

# Community Homes of Intensive Care and Education Limited

# Portchester Lodge

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Portchester Lodge provides care and support for up to 11 people who may be living with a learning disability or have mental health needs. At the time of the inspection 10 people were using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** The model of care and setting maximised people's choice, control and independence.

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

**Right Care:** Care was person-centred and promoted people's dignity, privacy and human rights.

**Right Culture:** The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

People received care, support and treatment which was properly assessed and centred to their needs.

Staff were knowledgeable about safeguarding and people were protected against the risk of abuse. Staff received training in relation to the management of medicines and had their competence checked frequently.

The provider had suitable arrangements in place in respect of infection control.

Any complaints received were investigated and responded to appropriately.

When people needed additional care and support after they had finished their treatment plan, the provider supported people by signposting them to the appropriate organisations.

The culture of the organisation was good and people told us staff were friendly, had good values and enjoyed their jobs.

Staff were complimentary about management and told us they were supportive, knowledgeable and positive role models.

The provider had effective governance systems in place and regularly reviewed the quality of care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for the service was good, (published on 12 July 2018).

Why we inspected

We carried out a focused inspection. We undertook this focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

## 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.

See our detailed findings below.

### **Is the service well-led?**

**Good** ●

The service was well led

See our detailed findings below.

# Portchester Lodge

## 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.

#### Inspection team

One Inspector and an expert by experience conducted the 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 announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available.

#### 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 reviewed information we held about the service including, notifications, complaints, feedback from the general public and quality assurance reports. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, the team leader, 5 support workers and 2 people. We reviewed quality assurance records, various policies and procedures, training and supervision records, medication

competency assessments and staffing records. We reviewed comments made by visiting professionals and relatives.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had taken appropriate steps to protect people from the risk of abuse. They were aware of their responsibilities in relation to safeguarding and were able to describe the different types of abuse and what might indicate that abuse was taking place.
- Investigation records and notifications submitted to us demonstrated incidents of potential abuse were investigated and reported appropriately.
- Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse.

Assessing risk, safety monitoring and management

- Risk assessments were detailed and contained information about various behaviours, triggers and measures staff should follow to assist people when they became anxious.
- Staff told us they may need to adopt SCIP techniques and stances in order to protect themselves and others from potential injury. Staff were aware of their responsibilities regarding the use of PROACT-SCIPr-UK physical intervention techniques and were appropriately trained in its use.
- Records demonstrated staff were involved in reviewing any incidents where interventions were required. Comments from staff included, "We fill out loads of paperwork, we talk about what happened and if we need to, we refer it to the safeguarding team" and "If people's behaviours begin to escalate, we speak with the positive behaviour support (PBS) team and then the care plans get reviewed as well as any medication they are on."
- We were satisfied the provider had sufficient oversight in relation to incidents where people became anxious. The PBS team were regularly in the service monitoring and responding to risk and updating plans when necessary.
- Each person had a personal emergency evacuation plan (PEEP) in place; effective evacuation procedures were in place in the event of an emergency situation.
- All regulatory health and safety checks and compliance certificates were in place.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- At the time of our inspection, the registered manager had applied for a DoLS for 1 person whose mental health had deteriorated significantly. Staff and management had taken the necessary steps to support the person during this period.

#### Staffing and recruitment

- The provider had suitable arrangements in place to recruit staff. Staff were subject to a DBS check prior to beginning work. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Sufficient numbers of suitably skilled and experienced staff were deployed to meet people's needs. At the time of our inspection, we observed people receiving support when they needed it and in a timely and respectful manner.
- The service had a stable staff team and at the time of the inspection there were no support worker vacancies. The registered manager was proud to tell us agency staff were not required which provided a good level of continuity in the service.

#### Using medicines safely

- People could be confident medicines were managed safely and administered by competent staff who had access to appropriate guidance and information.
- Staff told us they received training in medicine administration and their competence was regularly assessed.
- Accurate records were maintained of medicines received into the service, administered, and disposed of.
- Where medicines were prescribed to be administered on an 'as required' basis, clear protocols to guide staff about the use of this were in place.
- People's medicines were reviewed regularly by relevant professionals and medicine records were updated to reflect any changes.

#### Preventing and controlling infection

- The service manages the control and prevention of infection well.
- Staff received infection control training.
- Staff had access to and used appropriate personal protective equipment.
- The home was clean, tidy and free from bad odours

#### Visiting in care homes

- The service had suitable arrangements in place for visitors attending the home.

#### Learning lessons when things go wrong

- Accident and incidents were routinely recorded and investigated as and when needed.
- Accidents and incidents were routinely reviewed; trends were monitored as a way of identifying further safety measures.

# 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 for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and staff created a culture of inclusion and person-centred care which helped people to achieve positive outcomes. A professional commented, "It's always so nice to see how well supported and cared for [person] is."
- At the time of our inspection, we observed people being supported to go shopping and we observed staff were engaged in meaningful conversations with people. We observed 1 person being supported by a staff member to have a manicure which they enjoyed.
- The registered manager and staff were proud to show us a number of files which contained pictures of events such as birthday parties, Christmas celebrations and Halloween parties. Many other occasions were celebrated, and people's individual cultural and religious preferences were also catered for and celebrated.
- Care and support was consistently delivered in a person-centred manner. Staff were passionate about person centred care and were very familiar with people needs and how to support them to achieve positive outcomes. During our conversations with staff, they were able to describe accurately the content of people care plans and risk assessments. This meant people were supported by staff who were knowledgeable about their needs and were able to support them effectively.

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

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

- Effective quality assurance measures were in place. Audit tools and checks were regularly completed, these helped to ensure the quality and safety of care provided was well maintained.
- The registered manager and the staff team understood the importance of providing high-quality, person-centred care as well as managing and monitoring risks.
- The registered manager was aware of their regulatory responsibilities and the importance of submitting statutory notifications to CQC.
- Accessible policies and procedures were in place. Policies contained up to date and relevant guidance for

staff to follow.

- Professionals were complimentary about the service and staff provided positive feedback about the registered manager. This included, "The manager is brilliant, she has so much knowledge and she is so reliable", "I can go to her [registered manager] about absolutely anything and I always feel better after talking to her", "I would place everyone here on my caseload if I could", "Professional and provide excellent care and support" and "Exceptional facilities, activities and care."

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

- Equality and diversity support needs were assessed and supported from the outset.
- People, relatives and visitors had the opportunity to offer feedback about the provision of care people received.
- Staff meetings were regularly taking place; staff told us this was an effective way of communicating with each other.

Continuous learning and improving care

- Measures were effectively in place to identify areas for improvement.
- Areas of improvement were addressed; action plans were created as a way of improving the standard and quality of care being delivered.
- At the time of the inspection, we identified improvements could be made in relation to sexual health support, relationship guidance and safe sexual hygiene. The registered manager was receptive to our feedback and took immediate action which we were assured by.

Working in partnership with others

- People received a holistic level of care and support; external healthcare professionals provided the necessary support to people when required.
- The registered manager worked closely with the local authority, families and people using the service; ensuring the quality and safety of care was reviewed and assessed.