

The Partnership In Care Limited

Prince of Wales House

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

Prince of Wales House is a residential care home providing personal care for up to 49 older people with dementia. The service also provides specialist care for people living with dementia. There were 49 people living in the home when we visited.

At the last inspection in July 2014 the service was rated Outstanding. At this inspection we found the service remained Outstanding.

Why the service is rated Outstanding.

The service has built on their previous success and sustained the outstanding model of care and support provided to people living in the home referred to as the 'whole team' approach. The directors of the company, management team and staff continued to find ways to improve the service and remained driven by their passion for caring for people, including those with dementia. The vision and the value of the service to 'enable people to live as they choose' remained embedded in the home.

Staff had an excellent understanding of people's needs and were imaginative in the way they provided person centred care which put people at the heart of the service. They continued to find creative ways of supporting people to have an exceptional quality of life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The 'whole team' approach identified at our previous inspection continued to be a driving force in delivering a truly person centred service. Staff who have shown specific interests in particular areas, such as infection control were designated 'Champions'. These champions continued to play an essential role in developing best practice, sharing learning and acting as role models for other staff.

Staff had a good understanding of systems in place to manage medicines, safeguarding matters and behaviours that are challenging to others. People's medicines were managed so that they received them safely.

There were sufficient staff available to ensure people's wellbeing, safety and security is protected. A robust recruitment and selection process was in place. This ensured prospective new staff have the right skills and are suitable to work with people living in the home.

Staff were compassionate, kind and caring and have developed good relationships with people using the service. People are comfortable in the presence of staff. Relatives confirmed the staff were caring and looked after people very well. People were provided with the care, support and equipment they need to stay independent.

Staff understand the importance of supporting people to have a good end of life as well as living life to full whist they are fit and able to do so. End of life care plans included people's thoughts, feelings and wishes to ensure their passing is comfortable, pain free and as peaceful as possible.

A lot of consideration and thought has gone into the decoration and lay out of the service. The overall effect created was a homely and peaceful environment with due consideration given to the needs of people with dementia.

Staff spoke consistently about the service being a good place to work. The registered provider has worked in partnership with other organisations and has taken part in several good practice initiatives designed to further develop the service. Staff won an award at the Suffolk Care Awards in 2016 in recognition of the outstanding service provided at Prince of Wales House and were highly commended for the food and catering. The registered provider has a number of schemes in place to drive improvement and reward staff that use their initiative and for their outstanding contribution.

Further information is in the detailed findings below

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 remains Good.	Good ●
Is the service effective? The service remains Outstanding	Outstanding ☆
Is the service caring? The service has improved to Outstanding	Outstanding ☆
Is the service responsive? The service has improved to Outstanding	Outstanding ☆
Is the service well-led? The service remains Outstanding	Outstanding ☆

Prince of Wales 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 checked 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 15 September 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor with experience in dementia and an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia. .

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We used the Short Observational Framework for inspection (SOFI) SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people and three relatives. We spoke with the registered manager, deputy manager and three care staff. Additionally, we spoke with two healthcare professionals visiting the service during our inspection.

We reviewed four people's care records, looked at three staff files and reviewed records relating to the management of medicines, complaints, training and how the registered persons monitored the quality of the service.

Is the service safe?

Our findings

People and their relatives told us they had complete trust in the staff and felt safe and secure living at Prince of Wales House. One relative commented, "I know my [Person] is always safe and cared for."

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager and deputy manager were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

The registered manager told us the home is often "a last resort" for people where other service providers had been unable to meet their needs due to behaviour the service found challenging. They told us, "We have worked hard, trying different approaches until we find the right key as to what works for each person." Staff knew people's needs well and strategies for managing challenging behaviours and distress were carried out quickly and sensitively. For example, one person thought they had lost some money from their purse and was certain who had taken it. This situation was diffused by staff in a calm and gentle manner as they gently reminded them that their money was actually kept in the safe in the office, and asked them if they would like to check it. The issue was dropped and forgotten by the person involved in a matter of minutes.

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks.

People told us and we could see for ourselves that there was enough staff available to meet people's needs and to keep them safe. This was confirmed in discussion with relative's visiting on the day of the inspection. One relative told us, "There does appear to be sufficient staff on duty, they [staff] are quick to attend to people's needs."

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines, including controlled drugs were being obtained, stored, administered and disposed of appropriately. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, such as analgesia, plans were in place for pain management, including the use of pain scales to identify severity of pain.

Is the service effective?

Our findings

People's relatives expressed their confidence in the staff and felt they knew the needs of their family members well. One relative told us, "Our family think we are very lucky to be able to get [Person] in here, the staff couldn't be nicer." Another relative told us, "It is like a happy holiday home and one with very good staff."

Our previous report reflected that the service had an innovative and creative training programme. At this inspection we saw that the results of this programme had become embedded in the values of staff and was evident in their performance, providing high quality care. There continued to be a focus on delivering training to all staff regardless of their role using creative methods such as scenarios to develop learning and understanding which related to people's specific needs. The model of care referred to as a 'whole team' approach continued to be a driving force in delivering a truly person centred service. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. One member of staff told us, "The training I received in dementia care really opened my eyes, we need to be able to get people to open up to us and the training helped me to think outside the box. It made me have a better understanding of the world people with dementia live in."

The service continued to promote the use of champions. These are staff who had shown a specific interest in particular areas who are essential to bringing best practice into the home, sharing their learning, acting as role models for other staff, and supporting them to ensure people received good care and treatment. For example, the infection control champion regularly met specialist nurses to look at problem solving and discuss new initiatives.

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). We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. Staff had a good understanding of these pieces of legislation and when they should be applied. One member of staff told us, "Following DoLS training, I recognised a person with dementia was upset about being locked in, there was a couple of incidents where they rammed their trolley into the door, so I opened the door and we walked to the bus stop. When they got tired we came back. They were happy, just knowing they could get out, if they wanted to."

There remained a strong emphasis on the importance of people eating and drinking well. People had a say about the food they wanted to eat and were observed preparing a fruit salad for their evening meal. People commented, "I enjoy the food here, it is very good," and "The food is lovely and there is always a good choice." Mealtimes were sociable and had the atmosphere of a 'family meal. We saw people relaxed and chatting together.

People told us they received good healthcare. One person commented, "The physio comes to see me here

twice a week." One relative told us, "My [person] is very well looked after here; the physiotherapist is a regular visitor to the home to see them as they are not very confident about walking on their own following a fall, but with the help of staff and the physiotherapist, things are definitely improving; some of their confidence is coming back". A visiting health professional told us, "The registered manager and staff are kind and helpful and quick to action things that are not working well. This is a very good home and I continue to place people here when they have vacancies."

People and their relatives described Prince of Wales as a "Really lovely home." The design and decoration of the premises promoted people's wellbeing and their wishes were taken into account. We saw excellent examples of how people had been involved in deciding how they wanted their rooms decorated. This had included decorating the outside of their rooms to reflect their identity. For example, one person said they had always wanted to live in a cottage with flowers around the door. The outside of this person's room had been wall papered with paper resembling brickwork, a picture frame had been used to form a window with curtains. Trellis with flowers had been fixed to the wall around the door. The overall effect was a cottage with its own front door, as wished for by the person.

People had also been involved in deciding how they wanted communal areas of the home decorated; for example, corridors had been decorated to resemble a street, with sections representing shops and bars and churches. Staff had been creative when decorating the lift, creating a secret garden inside which created a space of calm without feeling enclosed. This had been decorated to support people who were claustrophobic and to help them access the lift more readily.

Is the service caring?

Our findings

The service continued to have a strong visible person centred culture. Both staff and management were fully committed to ensuring people received the best possible care in a loving and caring environment. Staff were encouraged to share their emotions, which was viewed as a positive attribute, not a weakness in the way care and support was delivered. Although, staff acted professionally, we saw that they were not afraid to show love and affection, by cuddling people, when they needed it. For example, one person was a bit tearful and staff sat a spoke with them to reassure them. They was still with them thirty minutes or so later, still holding their hand and listening. The person was much more cheerful and had clearly been reassured by the member of staff.

Staff were highly motivated and passionate about the care they provided to people living in the home. Their passion was echoed by the management team, who described people and staff as "Family" and that their priority was to promote a service that is "Led from the heart."

The culture of ensuring people's needs were understood and that they were made to feel that they mattered was echoed amongst people living in the home. They showed a willingness to accept people as they were, for example, one person told us, "There are a number of people here with mental health issues, but we are all different aren't we." Another person told us a person who had recently moved into the home was disorientated and walked the corridors at night calling for their relative, which sometimes kept them awake. They commented, "I understand they are just unsettled and it will pass, it's not really a problem. They're settling in now and the wandering is calming down. All they needed was a bit of love and attention, so they didn't get so disorientated."

People and their relatives told us they valued their relationships with staff. One relative told us, staff are very caring and friendly and know people's needs inside out here, we always have a laugh when I visit. My [Person] has been here about three years, and when they get upset the staff always make sure they comfort them, they [person] is a bit of a joker, so the staff have a laugh with them which cheers them up." Another relative commented, "The attention to the needs of people living in the home is second to none, nothing is too much trouble. They [staff] seem to be very happy to help and are very good with my [Person]."

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided. One person told us, "When I was looking for a place to live I wanted somewhere where I could express my individuality, in the way they I dress and my general outlook on life. Staff have accepted me for who I am and, it's a very comfortable place to be."

Staff understood the importance of supporting people to have a good end of life as well as living life to full whilst they were fit and able to do so. For example, one member of staff had lain on the bed next to a person who was dying at their request to give them comfort. The registered manager and staff told us it had been a difficult time for the service recently as a number of people who had been a 'big part of the home' had sadly

passed away. We saw this had been discussed in staff meetings and the registered manager told us staff had worked hard, pulling together as a team looking after each other. They commented, "We have all laughed and cried together."

Work was in progress to further develop the services commitment to supporting people to have a comfortable and pain free death. The end of life champion and clinical director were looking at best practice, reviewing people's 'Thoughts and feelings' plans to encompass their wishes to ensure their passing is as peaceful as possible. End of life boxes had been put together containing a number of items designed to provide comfort to the person, including a CD of calming music, a soft blanket, aromatic oils, a bible and book of poetry for relatives spending time with their loved one.

Is the service responsive?

Our findings

People and their relatives told us and we saw for ourselves that people had access to a wide range of personalised activities. One person told us, "There are activities all the time, to keep my mind ticking over, tomorrow I am going to Ipswich Town Football Club courtesy of the home." A relative explained, "I have to remember to phone up before I come here. I arrived the other week to find that [Person] had gone on a trip to Felixstowe for the day. They really enjoyed it. It was nice to know that they had been included in these trips, despite not having been here for very long."

The management team and staff told us, they were guided by people's wishes and aspirations when it came to arranging activities. Staff had an excellent understanding of people's needs and continued to find creative ways of supporting them to have an exceptional quality of life. For example, a person who moved to the service recently loved to cycle, but their dementia was preventing them from cycling alone. A tandem was purchased and staff were in the process of learning to ride the tandem to take the person out on the bike.

People told us the staff were marvellous and went the extra mile to facilitate outings. One person told us, their life long wish had been to go to Blackpool to see the illuminations, but every time they had arranged to go, something had come up. They told us an overnight stay at a hotel had been arranged for them to go to see the lights, and they were, "Really excited about going and visiting Cadbury World on their way back." Other examples included, a person who loved wearing makeup had their make-up done professionally and a group of six people had also been to the cinema to see Dad's Army, followed by a meal in a pub. One person who had recently moved to the service said, "I have a bird Avery at home, which I am bringing here so that I can have my birds back again."

People told us they were provided with the care, support and equipment they needed to stay independent. One person told us, "If you have to come into a care home you couldn't come into a better one, staff are very good, attentive and kind. They are good at getting the equipment you need, you just ask for something and it's there. I asked for a new bed and it was provided. Through the kindness and generosity of staff they have helped me regain some of my independence." They told us when they moved to the home following an illness; they were dependent on a wheelchair for their mobility. The staff had helped them with their exercises set by the physiotherapist and they were now able to walk short distances. This was confirmed by the physiotherapist who commended the staff for ensuring the exercises were carried out.

We saw people and their relatives had been involved in the planning and review of their care. All staff had input into creating and updating people's care plans and it was considered a key way of getting to know people. The registered manager told us, "The better we get to know people the better our understanding of how their needs can be met develops; the staff are very in tune with people, what works well, and not so well. For example, one person refused to have a bath, however a member of staff found this person loved having their hair combed and gave them a head massage. They now will have a bath as they have their head massaged at the same time."

People told us they were encouraged to give their views and raise concerns or complaints. However, none of

the people spoken with had had cause to raise concerns and were happy with the service they received. The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. The complaints folder showed since the previous inspection there had been two complaints made about the service by relatives of people living in the home. These complaints had been fully investigated by the registered provider and a full response provided to the complainant. Where complaints were raised about the level of care, we saw these had been discussed with staff at meetings, at handover and during supervision.

Is the service well-led?

Our findings

There had been a change in the registered manager since our last inspection. 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 new management team and staff continued to demonstrate a shared responsibility for promoting people's wellbeing, safety and security. The 'whole team approach' and culture in the service had continued to develop and grow. The vision and the value of the service of 'enabling people to live as they choose' remained embedded in the home.

Staff continued to be imaginative in the way they provided person centred care which put people at the heart of the service and were clear when people moved to the home, that life doesn't end, and that it was a new chapter. This was confirmed in discussion with people and their relatives. One relative told us, "The staff are very bubbly and the atmosphere felt right for my [person]." They told us Prince of Wales was one of twelve homes they had looked at and described the home as, "Far better than the others, not necessarily in terms of facilities, but in terms of care and attitude of staff. They seem to really care."

The management team and staff told us that the directors of The Partnership in Care Limited remained approachable and supportive. One member of staff commented, "The resource and clinical directors passion for caring for people with dementia is infectious and we all share their passion."

People and their relatives told us they were actively encouraged to share their views and provide feedback about the service. Regular resident and relative meetings were held and people were encouraged to have a say on the day to day running of the home, including what they wanted to eat and how they wanted the home decorated. The registered manager told us, "This is their home and we are led by them and what they want. We are here to enable people to live here and as they choose."

The registered provider worked in partnership with other organisations and had taken part in several good practice initiatives designed to further develop the service, including Dementia Friends, Dementia Pledge and the Suffolk Association of Care providers. In recognition of the outstanding service provided at Prince of Wales House, staff had won a team award at the Suffolk Care Awards in 2016 and was highly commended for the food and catering.

The registered provider also had a number of schemes in place to drive improvement and reward staff that use their initiative and go the 'extra mile.' People living in the home were encouraged to nominate staff that they believed had gone over and above what was expected of them. The member of staff with the most nominees is presented with an award at The Partnerships in Care (TPIC) annual awards ceremony. Additionally, TPIC run a reward scheme where people, relatives and staff can vote for a particular member of staff for their outstanding contribution. These are awarded each month, with gold, silver and bronze cash

bonuses.

Staff spoke consistently about the service being a good place to work. They told us they felt supported, received regular supervision and had access to plenty of training opportunities. Comments included, "I love working here, and there is something very special about working at Prince of Wales House. The people living here and staff are lovely." Minutes of staff meetings showed they were encouraged to express their ideas on how to develop the service.

Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.