

# Partnerships in Care Limited

## Hill House

### Inspection report

Station Road  
Pulham St. Mary  
Diss  
Norfolk  
IP21 4QT

Tel: 01379608209

Website: [www.partnershipsincare.co.uk](http://www.partnershipsincare.co.uk)

Date of inspection visit:  
06 April 2016

Date of publication:  
17 May 2016

### 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

We inspected this service on 6 April 2016. The inspection was unannounced.

Hill House is a care home which provides accommodation, care and support for up to eight adults with a learning disability. Six people were living at the service on the day of our inspection.

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.

Systems were in place to manage risks to people using the service. This included safeguarding matters, behaviours that were challenging to others and medication. This protected people from harm.

Risk assessments were detailed and gave staff clear direction as to what action to take to minimise risk. This was done in a consistent and positive way and which protected people's dignity and rights. This showed that the provider had a positive attitude towards managing risk and keeping people safe.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults who use the service by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who consider whether the restriction is appropriate and needed. The registered manager had made appropriate DoLS applications to the local authority to ensure that restrictions on people's ability to leave the service were lawful.

There was sufficient staff on duty to keep people safe. A thorough recruitment and selection process was in place, which ensured staff recruited had the right skills and experience, and were suitable to work with people who used the service.

People experienced a good quality of life because staff received training that gave them the skills and knowledge to meet their assessed needs.

Staff talked passionately about the people they supported and knew their care needs well. People were involved in determining the kind of support they needed. Different communication methods had been used to support people to understand information about their care. Staff offered people choices, for example, how they spent their day and what they wanted to eat. These choices were respected. People were supported to carry on with their usual routines, shopping and accessing places of interest in the community.

People were provided with sufficient to eat and drink to stay healthy and maintain a balanced diet. People had access to health care professionals, when they needed them.

There was a strong emphasis on promoting good practice in the service. Staff were clear about the vision and values of the service in relation to providing compassionate care, with dignity and respect. We observed staff putting these values into practice during our inspection.

The provider had a range of systems in place to assess, monitor and further develop the quality of the service. This included quality monitoring visits of the service and monitoring of incidents, accidents, safeguarding concerns and complaints.

## 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.

Systems were in place to manage risk, including protecting people from harm. Staff understood how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

Effective systems were in place to provide people with their medicines when they needed them and in a safe manner.

### Is the service effective?

Good ●

The service was effective.

People's capacity to make decisions about their care and treatment was assessed.

Staff had been provided with training and support that gave them the skills and knowledge to ensure people's needs were being met.

People were provided with enough to eat and drink to maintain a balanced diet. People had access to appropriate services which ensured they received ongoing healthcare support.

### Is the service caring?

Good ●

The service was caring.

People were supported to express their views and make decisions about their care and support.

Staff had developed positive relationships with people who used the service.

People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure that their social needs were met.

There was a complaints system in place to show that complaints were investigated, responded to and used to improve the quality of the service.

**Is the service well-led?**

The service was well-led.

Staff were clear about the vision and values of the service in relation to providing compassionate care, with dignity and respect.

The provider had systems in place to assess and monitor the quality of the service and these were effective.

People, their relatives and staff were asked for their views about the service and these were listened to and acted upon.

**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 inspection took place on 6 April 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed previous inspection reports and the Provider Information Record (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.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service.

We spoke with two people who were able to express their views, but not everyone was able to communicate with us verbally. Therefore we spent time observing the care provided by staff to help us understand the experiences of people unable to tell us their views directly.

We looked at records in relation to two people's care. We spoke with three staff including senior staff and support workers. We also spoke with the director of nursing and support services manager. Following the inspection we sought the views of a person's social worker. We looked at records relating to staff training and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

Staff were aware of the provider's safeguarding adults and whistle blowing policies and their responsibilities to ensure that people were protected from harm. Staff told us that they had received updated safeguarding training. They had a good understanding of the procedures to follow if a person who used the service raised issues of concern or if they witnessed or had an allegation of abuse reported to them. Where safeguarding concerns had been raised, the registered manager had taken appropriate action to liaise with the local authority to ensure the safety and welfare of the people involved.

Staff understood the support people needed to keep them safe, during periods of distress and behaviour that was challenging to themselves and others. This was confirmed by a person whose mental health needs meant that at times their behaviour presented difficulties to others and for staff to manage. They told us, "I feel safe living here."

Systems were in place to identify and reduce the risks to people who used the service. Care plans contained a range of assessments that evaluated the risks of people accessing the community, access to the kitchen, laundry, external buildings and using transport. These assessments were detailed and gave staff clear direction as to what action to take to minimise risk. These focused on what the individual could do, and the support they needed so that activities were carried out safely and sensibly. Environmental risk assessments, fire safety records and routine safety checks of utilities, such as gas and electricity were in place to support people's safety.

Prior to the inspection anonymous concerns were raised with us that people living in the service and staff were being put at risk due to a lack of staff. Staff told us due to staff vacancies and changes in a people's mental health needs, there had been times, when dealing with difficult behaviours there had been insufficient staff on duty. However, staff told us that recent recruitment of a new senior and two care workers meant they were in a better position to meet people's needs and keep them safe. The director of nursing acknowledged there had been difficulties with staffing, but said this was being addressed through recruitment. They also advised they were in the process of implementing a 'Safer staffing tool' to review staffing levels across the organisation's specialised residential services. This would ensure staffing levels were right for the needs of the people using these services.

The Provider Information Record (PIR) stated that a rigorous recruitment and selection process was in place. Staff confirmed that all relevant checks, including a criminal records check and appropriate references, had been obtained prior to them commencing work. Staff told us prior to interview, candidates were invited to spend time with people using the service under supervision. The registered manager observed the interaction with people which helped to form a view of their suitability for the role. People's feedback was sought which enabled them to have a say on who worked at the service. This ensured staff recruited had the right skills and were suitable to work with people who used the service.

People's medicines were managed well. Staff had a good knowledge of the medicines people were prescribed. Staff confirmed they had received up to date medication training. Regular competency

assessments were being conducted by senior staff to ensure people's medicines were administered safely. Systems were in place that ensured medicines were being obtained, stored, administered and disposed of appropriately. We checked the medicines administered against people's records and found that these were accurate. This meant they were receiving their prescribed medicines when they needed them.



# Is the service effective?

## Our findings

The PIR identified that the provider had a proactive approach to the learning and development of their staff. Training was scheduled annually covering a range of topics including safeguarding people and health and safety. Staff confirmed they were provided with training that gave them the knowledge to meet people's specialist needs. For example epilepsy, diabetes and how to recognise and respond to changes in their mental health. Staff felt confident the training provided had given them the skills to support people when difficult situations had occurred.

Staff told us they had completed an induction programme when they first started working for the organisation. This had included shadowing an experienced member of staff, which had helped them to get to know the needs of the people they supported and cared for. Staff told us the training and support they had received during their induction had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. A new member of staff told us that they felt supported by the registered manager and the staff team and was able to discuss any issues they had or needed clarified.

Staff told us they felt supported in their role. They received regular supervision where they had the opportunity to discuss the support they needed about their work and discuss their training and development needs.

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 interests 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 interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People's risk assessments identified that their safety would be at risk if they left the service unescorted. Therefore for safety reasons the front door of the service was kept locked preventing people from leaving of their own accord. We saw that appropriate applications had been submitted and acknowledged by the local authority to lawfully deprive people of their liberty for their own safety.

Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). They showed a good understanding of promoting people's rights, equality and independence. Records showed that mental capacity assessments and best interests meetings had taken place, when decisions needed to be taken on behalf of someone who was deemed to lack capacity. For example, where one person lacked capacity to make complex decisions about managing their finances. A best interest meeting had been held with relevant people to discuss purchasing new furniture.

People told us they had a choice of food. One person told us, "Staff ask me what I want to eat from a menu, I had omelette and soup for lunch." People also told us that they ate out in pubs and restaurants and sometimes had a takeaway. One person told us they had been out to the theatre the day before and had, "My favourite, fish and chips".

People were provided with a balanced diet and had sufficient quantities to eat and drink to stay healthy. Staff told us although healthy eating was promoted, people were able to have what they wanted to eat, as this was their choice. People's food choices and preferences were discussed and reflected in the menus. One person told us, "If I don't like what was on the menu, I can have something else." People had supervised access to the kitchen and had access to snacks and drinks when they wanted them. People chose where they wanted to eat their lunch, two people ate in the kitchen, and others chose to eat in the dining room.

People's care records showed that their dietary needs were being assessed, monitored and where required referrals were made to the appropriate health professionals. For example, where a person had been identified at risk of choking, they had been referred to the Speech and Language Team (SALT). Staff understood the importance of following the guidance provided by the SALT team to minimise the risks of the person choking.

People had access to health care professionals and were supported to manage and maintain their health. For example, we saw that people had routine annual health checks and access to their GP, when needed. People were having regular reviews with their consultant psychiatrist and the learning disability team. A community therapist also visited the service twice yearly to review people's medicines.

# Is the service caring?

## Our findings

People told us they were happy living at the service. One person commented, "I enjoy living here, the staff are nice to me."

People were involved in determining the kind of support they needed to have choice and control over their lives. We saw that staff offered people choices, for example, how they spent their day and what they wanted to eat. One person told us, "I go to church for coffee mornings." Another person told us, they had been to the theatre to see 'The Wizard of Oz, which I really enjoyed."

A core of staff had worked at the service for a long time and knew the needs of the people well. This continuity of staff had led to people developing meaningful relationships with them. We observed this throughout the inspection when we saw staff treating people kindly and with compassion. People's dignity was promoted, for example we heard a member of staff say, "You look nice with those glasses. Do they help you to see better? You must remember to wear them." The interaction between staff and people was warm, caring and friendly. Staff were respectful when talking with people, referring to them by their preferred names. Staff spoke discretely about people's personal care needs.

We asked a person's social worker about their views of the service. They told us staff were professional and open to looking at ways to maintain the placement of their client. Their overall impression of the service was that staff managed a complex group of people very well and had a good understanding of their mental health needs. They said that staff facilitated people to live a good quality of life.

People were supported to express their views. An advocacy service visited on a regular basis to help people, particularly those with limited communication, to raise any issues, or concerns they may have. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights were upheld.

Each person had a designated key worker. [A key worker is a named member of staff who works with the person and acts as a link with their family]. One member of staff spoke in detail about the needs of the person they were a key worker for. They had a good knowledge about the person's background, current needs, what they could do for themselves, how they communicated and where they needed help and encouragement. Staff knew people's communication needs and the methods they used to express themselves. These included Makaton, signing and pictures. 'Personal pictorial books' were being developed to show activities people enjoyed and participated in. These helped people to become more involved in making choices. We saw staff communicating effectively with people who used different methods for communication.

We observed that staff were caring and respected people's privacy and dignity. The PIR stated that people had access to a cordless telephone and were able to make telephone calls in private. People were supported to manage their own mail, although staff helped with healthcare and legal mail. Where decisions about healthcare or legal matters were required we saw that best interest meetings were taking place with

relevant people. This included advocacy support to help people make appropriate decisions.

People told us they regularly visited their relatives, or their relatives came to the service. Staff confirmed that people were encouraged to maintain personal relationships and were supported to do this.

## Is the service responsive?

### Our findings

People had good links with the community, such as attending coffee mornings and visiting places of interest. For example one person told us, "I have been to see the trains at the station." Another person told us, "I like going shopping for makeup, and I have had my make-up done by a make-up artist." They also told us they were planning to attend a spa session.

As not everyone was able to communicate with us verbally, we spent time with people in the service and observed the care and support they received from staff. People were able to spend their time as they chose to and staff responded in a caring way to people's needs.

People's needs were being properly assessed, planned and delivered. The care plans we looked at were reflective of people's needs. They showed that people and their relatives had been involved in the assessment, planning and review of their care needs. Six monthly reviews were taking place with people's advocate, social workers, their family, relevant staff and the registered manager. These meetings reviewed what was working well and any changes in the persons care and support were agreed. Changes in people's needs were being identified and dealt with promptly. For example, where changes in a person's mental health was having an impact on the service, the registered manager arranged a meeting with the local authority, their advocate, social worker and family to discuss additional funding. This additional funding was to provide one to one staff support for the person.

Care plans contained guidance for staff to manage specific health conditions, such as epilepsy, diabetes and mental health needs. Staff were able to clearly describe the content of people's care plans and knew the needs of the people in their care well. Staff talked passionately about the people they supported and had a good understanding of their individual personalities and what could cause their behaviours to change.

Prior to our inspection the provider had notified us of several incidents of aggressive behaviour between people using the service. We looked at these people's care records and saw that each person had plans in place for the management of aggression. These plans had been written in a way that guided staff on how to support people in a consistent and positive way. The plans promoted people's dignity and rights, and protected them and others from potential risks of harm. Staff understood the support people needed when they experienced distress and during incidents of behaviour which was challenging to others. During the inspection, we observed occasions where people demonstrated inappropriate behaviour. Staff dealt with these situations well. They spoke in a calm, patient, kind and caring manner and we saw people responded well to this approach.

Staff told us there was a number of ways in which information was shared, so that they were kept up to date about changes in people's needs. For example, one member of staff told us that they regularly met with the person they were a key worker for so that they could say what was important to them. Additionally, daily staff handover sessions ensured any relevant information was handed over staff coming on to shift. These handovers were documented, including any health issues for staff to refer to.

The PIR identified that no complaints had been made about the service provided at Hill House in the last 12 months. This was confirmed by the support services manager whose role was to investigate formal complaints on behalf of the organisation. The outcome of investigations were shared at operational meetings to learn from things that had gone wrong. Staff told us they were aware of the complaints procedure and knew how to respond to complaints.

## Is the service well-led?

### Our findings

The PIR stated that all staff were clear about the vision and values of the service in relation to providing compassionate care, with dignity and respect. Staff had a clear understanding of these values and we observed staff treating people with respect and dignity throughout the inspection.

Staff said the registered manager had an open door policy. They said they felt comfortable approaching the registered manager at any time. For example, if the staff member had a problem or something to contribute to the running of the service. Staff told us they had been through an unsettling time due a number of staff leaving and changes in management of the service. However, they said over the last eight months the registered manager had listened to what they had to say and made changes to the running of the service. This included recruitment of new staff which had improved staff morale.

Staff spoke of an open culture within the organisation. One member of staff commented, "There is very clear leadership from the top down and we are supported to feed information back up to senior managers with ideas that can develop and improve the service." Documentation showed that staff, senior staff and operational managers meetings took place to ensure good communication. Staff confirmed that good practice and lessons learned from events and incidents were also shared at these meetings.

The provider had a range of systems in place that assessed and monitored the quality of the service, including shortfalls and the action taken to address them. A quarterly audit was undertaken of all the organisation's specialist residential services and a report produced of the findings. The audit covered resident focus, safety and risk management, clinical governance, staff recruitment, and the financial status of the organisation. Additional audits of infection control, medicines and health and safety matters were also routinely undertaken. An action plan had been developed with the results of the audits and was being used to drive improvement.

A 'Resident engagement protocol' was in place which had been designed to ensure staff provided people with the opportunity to participate in activities they enjoyed. An audit was being completed annually to assess and monitor that people were being offered choices which were aimed at promoting their self-esteem and confidence.

Provider compliance assessment visits were undertaken on a monthly basis by senior personnel in the organisation. These showed that the environment, outcomes for people using the service, food, complaints and safety matters were reviewed. A summary of the visit identified what was working well in the service and where improvements were needed.

Incidents and accidents that occurred in the service were audited to identify trends. Minutes of the quarterly health and safety meetings confirmed these were discussed and action was taken, where required, to minimise identified risks. Additionally, incidents were discussed at people's reviews, and we saw that changes had been made to their care to minimise further incidents occurring. Records showed that the registered manager worked well with the Norfolk local authority to ensure safeguarding concerns were

effectively managed and that steps were taken to learn from such events.

The provider had a range of ways in which people could feedback their experience of the service and raise any issues or concerns they may have had. They sought feedback from people using the service at individual service reviews and from relatives in the form of questionnaires. Informal feedback was obtained via day to day conversations and communication from the staff team.