us they went out on a regular basis whilst others regularly attended a dementia café in the local church where other members of the community attended. People told us about trips to the pantomime and strawberry picking in the summer. One relative told us, "The staff try and do things with [relative]. They do brass cleaning which is great for jogging memories as many I'm sure had brass objects in their family homes. They [people] have help from staff with flower arranging and cooking, and [relative] has helped to put out the washing in the past".

During our inspection we saw that the home was lively and vibrant with activity. This included staff chatting and laughing with people, a board game taking place, music playing and staff assisting a person to tidy the lounge up. The home was brightly decorated to assist people with orientation and contained objects to assist with reminiscence. One person who used the service told us that when staff walked by her window on the way to the shops they knocked on the window and asked if she wanted anything. The person said they found this "...very caring and kind".

Although all the people we spoke with told us they had no need to complain, they all knew how to do this if needed. One person who used the service said, "I would talk to the staff or [registered manager's name]. I have no complaints, I get on with them [staff] and they get on with me. If I had to complain, I expect I would be able to". Another person told us, "No need – no problems". Although it wasn't a complaint about the service, one relative told us the registered manager had assisted them in dealing with issues they were having with another agency. They told us the registered manager had been "...very good". Although people told us they had not had reason to complain, they told us they felt listened to. One person who used the service said, "its ok here and I feel they [staff] listen to you". Another person told us, "The staff listen to you. They're [staff] very good".

Shortly after our inspection visit, concerns were raised that a complaint had been made to the service and that this had not been addressed. When we discussed this with the provider, they were able to demonstrate that the complaint had been received and responded to appropriately.

When we spoke with people who used the service, and their relatives, they told us there weren't many meetings held for them to voice their opinions. However, they all said they spoke and met with the registered manager on a regular basis and that they were happy with this. One relative we spoke with said, "I have lots of individual meetings with the manager". Another told us, "No, not really. I do see the manager and talk to the staff though". We saw that the service had sent questionnaires out on a regular basis to staff, the people who used the service and their relatives in order to gain feedback on the service. We also noted that the questionnaires sent out to the people who used the service were more accessible in language and print in order to assist those with visual or cognitive impairment.

## Is the service well-led?

### Our findings

The people we spoke with were complimentary about the management team and the service they received at Hickling House. Everyone we spoke with said they would recommend the home. One person who used the service told us, "It's so comfortable here. They [staff] do their absolute best and if it ain't broke, don't try to fix it!". Another person said, "I feel so at home. This is a real home from home". One relative told us, "I would recommend this place without hesitation". A second relative said, "On the whole they [the service] instil confidence".

There was a registered manager in post who had been at the service for a number of years. We know from the information held about Hickling House that the service had reported events in the past as required. When we spoke with the registered manager about this, they had an understanding of what events they were required to report and to whom. The registered manager told us they felt well supported in their role.

People told us they felt supported by the registered manager and found them to be approachable. One person who used the service said, "I see [manager] around all the time, every day. [Manager] is easy to talk to". A relative told us, "The manager is really good. Always round and always there when you need them". All the staff we spoke with found the management team helpful and amenable. One staff member told us they had been made to feel welcome by all the staff when they first started in their role. During our inspection we saw that the registered manager was visible and available even though many demands were being made upon them. We found the home to be organised, friendly, professional and calm.

Staff told us they felt comfortable in discussing any concerns they may have with the registered manager. One told us, "If I was unhappy with something someone did on my shift, I'd tell the person in private first". The person went on to say they would then bring it to the registered manager's attention and that they would feel comfortable doing this.

Shortly after our inspection visit, concerns were raised regarding the nature of the working relationships between a small number of staff within the service and how this had been managed by the registered manager. When we brought this to the attention of the provider, they responded promptly and appropriately. The provider agreed to investigate the concerns that had been raised.

The staff we spoke with said they worked well as a team. One staff member told us, "The staff know the routine – I don't even have to ask them. We all work really well with the cleaners and the activities leader". Another staff member told us they felt listened to by the registered manager and that staff were always willing to help each other. One relative told us, "Everyone seems happy". During our inspection we saw that staff communicated discreetly with each other regarding their work and that the service ran smoothly.

During our inspection a number of reviews were taking place and a variety of healthcare professionals visited. Throughout this we saw that staff remained professional and attentive to people's needs. The service encouraged accountability by assigning responsibilities to staff that they had to sign to say they had completed them. Key workers were also responsible for ensuring care plans were up to date and that the



people they were assigned to had everything they needed. One visiting healthcare professional told us staff were always available when they arrived and that they were prepared for the visit by having records ready.

The home worked in ways that developed the service. The people we spoke with all felt the home was continually striving to improve and that it was well-run. One relative we spoke with told us, "The staff have tried loads of things with [relative]. They are always coming up with new suggestions". The provider had systems in place to monitor the quality of the service. Audits were completed on a regular basis and covered areas such as infection prevention and control, care plans, the kitchen and cleaning. The registered manager also completed a monthly audit that covered the home's environment. As a result of this, the provider informed us that some carpets were due to be replaced with new ones in the coming weeks. The registered manager also told us they completed unannounced checks during the night to assist them in monitoring the performance of staff. We saw from the records we viewed that the last night audit had taken place in December 2015 and that an issue had been identified and addressed.

Regular meetings took place for the staff team to discuss their work and the service they provided. We saw from the records we viewed that these occurred regularly and that issues were discussed amongst the staff. Meetings had taken place for those with the same job role as well as full staff meetings. The minutes showed that topics of concern were discussed and actions agreed.

The service worked well in partnership with other health professionals. During our inspection we spoke with three visiting healthcare professionals who all spoke highly of the service provided at Hickling House. They all felt the service worked pro-actively to keep people well and that staff followed guidance and recommendations made by them. One of the healthcare professionals said, "They [the service] are well-organised. They have staff in the right place at the right time. They are accommodating and always have a staff member available".