

Portelet Manor Limited

Portelet Manor Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Portelet Manor Rest Home is a 'care home' registered to provide personal care to up to 28 older people. At the time of inspection, the home was supporting 23 people, including people with a learning disability and people with dementia.

People's experience of using this service and what we found

There were inconsistencies in care plans therefore staff did not always have access to the most current information relating to people's care needs. Not all risks to people had been assessed. Quality assurance processes were not always effective. Whilst medicines were generally managed safely, audit checks of medicine administration records were not always completed in line with the provider's policy or best practice. The provider took action to address these shortfalls during inspection.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The registered manager demonstrated joint working with people and health and social care professionals, who provided support to meet people's health needs. The service involved people's families and advocates as appropriate.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Rating at last inspection

The last rating for this service was good (published 24 June 2019).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service had sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of fire safety, accidents and incidents. This inspection examined those risks.

You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Portelet Manor Rest Home on our website at www.cqc.org.uk.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We have identified breaches in relation to consent, safe care and treatment and good governance at this inspection. We have made a recommendation about medicine management.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Portelet Manor Rest Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Portelet Manor Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Portelet Manor Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority and emergency services. We used this information to plan our inspection.

During the inspection

We spoke with 7 people and wrote to 3 relatives about their experience of the care provided. We received feedback from 11 members of staff including the registered manager.

We received written responses from 5 health and social care professionals. We reviewed a range of records. This included 8 people's care and support records and 4 people's medicine administration records. We looked at 3 staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records, safeguarding records, and quality assurance reports.

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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always identified, assessed, and reduced to ensure they were safe from harm.
- People were not protected from avoidable harm, for example the assessments of 2 people at risk of skin breakdown had not been followed to ensure they were supported to reposition in the timeframe stated. This had placed people at risk of harm.
- Environmental risk assessments to ensure the safety of the people using the stairs were not always in place.
- Accident and incident records were not always completed. This meant people's risks and care needs were not always identified. Therefore, lessons were not learnt and shared with staff to prevent reoccurrence.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate risks to people were identified, assessed, and effectively managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection in response to the findings. Risk assessments for individuals were completed during the inspection.

- Risks associated with the property and environment were managed. Corridors were free of clutter and the communal areas tidy and free of hazards.
- Systems and processes were in place to improve fire safety within the home. People had personal emergency evacuation plans in place and the provider had installed new firefighting equipment, including an outdoor fire extinguisher and protective aprons to prevent the spread of fire.
- The provider told us people always have a staff member present when smoking and, "Residents have all had new risk assessments implemented and tailored to each individual's needs."

Using medicines safely

- People received their medicines as prescribed. However, medicines administration records (MAR) contained recording errors which were not picked up by staff checks. The provider immediately sought to rectify the omission and ensure the electronic system in place was being used to complete a daily audit by the second day of inspection.

We recommend the provider follows their procedure to ensure medicines management is safe and checks are carried out as planned, in line with both the provider's policy and best practice guidance.

- Room and fridge temperature checks had been completed correctly. This meant medicines were stored at correct, safe temperatures.
- Medicines that required stricter controls by law were stored in a separate cupboard and a stock record book was in place, these records were complete and matched stock balances.
- Where people were prescribed medicines to support them with emotional distress this was given as a last resort. This is considered good practice when supporting people. A health and social care professional told us, "It is also to the staff team's credit that they do not ask for medication as a first line response [when people experience emotional distress] and will be cautious in using PRN medication so will seek guidance [from the prescriber]." PRN medicines are those which are taken occasionally.

Staffing and recruitment

- People told us staffing levels did not always meet their needs. Comments included: "I ask for a shower every day and then settle on one every other day and it is still not happening, I don't think that's just because they have too many others or emergencies to attend to" , "The staff work hard, there's not enough at night. You always hear staff say to each other that's not enough. They do work hard though" and, "They say there's plenty of staff but they won't do anything. You ask to go to the shops, no staff, I had an appointment postponed twice because there was nobody to take me."
- A staff member told us, "The staff ratio is too low. We all want to spend more time with the residents and doing activities but unfortunately, we just don't always get the time."
- The provider told us they use an electronic dependency tool which calculates the number of staff needed. The provider increased the number of staff on duty during the day and was in discussion with the local authority about reviewing the care needs of individuals to ensure staffing levels met people's needs. The provider informed us they had also introduced a dedicated time for weekday activities between 2pm-4pm.
- People were supported by staff that were recruited safely. The provider's recruitment procedures required staff to follow an application process. This included an assessment of their history, character, and relevant qualifications to ensure they are suitable to work with people living at Portelet Manor Rest Home.
- Staff files contained valid Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe at Portelet Manor Rest Home because staff kept the home environment safe. One person stated, "I'm in the lounge now because they are putting in new flooring in my bedroom where my chair scratched it up and they can't leave it like that, I'll fall over." Another told us, "They don't shut down at 6 o'clock, if I'm awake at 3 o'clock in the morning and need something the staff are there."
- Staff had received training and understood how to report safeguarding concerns. Staff knew how to recognise the signs and symptoms of abuse and told us who they would report concerns to both internally and if action was not taken, externally to the police and the Care Quality Commission.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- At the time of the inspection there were no restrictions for relatives and loved ones visiting people. The home operated in line with current government guidance.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People did not always have the necessary MCA assessments in place as required. This meant the provider could not be certain they were always acting in the persons best interests.
- The registered manager had not requested evidence of Lasting Power of Attorney for people, so could not be sure those consulted about best interest decisions were legally appointed to support the person.
- Care plans contained conflicting information about whether or not a person had capacity.

We found no evidence that people had been harmed. However, the provider did not act in accordance with the Mental Capacity Act 2005 to ensure care was delivered lawfully and people's rights were fully respected. This placed people at risk of harm. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded during the inspection and arranged for a competent person to support the registered manager with reviews of care plans and capacity assessments during the inspection.

- The provider had arranged for MCA training for staff and had contacted relevant health and social care professionals requesting they review specific decisions.
- Staff understood it was important to gain the consent of people when providing their care and support. We observed staff respectfully asking consent, offering choices, and explaining practical care tasks

throughout the inspection.

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

- Assessments of needs were carried out for each person before they moved into Portelet Manor Rest Home.
- People told us that they received care from staff that knew them well and empowered them to be in control of their lives. One person told us, "Once I'm awake that's it, I want to get ready for the day. They get me washed and dressed at 5.30 in the morning if I want it." Another stated, "I'll say one thing for them, you ask them to clean something, and they do. They even make my bed!"
- Specialist health and social care professionals had been involved in assessments and planning of care. This included district nurses and social workers. One health and social professional fed back, "The care home have generally a good understanding of their residents and work well in trying reduce people becoming distressed."

Staff support: induction, training, skills and experience

- Staff had the correct level of skills and training to undertake the responsibilities of their role effectively.
- There was an induction programme in place which included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff spoke positively about the induction and training provided, they felt supported. A staff member told us, "I was given good shadowing experience during my initial days . Now I'm very confident I can do my role."

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

- People's care plans outlined their food and drink preferences. We observed staff and people communicate about what was for lunch and what different options could be provided.
- People told us the chef and kitchen team actively sought feedback from them at mealtimes. During our observation at lunch time, the chef was present in the dining area. One person told us, "When I had something I didn't like the cook came out and told me the kitchen won't give it to me again and they've all remembered every time! They are all really interested." Another person fed back, "The food is very nice, they come round with the menu, and you can get what you want, day or night."
- There was guidance in place to support people to eat safely when they were at risk of choking or needed their food to be a certain consistency. Staff demonstrated they understood how to support people with this, and we saw speech and language guidelines on display in people's bedrooms.

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

- The home was clean and well lit. The layout of the home supported people's needs, including access to the garden.
- A number of improvement works had been completed such as an upgrade of fire doors, installation of new evacuation equipment and changing the number of the rooms so the number followed on in order to help people orientate themselves.
- People and their relatives were able to personalise their bedrooms. The registered manager told us if a room became available it is redecorated and people currently living at Portelet Manor Rest Home were given the option of moving to the room as it may be closer to communal areas or have access to the garden.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff understood when to escalate concerns with people's health to a healthcare professional. For example, if a person was unwell or unable to use prescribed equipment safely.

- Staff made referrals to health professionals such as the GP, speech and language therapists and dentists. For example, where a person's needs had changed, they were experiencing emotional distress or where they had lost weight unexpectedly.
- Staff worked closely with other visiting health professionals to ensure people had specialist input to their care when needed. Feedback from health and social care professionals included: "We have always found Portelet Manor Rest Home to be very responsive to their residents needs and are prompt at contacting our team when they have any concerns. The staff know their residents well", "The registered manager has always been very good at communicating with me. Making appropriate referrals for my input or any concerns over medication" and, "The home tries hard to understand the relationships between mental and physical health and how that effects the residents."

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems did not always operate effectively. The range of audits was limited and did not ensure oversight of the whole service. Audits carried out by the registered manager had not identified the shortfalls found within the inspection in regard to risk assessments, medicines and meeting the requirements of the MCA.
- The provider did not always ensure they had oversight of the home. Shortfalls identified during this inspection were not picked up during the provider's audits or regular management spot checks.
- There was no record learning from incidents took place or whether appropriate changes were implemented.
- Governance systems were not robust to contribute to keeping people safe. During our inspection we requested certain documents in relation to the running of the home. These were not always located or complied with the providers policy. The provider did supply and create updated documents following the inspection. Outcome of audits and monitoring were not used to support the home to continually learn and improve care.
- Staff were not always clear about their role and responsibilities and what they were accountable for. For example, the registered manager told us the staff member responsible for booking in medicines monthly also completed a stock take. However, this did not take place as they were not aware of this part of the role. A staff member told us, "For the safety of the residents and to fulfil our job roles effectively the staff allocation should be managed better."

We found no evidence that people had been harmed. However, the provider had failed to ensure their governance and oversight systems were operating effectively and the service improved. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed improvements were being made to governance systems and had planned further training for staff in relation to record keeping and MCA.

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

- Monthly meetings with people did not take place as planned. The registered manager told us resident meetings were not well attended so meetings were only held to plan parties. The most recent meeting was

to plan celebrations for the King's coronation. Minutes for the meeting had not been recorded. This meant the provider could not assure themselves people were actively involved in the home.

- The registered manager completed a daily walk around and directly received feedback from people in the home. A staff member told us, "The registered manager talks to everyone and will make sure every resident is cared for very well that they are safe and they have everything they need."
- Surveys had been completed by people living at Portelet Manor Rest Home in December 2022. No actions had been taken to share or implement changes following the completion of the survey. This meant people's views were not taken into account and did not inform the way the service was run.
- The home and provider worked well with visiting health and social care professionals, the registered manager and staff felt comfortable to access their support when needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- There was a positive culture within the home. Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. One person told us, "I get my privacy and dignity respected because I enforce boundaries." Another person commented, "Everyone here is kind. The registered manager is a 10/10."
- Staff told us that they are proud to work at Portelet Manor Rest Home. One staff member said, "I'm proud to work alongside carers and seniors because they all really care for the residents and would go above and beyond always for them." Another commented, "It is a very friendly team. Multiple cultures are welcomed. I was able to be offered training beyond my job role to learn and increase my knowledge."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood CQC requirements, to notify CQC, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.
- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Mental capacity assessments were not always in place.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were not always in place or current for people using the service.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not operating effectively.