

Park Avenue Ltd

Hill House

Inspection report

17 Park Avenue
Hockley
Birmingham
West Midlands
B18 5ND

Tel: 01215233712

Date of inspection visit:
18 March 2019

Date of publication:
02 April 2019

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

About the service: Hill House is a residential care home that provides accommodation and personal care for up to 13 people who have a learning disability or autism. At the time of our inspection, there were 12 people living at Hill House.

People's experience of using this service:

- People told us that they were happy living at Hill House.
- Staff were kind and caring and encouraged people to be as independent as possible.
- People were protected from the risk of harm and abuse by a team of trained staff who knew people's needs well.
- Risks were planned for and managed well. The service encouraged positive risk taking.
- People received their medication on time and in a safe way.
- People had access to healthcare.
- Assessments and care plans were personalised and detailed. Staff used People's care records to guide them to care for people in a person-centred way.
- Staff had a good working knowledge of the Mental Capacity Act and its principles.
- The service worked well with other agencies and organisations to ensure people received the right level of care and support.
- People and relatives knew how to make a complaint.
- The registered manager had made significant improvements throughout the home to provide effective outcomes for people.

Rating at last inspection: At the last inspection, the service was rated as Requires Improvement. (Last inspection report published 31 October 2017) At this inspection we found that improvements had been made and the service now meets the characteristics of Good in all areas.

Why we inspected: This was a planned inspection based on the date and the rating of the last inspection.

Follow up: We will continue to monitor the service through information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

Hill House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by one inspector and one assistant inspector.

Service and service type:

Hill House is a 'care home'. People in care homes receive accommodation and 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 comprises of three floors in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection took place on 18 March 2019 and was unannounced.

What we did:

Before the inspection, we looked at information we held about the service. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the

service such as what it does well and any improvements they plan to make. We looked at notifications. Notifications tell us about important events that have occurred at the service, which the provider is required to send to us by law such as deaths, safeguarding concerns and serious injuries. We asked the Local authority for feedback about the service and this helped us to formulate our inspection plan.

During the inspection we spoke with three people, three relatives, two members of staff, the cook and the registered manager. We observed the care and support that people received in the communal areas to assess how they were supported by staff.

We looked at four care records and saw records that related to the safety and management of the service such as records of accidents and incidents, complaints and audits. We also looked at the way medicines were managed and stored.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection we found that people's risks were not always managed effectively. Further Improvements were required to ensure people received their medicines in a safe way. At this Inspection we found that improvements had been made.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place. The risk assessments identified people's risks and highlighted and alerted staff to likelihood of the risk occurring.
- The assessments guided staff to enable them to keep people safe and reduce the risk of avoidable harm.
- Staff knew people well and could tell us about the action they took to support people.
- Some people had Positive Behaviour Support (PBS) plans in place. PBS is an approach that is used to support behaviour change in a child or an adult with a learning disability. By adopting this approach, challenging behaviours had reduced within the service and the risk of harm to individuals had been minimised.
- There were protocols in place for specific health conditions. For example, where people had diabetes, there was guidance in place to assist staff to support people and identify risks associated with the condition.
- Risk assessments and PBS plans were reviewed on a monthly basis to ensure that the information was relevant and up-to-date.

Using medicines safely

- Medicines were stored, recorded and administered safely.
- Protocols were in place for people who needed 'as required' medication, for topical creams and ointments and for homely remedies.
- There were clear records of storage temperatures and medicines were dated once opened. This reduced the risk of medicines becoming ineffective from incorrect storage or being used past their expiry date.
- Medication audits were undertaken on a weekly and monthly basis. This ensured that any medication errors that were identified were assessed in a timely way.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living at Hill House. One person said, "I do feel safe, yes."
- A relative said, "I know that [relative's name] feels safe, they would tell me if they didn't."
- People were encouraged to report any safeguarding concerns to management or other organisations. We saw easy read information on display that informed people about safety and getting support if they needed it.
- Staff told us that they had received safeguarding training and knew how to identify and report

safeguarding concerns.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Where people required 1:1 support, this was provided by suitably skilled staff.
- Staff we spoke with told us that there were always sufficient numbers of staff on duty.
- A relative said, "There are always staff here whenever I come to visit." This supported our observations and what staff had told us.

Preventing and controlling infection

- Staff were observed wearing Personal Protective Equipment (PPE). This helped to reduce the risk of the spread of infection and cross contamination.
- PPE was located around the home for staff and people to access as required.
- There was an infection control policy in place.

Learning lessons when things go wrong

- The registered manager had systems in place to record accidents and incidents. Themes, patterns and trends were analysed and action plans produced to prevent the likelihood of any reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we found that staff did not consistently apply the principles of the Mental Capacity Act and further improvement was required to ensure people had their nutritional needs met. At this inspection we found that improvements had been made.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had received MCA training. Staff told us how they applied the principle of consent, for example one staff member said, "If someone has capacity to make a decision and it is an unwise one, then they still have the right to make that decision."
- People had their own decision-making profiles. This included information such as how information is best received to help people make decisions and in which format; ways to help people understand such as different communication methods and when the best times are for individuals to have decision making discussions. This demonstrated that people and staff were adopting the principles of the MCA within their everyday practices.
- Where people were being deprived of their liberty, applications had been made to the Local Authority to ensure that this was being done lawfully.

Supporting people to eat and drink enough to maintain a balanced diet

- People had their dietary requirements met.
- People were given choice at mealtimes and people told us that the food was of a good quality.
- Where people had specific nutritional needs, guidance had been sought from relevant health professionals and kitchen and care staff knew how to meet these needs in line with people's care plans.
- People who had cultural dietary needs received food that was stored, prepared and served in line with their requirements and preferences.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Relatives we spoke with told us that people received pre-assessments before moving to Hill House.

Records we saw confirmed this

- Assessments and care plans were reviewed regularly and up-dated with new information as necessary.
- Staff we spoke with told us that they read people's care plans to keep up-to-date with changes in people's needs and to get to know people so staff could provide personalised care.
- Staff received a detailed handover between each shift so staff could share information and continue to effectively care and support for people.

Staff support: induction, training, skills and experience

- Records showed that staff had received relevant and appropriate training. We saw staff using these skills throughout the inspection.
- One relative said, "I am confident in the staff abilities to meet [relative's name] needs."
- Staff received monthly supervisions to enable them to discuss their practice and development needs.

Staff working with other agencies to provide consistent, effective, timely care

- Care plans we viewed contained details of relevant professionals that were involved in people's care.
- When people required support from a professional or organisation, referrals were made in a timely way and the registered manager consulted other professionals to seek guidance and advice.
- Staff told us that they worked well together to meet the needs of the people living at Hill House. One staff member said, "The work ethic and staff morale has come on so much of late. Staff are taking pride in their work and the atmosphere here has a really nice vibe; everyone is working together and really pulling their weight."

Adapting service, design, decoration to meet people's needs

- The design and décor of the premises met the needs of people.
- People had access to communal areas and dining spaces. One lounge area was described as being 'a quieter room' and this was used for people who wanted to be alone or have time out from the main communal area.
- People were encouraged to personalise their own rooms and where people could not have specific items in their rooms due to risk, the registered manager had consulted people and their relatives to seek alternative options.
- One relative said, "Since the new manager has been in place, the house now feels like a home. It is just warmer and homelier."
- During our inspection, we observed people using the sensory room for therapy and relaxation purposes.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare as required.
- On the day of our inspection, we observed people accessing the GP surgery for routine appointments.
- Records we viewed evidenced that people had attended healthcare appointments such as the dentist and the optician.
- People had hospital passports in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us that they were well cared for at Hill House.
- One person said, "I like it here, it is nice not to be on my own." Another person said, "I am happy living here; all my favourite staff work here."
- A relative said, "The staff just get it right; everyone is made to feel so included and I am always made to feel so welcome."
- We observed caring and compassionate interactions between people and staff. People were engaged in conversation with staff and people conveyed signs of happiness through smiling and in their body language.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care. Records evidenced that that people had been participating in reviews about their care and people had been encouraged to complete documentation that formed parts of their care plans.
- The service held resident's meetings to give people the opportunity to voice their wishes and feelings about their care and the way the service was run. We saw minutes and actions from these meetings.
- The service took into consideration people's protected characteristics under the Equality Act 2010 such as race, religion and sexual preference and this was documented within assessment and care planning documentation.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people to maintain privacy and uphold dignity. One staff member said, "I always ask people if it is ok for me to support them. I encourage people to put on a dressing gown or to cover up in some way when we are going in and out of the bathroom. I give choices about clothes; I ask people what they would like to wear."
- We observed people spending their time as they wished. For example, one person liked to spend their time in their room and staff told us how they respected the wishes of the person to do so.
- Staff encouraged people to maintain their independence. For example, we observed one person being supported to use the bathroom facilities independently whilst a staff member gave reassurance and offered help as required from outside the door.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who knew them well. Staff we spoke with told us specific things about different people they supported such as their hobbies and interests, likes and dislikes.
- A relative said, "They [staff] just know how [person's name] needs to be supported, they know everything about them and treat them so well."
- Care records were person-centred and contained detailed information about people and what was important to them. Care was delivered in line with these care records.
- People had an interest checklist within their care records that identified the activities that people had undertaken. These were evaluated with symbols of happy, sad and indifferent faces to indicate what was deemed to be meaningful for that person.
- There was an activities coordinator who took responsibility for organising and undertaking activities with people. There was a range of more generic activities on offer for people as well as individualised programmes for people.
- A relative said, "[person's name] loves the activities coordinator. They always talk about them and what they have been doing. The activities coordinator does go that extra mile for people."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. The policy was available in an easy read format and placed in the entrance hall for people to easily access and understand.
- Relatives we spoke with told us that they were aware that was a policy in place and that they felt confident in reporting any complaints knowing they would be dealt with efficiently.
- Where complaints about the service had been made, we saw that the registered manager had responded in line with the policy and had developed an action plan to address the shortfalls.

End of life care and support

- At the time of our inspection, there was no one in receipt of end of life care.
- Where appropriate, people had been asked about their end of life wishes and needs and these were recorded in people's care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager spoke passionately about the service and acknowledged that it had taken dedication and commitment from everyone to bring about the improvements that were required. The registered manager said, "We have brought about a good standard of care and we have worked hard to embed this into daily routine and practice."
- People, staff and relatives spoke highly of the registered manager.
- One person said, "[registered manager's name] has made this into a really nice home, they have improved it a lot." A relative told us, "The place is just better now since the registered manager came, they are great." A staff member said, "The management do a lot of work behind the scenes that we just don't see, we know they work so hard."
- The registered manager understood their responsibilities under Duty of Candour, that is to be open and transparent with people when things go wrong. The registered manager said, "We are open, honest and transparent. We recognise our responsibilities within each of our roles and respond; we learn from our mistakes."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager adhered to their registration requirements. The previous inspection ratings were on display both on the company website and within the service. Statutory notifications had been submitted to us.
- The quality and safety of the service was monitored and reviewed monthly through the undertaking of audits. The records we viewed included medication audits, health and safety, infection control and accidents and incidents. Action plans were put in place to address any identified shortfalls. The service used an outside organisation to help support them with assessing the quality of the service. We viewed the organisations reports and saw that they assessed the service under CQC's five key questions and all domains had been rated as good.
- There was a deputy manager in post. The registered manager told us that they used a scheme of delegation to support with the day-to-day running of the service, saying, "We share the workload and we help each other grow."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Resident meetings were held and used as a platform for people to discuss their views about the running of

the service.

- Questionnaires and surveys were sent out to relatives as a mechanism of gaining feedback although the registered manager said that they do not always receive a particularly high return. This was followed up with telephone calls as a way of collating as much information as possible. We saw 'you said, we did' documents that informed us of any improvements that had been made as a result of feedback and suggestion.
- Staff told us that they had monthly team meetings and we saw minutes to evidence this. The registered manager said, "We have worked really hard on improving staff relationships and improving and setting standards." Staff confirmed what the registered manager had told us as already outlined in this report.

Continuous learning and improving care

- The registered manager used best practice initiatives to keep abreast of the changes and developments within the adult social care sector. The registered manager told us, "I use theory and research and I attend meetings with other registered managers. I meet new people and we draw on each other's skills and experiences and bring it back here for sharing and to put into practice."

Working in partnership with others

- The service worked well with other agencies and organisations to enhance and improve care for people.
- The service had developed and maintained good community links to achieve positive outcomes for people.