

# Partnerships in Care Limited

## Hill 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 comprehensive inspection was carried out on 27 November 2018 and was unannounced. Hill 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.

Hill House is registered to provide accommodation and personal care for up to eight people who have a learning disability. There were six people living at the service when we visited on 27 November 2018. The service is situated in a rural area in the village of Pulham St Mary near Diss in Norfolk. People who lived in the service had differing levels of communication including people who used non-verbal communication.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There continued to be sufficient staff to meet people's needs. Risks continued to be appropriately assessed and mitigated to ensure the people safety was considered. Medicines were managed safely and records evidenced that people had received their medicines as prescribed.

Staff worked well with external health care professionals and people were supported to access health services when required.

Staff received ongoing support from the management team through a programme of regular supervisions and appraisals and they had received training to ensure they had the knowledge and skills to care for people effectively. Staff treated people with dignity and respect and were caring towards them.

The service continued to be well led. Staff enjoyed their job roles and were clear on the expectations of them to support people in a person centred way. Quality assurance processes are used to continuously improve the standard of care and support people received.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Hill 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 comprehensive inspection took place on 27 November 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. The expert by experience was a person who has personal experience of caring for people with learning disabilities.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

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 made contact with the local authority quality assurance team to aid with our planning of this inspection.

We looked at the care records of two people in detail to check they were receiving their care as planned. We also looked at other records including training records, meeting minutes, medicines records and quality assurance records.

Many of the people who used the service had complex communication support needs. We spoke with staff and looked at care plans to help us communicate with people who used the service. We observed how people were cared for and how staff interacted with people to help us understand their experience of the support they received.

We spoke with five members of staff, including the domestic support worker. We also spoke to the registered manager. We tried to make contact with some relatives of people living at the service to seek their feedback

but we were unable to. We provided our contact details to the registered manager in order that he share them with relatives so they had the opportunity to contact us if they had wished to.

# Is the service safe?

## Our findings

At our last inspection in April 2016, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating.

People continued to be supported by a staff team who understood how to recognise abuse and what to do if they suspected abuse had happened. Records showed staff had completed training in safeguarding. Policies and procedures were in place to guide staff. Staff were aware of the internal provider reporting system for safeguarding as well as how to contact the local authority safeguarding team, information on how to do so was also displayed on the staff noticeboard should they have needed it.

Appropriate systems continued to be in place for the management of risks. Risk assessments were individualised and specific to each person and had been reviewed regularly. The culture of the service supported people to remain as independent as possible whilst minimising risk and enabling people to go about their daily lives as safely as possible. An example of this was when we saw people being supported to prepare their own meals using kitchen equipment with support.

People were supported by sufficient numbers of staff. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services. There was a stable staff team and any shortfalls in staffing were usually covered by existing staff or the providers 'bank' scheme of temporary staff. Staff continued to be recruited safely. Employment checks completed by the provider ensured staff were suitable to deliver care and support before they started work.

Records were in place to show when people needed to take any prescribed medicines and we saw the registered manager had regular audits and checks in place to make sure medicines were managed safely. Prior to undertaking the administration of medicines staff undertook training and had their competency assessed. Staff completed medicine administration records (MARs) to record when people's medicines had been administered.

There were effective systems in place to reduce the risk and spread of infection. The service was visibly clean and had no odours. We observed the use of personal protective equipment such as gloves during our visit. The service had an effective infection control policy. Staff were trained on infection control and food hygiene.

The registered manager reviewed any accidents or other incidents on a regular basis with the staff team. This was to enable identification of any themes and help to improve future practice.

# Is the service effective?

## Our findings

At our last inspection in April 2016, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating.

People had detailed assessments that were used to build their support plans. The support plans contained information about their needs and choices. Care plans included communication profiles, personal history, important routines and health action plans. The registered manager told us how a person had recently visited to look around the home with a view to moving in. They described how visits were arranged to support the person to spend as much time at the service to enable them and their relative to decide for themselves if they wanted to move there.

Staff continued to receive the training and updates they required to successfully carry out their job roles. Training records confirmed that staff had received some training to support them in their roles since we last inspected. The staff training records showed that all staff had either attended training considered mandatory by the provider or had plans to do so. We saw training certificates in staff files which confirmed this. The staff confirmed that the training offered was useful in helping them to do their jobs effectively. Staff received formal supervision from the registered manager and were given regular feedback on their performance to aid their own learning and development needs.

People continued to be supported to have enough to eat and drink and were given choices of what they would like. Staff were aware of people's individual dietary needs, their likes and dislikes and supported people to eat and drink in accordance with their assessed needs. People were supported by staff to make decisions and choices regarding their meals using visual prompts as well as speech.

Staff continued to support people to maintain their health and well-being with the aid of a range of the community healthcare services. The team worked closely with local GPs, speech and language therapists and the local authority learning disability team for example. Each person had a completed hospital passport in place that included clear guidance about their communication and health needs to help medical staff understand them in the event of an admission to hospital.

People lived in a house that was accessible, homely, clean and in good decorative order. People's bedrooms were personalised and staff told us they were reflective of the persons choices and preferences. The garden area to the rear of the property was large and maintained to a basic standard. The registered manager told us of plans to develop the garden space to make it more aesthetically appealing and was consulting with people about how they wanted it to look.

The service continued working in accordance with the Mental Capacity Act 2005 (MCA) and associated principles. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. Where necessary, the registered manager had applied to the local authority for DoLS to keep people safe. Appropriate applications had been made and all required documentation was in place.



# Is the service caring?

## Our findings

At our last inspection in April 2016, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating.

Staff continued to have a good understanding of treating people with respect and dignity. Many of the staff had worked at the service for a number of years; it was clear when speaking with staff and observing their actions that they had good positive professional relationships with the people at the service. Staff knew people's likes, dislikes, wishes and preferences. One member of staff told us, "This is [people's] home, it's got to be nice and we want it to look and feel nice. That's very important when you've been in a long stay hospital for most of your life isn't it?"

Staff were observed to be kind and caring throughout our inspection visit. People were relaxed and comfortable with the staff team and a positive friendly rapport had been established. All interactions we observed were respectful and staff treated people with dignity and genuine fondness.

People mostly had free movement around their house and could choose where to sit and spend their time. We were told that some doors needed to be locked at certain times to help protect people from the risk of harm, however mostly they were kept unlocked. During our visit we saw people moving between rooms and involved in preparing their own meals in the kitchen.

People were encouraged and supported to personalise and decorate their bedroom to their own taste. A person who was considering moving to the service was being supported to select the décor of their choice so their bedroom could be decorated to their preferences should they have decided to proceed with moving in.

People's support plans continued to detail how people communicated. Staff had a very good understanding of how each person communicated and how they should be approached. Staff offered choices in ways that was individual to the person they were communicating with. There was friendly chat between people and staff and we observed staff involved people in the conversations being held rather than talking over them or for them.

## Is the service responsive?

### Our findings

At our last inspection in April 2016, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating. People continued to receive a service that was responsive to their needs.

People's care and support needs and preferences were clearly documented with individualised support plans which enabled staff to provide a responsive service. One member of staff explained how one person liked to go to bed really late and listen to music until the early hours. They said, "But it's [person's] home so they can go to bed when they want can't they. It's not for us to decide." Preferences and choices were clearly recorded, and staff were seen to follow these during our visit. As part of the admission process, people and their relatives were involved to ensure that the person was as involved as much as possible and was able to share their individual preferences, interests and aspirations. The registered manager told us about how one person was being supported to plan their admission to the home and was spending time socially at the service getting to know everyone.

People continued to be engaged in activities in the community and on the day of our visit were busy and in and out of the service. There were opportunities for people to take part in social events and activities of their choosing such as trips out, shopping, going out to the pub and cinema for example.

There continued to be arrangements in place to ensure people's concerns and any complaints they may have would be listened and responded to in order to keep improving the quality of care provided at the service. The registered manager was clear that due to people's variable communication skills not everyone would be able to raise a complaint or concern. As a result, they were trying to find a better way to ensure people had a complaints policy that was accessible to them. Clearly displayed in a communal area within the service there was a visual picture story of how to make a complaint alongside a written version. The registered manager told us that some people were supported by independent advocates who met with them regularly and who could raise a concern on their behalf if needed. The registered manager also told us that they had discussed with staff at their team meeting what constituted a complaint and looked at possible scenarios.

The service was not currently supporting anyone with end of life care. Staff were clear that should the need arise, people's wishes would be discussed with them, their family and any health and social care professionals to ensure full support would be provided. The registered manager told us people had funeral plans in place and had been involved in this process.

## Is the service well-led?

### Our findings

At our last inspection in April 2016, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating. The service continued to be well led. The registered manager had worked at the service since 2015 and had been employed by the provider for 20 years. In recent times, the registered manager was also managing a second service for the provider which was situated a short drive away. 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. Staff continued to speak positively about the management of the service and the team work between themselves. The registered manager was supported by senior staff who formed part of the management team and covered the service when the registered manager was at the other service he managed.

A healthcare professional told us that they felt there was a lack of management presence at the service. Staff however told us the registered manager was easily contactable at any time and was highly responsive. We asked the registered manager about how he managed his time across the services he managed and how much presence he had at Hill House and he told us he spent half of his working hours at the service and was easily contactable and able to attend at short notice at other times. A member of staff told us, "[Registered manager] tries to do half his time at each service. He is always contactable, I know if we had problem he'd be straight here." The registered manager told us he could attend the service quickly if needed due to the distance between the two. During our visit the registered manager was working at the other home he manages however on our arrival at Hill House he came straight over to meet us.

Observations of how staff interacted with people who lived at the service, and with the management of the service showed there was a positive culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Regular staff meetings took place providing an opportunity to discuss the support people received and the matters relating to the running of the service.

The registered provider had a comprehensive range of policies and procedures that were regularly reviewed and updated. They gave staff clear guidance in all areas of their work role and employment. The quality and safety of the service was regularly checked. Audits and checks were carried out on a regular basis on all aspects of the service such as care plans, health and safety of the environment and equipment, medicines management and staff performance. The registered manager performed a frequent 'quality walk round' audit of the site and told us he adjusted the frequency of these as needed and if issues were picked up. We saw examples of completed audits that showed actions were highlighted and addressed when needed.

The staff team worked in partnership with other professionals to ensure people received personalised outcomes. We saw these relationships were reflected in people's support plans of which many contained healthcare guidance staff needed to work with people to ensure they were receiving the care they needed. Services providing regulated activities have a statutory duty to report certain incidents and accidents to the

Care Quality Commission (CQC). We checked the records at the service and we found that all incidents had continued to be recorded, investigated and reported correctly.