

Tapton Care Limited

The Porterbrook

Inspection report

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Sheffield
South Yorkshire
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Ratings

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

Summary of findings

Overall summary

About the service:

The Porterbrook is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Porterbrook is located in Sheffield. The home can accommodate a maximum of 44 people. The Porterbrook is a purpose built home with accommodation situated on the ground and first floors. At the time of this inspection there were 39 people living at the home.

People's experience of using this service:

Staff recruitment processes were not safe. There was no effective tool in place to work out how many staff were required to safely meet people's needs. Staffing levels at weekends were of particular concern to people, their relatives and staff. Some people had not received their medicines as prescribed.

Records did not reflect whether a person had capacity to make decisions about their care and treatment. There was no evidence to show whether people were supported to have maximum choice and control of their lives nor whether staff supported them in the least restrictive way possible. Staff did not receive regular supervision in line with the registered provider's own policy and procedure.

The service was not well-led and there continued to be a lack of effective governance and oversight by the provider and registered manager. The quality assurance and audits systems in place to monitor and improve service delivery were not regularly undertaken and were not completed accurately.

During this inspection we found the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 12, Safe care and treatment; Regulation 17, Good governance; Regulation 18, Staffing; Regulation 11, Need for consent; Regulation 19, Fit and proper persons employed and in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents.

Staff understood what it meant to protect people from abuse. They were confident any concerns they raised would be taken seriously by the manager.

People were assisted to maintain their health by being provided with a balanced diet and supported to access a range of health and social care professionals.

People were treated with dignity and respect and their privacy was protected. All the people and relatives we spoke with made positive comments about the care provided by staff. There was a range of events and activities available to people living at The Porterbrook, which people told us they enjoyed.

Safety and maintenance checks for the premises and equipment were in place and up to date. The service had up to date policies and procedures which reflected current legislation and good practice guidance.

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

Rating at last inspection:

At the last inspection the service was rated Requires Improvement (report published on 12 April 2018). The overall rating has dropped and returned to a rating of Inadequate. The service was previously rated Inadequate at the inspection on 30 May and 2 June 2017 (report published on 8 July 2017).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Enforcement:

The service met the characteristics of Inadequate in two key questions of effective and well-led, and Requires Improvement in safe and responsive. We are taking enforcement action and will report on this when it is completed.

Follow up:

We will continue to monitor the service closely and discuss ongoing concerns with the local authority.

The overall rating for this service is Inadequate. This means that it has been placed into 'Special Measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded. We will have contact with the provider following this report being published to discuss how they will make changes to ensure the service improves their rating to at least Good.

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 effective.

Details are in our Effective findings below.

Inadequate ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

The Porterbrook

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection took place on 27 and 28 March 2019 and the first day was unannounced. The inspection was carried out by two adult social care inspectors.

Service and service type:

The Porterbrook is a care home. The home is registered to provide accommodation and personal care for up to 44 older people. 39 people were living at The Porterbrook at the time of this inspection.

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

What we did:

Before this inspection, we asked the provider to complete a Provider Information Return (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 used this information to help with the planning for this inspection and to support our judgements.

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury.

Before this inspection we contacted staff at Healthwatch, Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care

services in England. We also contacted members of Sheffield contracts commissioning service. We used the information they provided to assist with the planning for this inspection.

During the inspection we spoke with eleven people who lived at the home and ten of their visitors. We spoke with two visiting professionals. We met with the registered manager and unit manager. We spoke with nine members of staff. We spent time looking at written records, which included four people's care records, six staff personnel files and other records relating to the management of the service. We also carried out a Short Observational Framework for Inspection (SOFI) to observe people's experience of daily life in the service.

Is the service safe?

Our findings

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

A rating of Requires Improvement means: 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. Regulations may or may not have been met.

Staffing and recruitment

- Recruitment processes were not safe. We looked at six staff recruitment files. Two of these did not contain a full employment history. In addition, on both these files the personal statement for the applicant's suitability for the post was left blank. Three staff recruitment files did not contain any evidence of the applicant being interviewed for the job. One file only contained one reference for the person and another did not have a reference from the applicant's most recent employer.

- There had been three monthly audits of 'Staff file, and [Human Resources] HR' since the last inspection and none had identified the issues we found.

As safe recruitment procedures had not been established and operated effectively this was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

- Comments from people, their relatives and staff about staffing levels being safe were mixed. Staffing levels at weekends were of particular concern. Staff told us the two activity coordinators assisted in supporting people during meal times, however they were not employed to work over weekends.

- During the days of this inspection we saw there were enough staff to meet people's needs in a timely way. However, there was no systems in place to evidence how safe staffing levels were calculated. The registered manager told us they used a dependency tool and we saw a dependency assessment was completed monthly for each person. This worked out whether the person had a low, medium or high level of dependency. The registered manager told us the assessments were then filed away each month. This meant the assessments were not used to work out how many staff were required to meet people's needs. The registered manager was unable to tell us how staffing levels were worked out.

- At the last inspection the registered manager told us they would start using a recognised dependency tool.

As the registered manager was unable to evidence that sufficient numbers of staff were deployed to meet people's needs this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Using medicines safely

- Medicines were not always managed safely. Medicine administration records (MARs) should be signed and dated every time a person is supported to take their medicines or record a reason why any medicine is declined. We checked four people's MARs with regard to prescribed medicines and each had been fully completed. However, we saw people's MARs for prescribed topical creams and ointments were not always accurately completed. For example, two people were prescribed a topical gel for pain relief which needed to be applied three times a day. Staff had signed the MAR on most days throughout March, but had not

specified the time the gel was applied. This meant people could have been left without appropriate pain relief for long periods of time and potentially over medicated at other times.

- Some people required medicines as and when required (PRN). The provider's 'Policy for the ordering, storage and administration of "when required" [medicines]' stated, 'A record does not have to be made at each medical round to show the person has been offered the medication. However, the Care Plan should demonstrate that staff know what the medication is for and have made an assessment on whether the person requires the medication.' Not all staff we spoke with were aware of this policy, which meant there were two different systems in operation increasing the risk of PRN medicines not being administered when required.

- The two medicines audits we saw were both completed in March 2019 and neither had picked up on the issues we had identified.

As the provider had continued to fail to do all that is reasonably practicable to mitigate risks to ensure the proper and safe management of medicines this was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

- All medicines were stored securely and within safe temperature ranges.

- Senior care staff took responsibility for dispensing medicines. These staff had received training in medicines management and we saw their competency in this area was checked in the previous 12 months.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with confirmed they had received training in safeguarding adults from abuse. They were confident any concerns they raised would be taken seriously by management and acted upon appropriately.

- Staff were aware of how to report any unsafe practice. We saw the provider had safeguarding and whistleblowing policies and procedures.

- Prior to this inspection we reviewed the safeguarding notifications we had received from the service within the last 12 months. We saw the provider had systems in place to ensure any safeguarding concerns were investigated. However, we found there was no overview in place, which meant we were not able to verify what action the registered manager had taken after they identified suspected abuse. At the last inspection we recommended implementing a system which monitors the progress of all safeguarding incidents and gives clear information of how quality standards and legal obligations were met. The registered manager confirmed they had not done this.

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

- There were some systems in place to help staff keep people safe. We saw accidents and incidents were recorded electronically. This enabled the registered manager to keep an overview and report on the frequency of falls, any injuries and where the falls took place within any given timeframe.

- We saw people's care records contained risk assessments. The assessments contained information for staff on how to reduce any identified risks.

Preventing and controlling infection

- There were systems in place to reduce the risk of the spread of infections. We saw personal protective equipment (PPE), such as plastic gloves and aprons were readily available to staff and worn appropriately throughout the inspection.

- We saw the premises were clean and well maintained. A relative told us, "We can't fault the cleanliness, it's [The Porterbrook] always spotless and smells nice."

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

A rating of Inadequate means: There were widespread and significant shortfalls in people's care, support and outcomes. Some regulations were not met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was not working within the principles of the MCA.
- The registered manager did not understand their responsibilities under the MCA and was unable to tell us which people currently residing at The Porterbrook, if any, were subject to a DoLS authorisation.
- We saw the file containing copies of DoLS applications and outcomes, where known, had not been kept up to date. It contained information about people who no longer lived at The Porterbrook. The registered manager also made us aware of a recent application for a DoLS authorisation which was not on file.
- We saw one person's DoLS had expired. We asked the registered manager if this had been reapplied for and we were told it was no longer required. We checked this person's care record and there was nothing recorded to show this person had ever been subject to a DoLS authorisation and also no evidence to indicate that it was no longer required.
- We saw a paper copy of the recent DoLS application we were told about. We checked the person's care record and again there was nothing recorded to inform staff a DoLS authorisation had been applied for. As the registered manager did not have an overview staff were unable to tell us who was currently subject to a DoLS authorisation and whether there were any conditions, and there were no systems in place for them to be able to find out.
- People's capacity was not considered as part of the provider's pre admission assessment (it was considered by medical staff at the hospital if the person came to The Porterbrook as part of a hospital discharge pathway). The care records we looked at did not contain any consent to care documentation. The registered manager told us this was something they were in the process of introducing but not every person had this in place at the time of this inspection. The registered manager was unaware of the need to check with the Office of the Public Guardian when a person's representative consented on their behalf.
- We saw one person had bed rails in their room. There was no best interest assessment or capacity to consent form completed. The registered manager confirmed this was the case. This meant possible restrictions on people's liberty had not always been authorised.

As care and treatment was not always provided with the consent of the relevant person this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent.

Staff support: induction, training, skills and experience

- The provider's supervision and appraisal policy stated, 'Each supervision session should: Take place every 6 to 8 weeks.' Of the six staff personnel files we looked at only one contained evidence of regular supervision and a yearly appraisal taking place. Of the remaining five staff personnel files we looked at only two had supervisions recorded as taking place this year. Two members of staff who had been employed for over a year did not have any record of an appraisal taking place in the last 12 months.
- The 'Staff file, and [Human Resources] HR' audit undertaken in September 2018 for one of the staff files we looked at stated the person had supervision within the last eight weeks. According to their file they had not. We checked this was the case with the registered manager and they confirmed their audit was incorrect.
- The registered manager told us the current electronic system they used for tracking people's eLearning was not accurate. This meant we were unable to establish whether staff had received the necessary training to undertake their jobs effectively. The registered manager told us they were changing to a different system. As the registered provider had still not ensured staff received appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they are employed to perform this was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.
- Staff we spoke with were unsure how often they should receive supervision, however they told us the registered manager had an 'open door policy' and they found them approachable and supportive.

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

- People told us they enjoyed the food served at The Porterbrook. Comments from people included, "The food is good and we get plenty of choices", "The food is always good here" and "I enjoy the food. There's always plenty to eat and drink."
- We observed lunch being served in both dining rooms. We saw the dining experience was positive. The dining tables were fully set prior to everyone being seated and the food served looked appetising and plentiful to us. We saw people were asked what they wanted to eat for lunch.
- Some people required support to eat and we saw staff were focused on the person, they sat next to the person to be at the same level and talked quietly to them to describe what they were doing and to encourage them to eat.
- Some people had specific dietary needs for health or cultural reasons. We saw these needs were catered for.

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

- Some people residing at The Porterbrook were living with dementia. We saw people's rooms had their names on them, if they want this, and there was signage for communal areas, such as toilets and dining rooms. On walls there were pictures and photographs to aid reminiscence.

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

- People told us they were supported to see health and social care professionals. One relative told us, "Staff know [Name of relative] very well, they see to [relative's] pills very well. Took [relative] to the GP two weeks ago, rang and asked me if I wanted to go with them. [Staff] also rang a while ago just to let us know [relative] wasn't so good on that day. I thought that was wonderful that they let us know that."
- A visiting health professional told us they and members of their team regularly visited people living at The

Porterbrook. They said, "The staff are good and always follow our advice."

Is the service caring?

Our findings

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

A rating of Good means: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Comments about the staff were overwhelmingly positive. People told us, "The staff are very good, they are always asking if everything is okay and if I need anything", "The carers are very good, it's the fact that they do care", "Oh, its fine here. I am very satisfied. The staff are always kind. I feel very safe here. I've no complaints at all" and "The staff are all wonderful and attend to anything you ask, can't find any faults. Nothing is a problem to [Name of registered manager]."
- Relatives were also positive about the care their loved ones received. Comments included, "The staff can't do enough for you, they are very flexible. Everything runs so smoothly here", "Its smashing here, the staff know my [relative] really well, I have no concerns at all and if I had I would tell staff, they would sort anything out. [Relative] gets all the help [relative] needs", "Staff are very good, we've no worries at all. Can speak to the manager and staff if any concerns" and "Staff always look as if they are pleased to see you. They are happy to help and that is wonderful."
- We saw positive, caring interactions between people and staff throughout both days of the inspection. For example, during the afternoon we saw a person was disorientated and kept asking staff about where they were and when their relatives were. Staff were patient and knelt at eye level to offer reassurance and explanation. Staff then arranged for one the relatives to telephone and speak with [Name of person] to let them know they would be visiting. The person appeared reassured.
- Staff told us they enjoyed working at The Porterbrook. A member of staff told us, "It's a good staff team. I would recommend this home."
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under the legislation, such as age, race and gender.

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

- People told us they were involved in decisions about their care. Comments included, "I am definitely involved in my care", "I can go to my room if I want, I'm all right here. Staff know what I like and I've no grumbles. I get the help I need." A relative said, "They [staff] always keep you updated and we helped with [relative's] care plan."
- We saw information was provided, including in accessible formats, to help people understand the care and support available to them in a way they could understand.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. Comments included, "I have a key to my room because I like to keep private, that is respecting my choices. I am happy here. Without the slightest doubt I would recommend this home", "There's always activities but I'm not a joiner, never have been, but staff

always respect that and I'm not forced to do anything" and "They always treat me respectfully. I don't have any worries at all about living here, but I could talk to any of the staff and they would listen to you." A relative said, "[I have] no concerns re carers, [staff are] always respectful towards my [relative]."

- Staff clearly knew people and their likes and dislikes very well. We heard friendly conversations between people and staff. We saw people were treated with dignity and their privacy was respected. Staff knocked on doors before entering people's bedroom doors. Staff called people by their preferred name. One member of staff explained what dignity and respect meant to them. They told us, "I get to know people well, what they like. For example, if they like to spend time with other people or prefer to be on their own in their room. I think people are treated with dignity [at The Porterbrook], it's how you would want your mum to be treated."

- We did not see or hear staff discussing any personal information openly or compromising people's privacy. Staff we spoke with understood the need to respect people's confidentiality.

Is the service responsive?

Our findings

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

A rating of Requires Improvement means: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- We looked at four people's care records. Most information was stored and recorded electronically. People did also have a paper care record which included information from other professionals and any signed documents. We suggested the registered manager may want to consider scanning this information into the electronic care record so people's information was held together in one place.
- Care records were split into sections. The first section contained a profile of the person which included person centred information, such as 'how I like to spend my day' and 'what matters to me (preferences, likes and dislikes)'. The remaining sections covered the person's care and support needs in all areas of daily living, such as 'my nutrition and hydration plan', 'my wishes for the future, end of life and palliative care plan' and 'mental health and wellbeing plan'.
- The care records we looked at contained records of monthly evaluations taking place, however these had not consistently taken place every single month and when they had the information was often brief.
- We saw electronic 'progress notes' were regularly completed by care staff each day and evening. Information was also recorded and shared between staff at shift handover meetings.
- There were meaningful activities and social opportunities available to people living at The Porterbrook. The provider employed two activity coordinators. We saw there was a range of activities and events advertised on the notice boards on both floors. This included quizzes, pampering sessions and a gardening club,
- During the morning of the first day of this inspection we saw a visiting singer was entertaining people in the downstairs lounge. People told us they were enjoying the experience. In the afternoon there was a quiz in the upstairs lounge. We saw people joining in and chatting happily with staff and each other.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and they would inform staff if they were unhappy with their care. Comments included, "I know the manager [named] and can always go to her. Don't worry, I am safe" and "Any niggles and you can talk to staff and they get it sorted out, they understand."
- The provider had a complaints policy and procedure in place. This was displayed in the reception area. The procedure described what action the manager would take to investigate and respond to any complaints and concerns raised.
- We saw the registered manager had a system in place to keep a record of complaints and their response. However, this had not been kept up to date as one complaint response was missing. The registered manager told us this response had been given verbally and they then updated the complaint log to reflect this. This was not following the provider's complaint procedure which stated, 'Following the completion of

the investigation, the manager should provide the complainant with a written Complaint Investigation Report.'

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.

A rating of Inadequate means: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

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

- A notification should be sent to the Care Quality Commission every time a significant incident has taken place. The registered manager told us they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. However, CQC had not been notified when a DoLS had been authorised for at least two people. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents.
- The provider ensured the ratings from their last inspection were clearly displayed in the home and on their website.

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

- We found some recommendations and requirements from the previous inspection had not been acted on. For example, at the previous inspection we identified staff were not receiving regular supervisions and appraisals and this was still the case. At the previous inspection the registered manager was not carrying out audits of people's care records. At this inspection we found there was still no system in place to monitor the quality and accuracy of people's care records. At the previous inspection we recommended implementing a system which monitored the progress of all safeguarding incidents to gain information on how quality standards and legal obligations were met. At this inspection we found a system had not been put in place.
- Where audits had been completed by the registered manager they were ineffective. They had not identified the issues we picked up regarding recruitment, topical medicines, PRN medicines, staff supervisions and appraisals, capacity to consent and DoLS authorisations.
- The assessments of people's level of dependency were not used to determine safe staffing levels.
- The provider did not carry out any audits of their own when visiting the service.
- The provider did not complete and return an action plan to identify what improvements they planned to make following our last inspection.
- The provider has now been in breach of the same three regulations three times in succession. In addition, three further breaches of regulations were identified at this inspection.

We found systems were still not established and operated effectively to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was therefore a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

- The provider had policies and procedure relating to all aspects of service delivery. We saw these were

reviewed and updated to ensure they reflected current legislation and good practice guidance. These were available to staff in the manager's office and the reception area. However, we found several instances where the registered manager was not following the provider's policies and procedures. For example, with regards to the frequency of staff supervisions and responding to complaints.

- Maintenance checks of the premises were regularly undertaken with satisfactory outcomes. Water safety and legionella testing, bed and mattress checks, and electrical installation and equipment servicing records were up to date. Risks to people's safety in the event of a fire had been identified and managed.

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

- The provider had systems in place to regularly ask people and staff for their views on the service. We looked at the current year 'meeting minutes file' and the last recorded staff meeting was held in January 2019. The registered manager told us staff meetings were held 'as and when required'.

- We also saw minutes from monthly meetings with people living at The Porterbrook. These were led by the activity coordinators. We saw on the minutes from these meetings that people's views and needs were considered and any required actions were recorded.

- The service produced a monthly newsletter which included information about upcoming events and photographs taken at past events.

- The registered manager told us satisfaction questionnaires were sent out to people and their relatives every year. We saw the latest survey results were displayed on the notice boards.

Working in partnership with others

- The registered manager told us they worked in partnership with Sheffield local authority.

- Staff had developed and sustained good working relationships with visiting health and social care professionals.