

Tapton Care Limited

The Porterbrook

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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection on 10 January 2018. The inspection was unannounced. This meant no-one at the service knew we would be visiting.

The Porterbrook is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The Porterbrook is registered to provide accommodation for persons who require nursing or personal care. The service can accommodate a maximum of 44 people. The service is a purpose built home with accommodation situated on the ground and first floors. At the time of the inspection, there were 20 people living at the home.

The service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Our last inspection at The Porterbrook took place on 30 May and 2 June 2017. The service was rated Inadequate overall. We found the service was in breach of three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. These were breaches in Regulation 12: Safe care and treatment, Regulation 17: Good governance and Regulation 18: Staffing.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions asking if the service was safe, effective, responsive and well led, to at least good. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had not been made to meet the requirements of Regulation 12: Safe care and treatment, Regulation 17: Good governance and Regulation 18: Staffing and therefore were continued breaches. 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.

There was a manager at the service who was registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found systems were in place to make sure people received their medicines safely so their health needs were met. All of those who spoken with were happy with the support they received for their medicines. However, we saw not all staff administering medicines had their competency checked. The registered manager submitted evidence after the inspection showing all competency checks were completed.

People spoken with said they had no concerns about the number of staff provided each day, and did not report any impact on the care delivered. We found the registered manager's system for calculating staffing levels at the service was not robust. Although the registered manager did not operate effective systems to calculate staffing levels at the service, we found this had no negative impact on people's care.

Staff had not been provided with supervisions and appraisals at the frequency identified in the registered providers policy. Some staff had not been provided with any supervisions.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. However, these systems were recently established which meant effective audits had not been consistently undertaken prior to this. We found some audits had not been fully completed.

People spoken with were very positive about their experience of living at The Porterbrook. They told us they were happy, felt safe and were respected.

Staff were provided with relevant training, which gave them the skills they needed to undertake their role.

Staff recruitment procedures were in place. The registered provider ensured pre-employment checks were carried out prior to new staff commencing employment to make sure they were safe to employ.

People's care records contained detailed information and reflected the care and support being given.

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

The service employed a part-time activities coordinator and we saw a stimulating programme of activities was offered at the service. We received positive feedback from people who used the service about the quality of activities provided.

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.

The provider had systems in place for managing medicines and people received their medicines in a safe way. However, we identified some people living at the service did not receive topical medicines as prescribed.

We found there were enough staff available to meet people's needs. However, improvements were needed to the service's systems and processes to calculate staffing levels.

Risk assessments were undertaken which identified risk and the actions needed to minimise risk.

Staff knew how to safeguard people from abuse and had received training in this subject.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were not provided regular supervision and appraisal for development and support.

Staff had been provided with relevant training to make sure they had the right skills and knowledge for their role.

People were provided with a balanced diet and had access to a range of healthcare professionals to maintain their health.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People living at the home, and their relatives, said staff were very caring in their approach.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People living at the home were confident in reporting concerns to the manager and felt they would be listened to. However, relatives who had raised concerns with the registered provider gave mixed feedback about the quality of the service's complaints handling.

People's care plans contained a range of information and had been reviewed to keep them up to date.

Staff understood people's preferences and support needs.

Is the service well-led?

The service was not always well-led.

Breaches in the regulations identified at our last inspection had not been fully acted upon.

Audits were carried out regularly, which identified required improvements. However, some audits had not been undertaken or fully completed.

The service promoted a positive and open culture, where staff and people living at the home had confidence in the registered manager.

Requires Improvement ●

The Porterbrook

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 10 January 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

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. The PIR was completed and returned as requested. This information was considered as part of our inspection.

During the inspection we spoke with seven people who used the service and four visiting relatives. We spoke to visiting health and social care professionals. We spoke with the registered manager, the deputy manager, one senior care assistant, four care assistants, the administrator, the activities coordinator, the maintenance person and the cook.

To help us understand the experience of people we could not fully communicate with, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us evaluate the quality of interactions that took place between people living in the home and the staff who supported them. We also spent time observing care throughout the service.

We looked at documentation relating to the people who lived at the service, staff and the management of the service. This included two people's care records, three staff records, and the systems in place for the management of medicines and quality assurance.

Is the service safe?

Our findings

We checked progress the registered provider had made following our inspection on 30 May and 2 June 2017, when we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because people did not receive safe care and treatment and were not protected against the risks associated with the management of medicines. At this inspection we found sufficient improvements had not been made to meet the requirements of Regulation 12.

We checked to see if medicines were being safely administered. Medicine was administered to people by the care staff. We checked three people's Medicine Administration Records (MAR) and found they had been fully completed. The medicines kept corresponded with the details on MARs. Medicines were stored securely. The registered provider had appropriate arrangements in place for storing and administering controlled drugs (CD's). These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the two CD records checked.

People spoken with were happy with the support they received for their medicines. Comments include; "I get my medication regularly and on time" and ""They are pretty good at making sure I get my tablets."

We saw the registered manager had started carrying out regular audits of people's Medication administration records (MAR) in October 2017, to look for gaps or errors and to make sure safe procedures had been followed. We saw issues were identified, which showed the service was able to question their own practices. However, we saw monthly medication audits were not always completed in full. For example, in the November and December 2017 audits we saw the summary section was blank. The intended use for the summary section was to list identified issues and follow up action taken by the auditor. This meant we could not see evidence that the registered manager had acted on identified concerns in their medication audits. We discussed this with the registered manager who assured us concerns were followed up and improvements would be made to the quality of their audits so follow up actions were clearly recorded.

At the previous inspection we identified some people living at the service did not receive topical medicines as prescribed. At this inspection we looked at a selection of these MAR's and found staff were not always signing to show creams had been applied as prescribed. We saw no system in place to record when administration was not required so gaps in MAR's were easily explained. We saw medication audits did not include checks on topical medicines, which meant there was no regular checks to make sure full and safe procedures were adhered to.

The medication was administered by staff who had received training to administer medication. The registered manager told they checked the competency of staff administering medicines annually. We saw they checked the competency of three staff administering medicines and had five more competency assessments to complete. Competency assessments are used to identify whether staff were performing their roles correctly or that poor practice was being identified and acted on. At this inspection, we observed staff

administering medicines correctly. Staff spoken to told us they felt confident administering medicines and they received regular training. After the inspection the registered manager submitted evidence to the CQC showing staff competency checks were complete. Evidence showed the registered provider failed to do all that is reasonably practicable to mitigate any such risks to ensure the proper and safe management of medicines. This supports a continued breach of Regulation 12.

We checked progress the registered provider had made following our inspection on 30 May and 2 June 2017 when we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because there were not always sufficient numbers of suitable competent and skilled staff to meet the needs of people living at the service. At this inspection we found improvements had been made to meet the requirements of Regulation 18.

On the day of our inspection the following staff were working at the service; one deputy manager, one senior care assistant, four care assistants, two domestic assistants, two kitchen assistants, one handyman, one administrator and one activity coordinator. The activity coordinator was employed to work 35 hours per week. We looked at staff rotas and found they reflected the number of staff working. For night time shifts the rota showed one senior care assistant and two care assistants scheduled to work. We saw the registered manager did not use a dependency tool to calculate the staffing numbers at the service. They calculated staffing levels based on a ratio of one care assistant for every eight people living at the service, which is not person-centred. Dependency tools are used to measure individual's level of need to inform evidence-based decision making on staffing and workforce. Although the registered manager did not operate effective systems to calculate staffing levels at the service, we found this had no negative impact on people's care. The registered manager told us they would start using a recognised dependency tool.

People spoken with said they had no concerns with the number of staff on duty, and did not report any impact on the care delivered. One person told us, "You never have to wait very long for help and assistance." Most relatives spoken with were positive about the staffing levels and told us people received timely care. One relative told us, "I have never known there be a staffing problem, things run really smoothly." However, we received feedback that people visiting the service were often waiting long periods to be allowed entry, or had seen people left unsupervised. Comments included, "I get so frustrated that it takes the staff so long to answer the doors in the evenings and at weekends," "Some people are frustrated that staff might not answer the door swiftly in the evenings. All I think is it assures you that the residents come first," and "It sometimes takes a long time for the staff to answer the door to my family but at least we are safe." Throughout our inspection, we observed people received timely care and staff did not appear rushed. This showed there were sufficient numbers of staff to meet the needs of people who used the service.

We checked progress the registered provider had made following our inspection on 30 May and 2 June 2017 when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. This was because recruitment procedures were not sufficiently robust to ensure the right people were employed to work with vulnerable people. At this inspection we found improvements had been made to meet the requirements of Regulation 17.

We looked at three staff files and found safe procedures for recruiting staff were followed. Staff we spoke with told us they had completed pre-employment checks before they commenced their employment with the provider. This included references from their previous employment and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an

understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made. This meant staff were aware of the correct procedures to follow to uphold people's safety. Staff knew about whistle blowing procedures.

Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager. They also felt confident they would be listened to, taken seriously and appropriate action would be taken to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked showed staff had been provided with relevant safeguarding training.

People who used the service told us that they felt safe and commented, "Security is of the utmost importance here," "The staff are wonderful, that's what makes me feel safe and secure here" and "The staff work so hard to ensure we are safe and well cared for." One relative commented, "Without a doubt, this is a safe and secure setting." Another relative told us, "I cannot praise the staff enough for their diligence at keeping my [family member] safe."

We looked at two people's care plans and saw each plan contained risk assessments, which identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were individual to reflect the person's needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

The registered provider told us that they did not support any people who live at the service with the day to day management of their finances.

Is the service effective?

Our findings

At our inspection on 30 May and 2 June 2017, we found a breach in the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 18, Staffing. This was because staff were not receiving regular supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. The registered manager told us they had completed some staff supervisions, but no staff appraisals. This corresponded with our checks of the service's supervision and appraisal matrix for all staff. We saw inconsistencies where some staff had no supervisions and others that had some supervision but not at the frequency required by the registered provider's policy and procedures. We also found all staff had not received an appraisal in 2017. We looked at three staff files and could not see evidence of corresponding supervision records to the supervision matrix. At this inspection we found sufficient improvements had not been made to meet the requirements of Regulation 18. This demonstrated a continued breach of Regulation 18.

People we spoke with told us they thought the care staff were well trained and performed their jobs well. We checked the staff training matrix which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, medicines and safeguarding was provided. The matrix showed training in specific subjects, to provide staff with further relevant skills were also undertaken, for example, training on dementia and pressure ulcer awareness. This meant all staff had appropriate skills and knowledge to support people.

The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs and dentists. We observed health professionals visiting people during the inspection. This was reflected in the feedback we received from people who used the service. Comments included, "They [staff] make all the arrangements for me to see the chiropodist and the dentist" and "I have kept my own GP from when I was at home, which is good." Relatives spoken with were mostly positive about the support their family member received and said the service escalated concerns to health professionals appropriately. We received only one negative comment where a concern about a person's health was not acted on as quickly as their relative would have liked. All other comments were positive, "When [family member] needs to go to any medical appointments the staff ensure they are ready for us to accompany them," "They [staff] never hesitate to call the doctor if necessary and they always keep me informed" and "The manager will call me if ever there is a problem." This showed the registered provider was working in partnership with other agencies so people received effective care and their health needs were met.

We saw in care records that people had had their nutritional needs assessed, including likes, dislikes, allergies or special diets. We saw that referrals to relevant professionals were made, such as dieticians, so that risks could be monitored and reduced. Weight management and monitoring charts were in place and were completed with relevant frequency.

People who lived at the service spoke positively about the meal options available. One person told us, "The food is well prepared and there are a number of choices. The cooks will make you anything you want really." Another person told us, "The main chef gets to know you. They take so much trouble to get things right for you." We received feedback informing us the quality of meals sometimes varied. We shared this feedback with the registered manager who told us would take action to address the issue. All relatives spoken with were positive about the food provided at the service. Comments included, "They [staff] endeavour to make sure [family member] eats well. They are often off their food, they [staff] tempt them with so many different tasty things. They [staff] really take their time assisting them to take a meal" and "The staff work so hard to make the mealtimes a lovely social occasion."

We carried out observations during lunchtime and saw that there was a relaxed and calm atmosphere. The dining tables were neatly set out and looked very welcoming with matching linen tablecloths, napkins, water glasses, wine glasses, condiments and flowers. We observed meaningful interactions between staff and people who used the service. We heard staff offering people a choice of meal and, if a person did not wish to eat any of the choices given, they were offered alternatives. At the end of the meal we observed the cook chat to people and ask about the quality of their meals. Staff were aware of, and respected, people's food and drink preferences.

We found a varied and nutritious diet was provided to support people's health. We saw people were regularly offered drinks and snacks. Throughout the building there were a number of fruit bowls containing a variety of fresh fruit. People were being offered a wide variety of fresh juices or alcohol from a purpose built 'bar' in the reception area. We looked at menus and found they incorporated fresh fruit and vegetables. One person we spoke with told us, "Everything we eat is fresh, all the vegetables are fresh." We saw that meal options were displayed in writing or people were shown their meal options to help them decide.

We found that the kitchen was clean and food was stored appropriately. We saw stocks of fresh food and use by dates were clearly displayed. People's care records highlighted any special diets or nutritional needs people required and we saw this information had also been shared with the kitchen staff. The cook was able to tell us about people's nutritional needs and how these were being managed. This included fortifying foods with higher fat alternatives to encourage weight gain. This demonstrated that people were encouraged to maintain a nutritional, well balanced diet and were supported with their nutritional needs. The cook told us they attend resident's meetings for feedback on menus and meals provided at the service. This showed people were being supported to eat and drink enough and maintain a balanced diet.

We looked at the care records for two people who used the service and there was evidence that people were consulted about how they wanted to receive their care and where possible consent was obtained for care and treatment, as part of the registered provider's admission process.

People we spoke with told us care staff always ask for permission before delivering care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection the registered manager told us there were no people living at the home who were subject to a standard authorisation. We saw the registered provider had a robust system in place to monitor existing standard authorisations and pending requests. This demonstrated that the provider was working to the principles of the MCA.

Is the service caring?

Our findings

We saw positive interactions between people living at the home and staff. People spoken with were very complimentary about the staff team. One person told us, "I am certain I could not be cared for any better anywhere else." Other comments included, "Staff treat me with kindness and respect," "I cannot express enough gratitude for the support me and my family receive" and "The staff show me every courtesy."

All visiting relatives and friends spoken with were happy with the care people received. One visiting relative said, "My [family member] is cared for in such a kind and loving manner."

We saw that some people living at the service preferred to remain in their bedroom. We looked at the care and support they received. We observed staff were very attentive to these people and were seen calling to them regularly in a cheerful and friendly manner. People were clear that their privacy was respected. Staff respected people's privacy by knocking on doors or asking for permission before they entered their bedroom. One visiting relative told us, "Staff consistently ensure [family member's] privacy and comfort." This demonstrated that staff were caring and respected people's privacy.

We observed caring interactions throughout the inspection. We observed staff providing support to people during mealtimes and found that staff were able to meet people's needs and did so in a caring manner. For example, we observed the care team consistently communicated at eye level when people were seated. We also observed staff chatting with people who used the service in a friendly and familiar way. This demonstrated that staff were caring and committed to meeting people's needs.

We did not observe staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss personal information in public or disclose information to people who did not need to know. Any information needed to be passed on about people was done so in a discreet fashion. For example, during staff handovers. This helped to ensure only people who had a need to know were aware of people's personal information.

We found that the service had a member of staff who was a dignity champion. The registered manager told us the dignity champion carried out checks, which looked at things like the quality of staff interaction with people who used the service. Findings were then fed back at team meetings to promote staff awareness of dignity and respect in practice.

We found that the service supported people to express their views and be actively involved in making decisions about their care, treatment and support. We saw that service held a residents and relatives meeting on 16 November 2017, which discussed future activities at the service, meal and visitor arrangements.

The registered manager told us they had an open door policy and we saw people were free to talk to the management team when they wanted to.

Is the service responsive?

Our findings

At our inspection on 30 May and 2 June 2017, we found a breach in the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 12, Safe care and treatment. At the last inspection we found care records did not always accurately reflect people's needs. We saw care records were stored electronically but not all staff knew how to access these. This meant care staff did not have access to important information about people's care and support needs. At this inspection we found sufficient improvements had been made to meet aspects of Regulation 12.

We saw the service continued to use an electronic care plan system. This meant people's care and support plans were stored electronically and accessed by a computer. Staff spoken with were confident accessing people's electronic records and knew how to make changes where necessary. For example, when a person's care and support needs had changed. Throughout the inspection we observed staff accessing people's electronic care plans on the service's computer. Care records we checked demonstrated people were supported to receive their care and support in a way they liked. There were documents in place regarding the person's life history, preferences and activities they enjoyed so that staff could support people to meet their wishes and aspirations. During the monthly reviews of care and support plans, information was updated or added to, to ensure it was still correct and relevant.

One visiting relative told us, "Communication is excellent. They [staff] let me know if anything changes in [family member's] care needs." Other relatives spoken with told us they and their family member were fully involved in the admission process.

Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were each day.

We saw that community health professionals were visiting regularly to make sure that people received the right care and support at the service. When we spoke with health professionals they told us staff met people's needs well and made appropriate referrals for their intervention.

The registered provider had a complaints procedure and the registered manager kept a record of any concerns received. We saw the record included relevant letters and information relating to concerns. This showed the registered provider acted on complaints. We saw that the service had received one complaint since the previous inspection. We saw that the registered provider had followed their policy and responded appropriately. We saw people had access to a copy of the complaints policy in the reception area. This showed that the registered provider was approachable and transparent about their complaints policy and procedures.

People living at the home and their relatives we spoke to told us they knew how to complain and felt confident raising concerns informally if they were unhappy with their care. One relative told us, "The staff are so approachable, you can discuss anything with them." Another relative said, "I would see any one in the office if I had any worries." However, we received mixed feedback about the quality of this service's

complaints handling via the CQC's 'Share your experiences,' which is a form on our website. This allows members of the public to submit their experiences of care online.

We saw the service provided a range of stimulating activities. People said that they had recently enjoyed all the Christmas and New Year festivities in particular, the Pantomime, local Church services, entertainers and parties. People spoke positively about the animal therapy sessions held at the service. One person described how they had held snakes and tarantulas for the first time, which they really enjoyed. People we spoke with were laughing loudly when they explained how they overcame their fears of holding these animals. One person told us, "You should have seen my [family member] when the 'Zoo-Lab' people brought the snakes and spiders. They nearly jumped out of their skin, we all laughed so much, it was so funny." People told us the service provided outside entertainment, which they liked. One person told us, "I really enjoy the dancing. I will attend any event that has dancing."

We saw the service had recently appointed an activities co-ordinator. We observed activities taking place during our inspection, which people participated in. The activity coordinator told us they were committed to making sure the activities were enjoyable and beneficial. The activity coordinator demonstrated an understanding of the physical and psychological benefits of activities to people's wellbeing. Without exception, people said that they took part in, and enjoyed, a wide range of activities and outings. Comments included, "The new activity worker is doing her best to make sure the activities are right for us. [Activity coordinator] has made an individual plan for me around the type of interest I have," "I love going to the beauty salon. I have my hair dressed and a manicure" and "I am happy to join in any of the activities, it keeps my brain active."

Visiting relatives also spoke positively about the program of activities provided. Comments included, "The staff have just the right approach to encouraging [family member] to get involved with things" and "They [staff] encourage my [family member] to join in everything, but they decline. However, last week they suddenly decided to join in with the singing entertainer that was booked. They thoroughly enjoyed it." This showed the service provided a range of leisure opportunities to meet people's needs.

The service had a strong commitment to supporting people living at the home, and their relatives, before and after death. Some people had end of life care plans in place. We saw next of kin and other significant people had been involved as appropriate. These plans clearly stated how people wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and were reviewed as and when required by the person's doctor and a family relative as appropriate.

Is the service well-led?

Our findings

At our inspection on 30 May and 2 June 2017, we found a breach in the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 17, Good governance. This was because we found quality monitoring systems were not effective to ensure compliance with the regulations. At this inspection we found improvements had not been made to meet the requirements of Regulation 17.

At this inspection we found the management team consisted of a registered manager and a deputy manager. The registered manager told us they started working at The Porterbrook after the previous inspection and registered with the CQC on 12 January 2018. We found that not all feedback from the previous inspection was acted on. For example, at the previous inspection we identified staff were not receiving regular supervisions and appraisals. At this inspection, we found sufficient improvements had not been made to meet regulation. At the previous inspection we saw care plans had been audited but had not identified that they were inadequate as they did not detail people's needs or risk and how to manage these. Although we found care plans were adequate at this inspection we saw the service were not carrying out audits of people's care plans. This meant there was no system in place to monitor the quality and safety of people's care plans. At the last inspection we identified the systems for the administration of medicines were unsafe, medication audits were not always effective at picking up issues and checks on staff competency for medicine administration was not completed. At this inspection we saw the registered manager had commenced regular medication audits in October 2017, however, in audits we checked they had not completed the summary section. This meant we could not see what follow up action the registered manager had taken in respect of identified concerns. We also identified some competency checks were still outstanding and records for the administration of creams were not always accurate. At the last inspection we identified staffing levels at the service were inadequate. At this inspection we saw the service was adequately staffed. However, the system used to calculate staffing levels was not robust or person-centred. We shared these concerns with the registered manager who told us they were in the process of introducing further quality assurance processes, such as care plan audits. There was an action plan in place to ensure the service was continuously improving, which we saw evidence of and included actions to address feedback from the CQC. This supports a continued breach of Regulation 17.

The registered manager started a log of accidents and incidents in November 2017. This meant we were not able to look at accidents and incidents that had occurred at the service from the date we last inspected to November 2017. Therefore we were unable to verify whether risks were being appropriately managed. This showed the registered provider did not always maintain an accurate, complete and contemporaneous record in respect of each person living at the service. When we checked individual records we could not see information of what follow up action was taken by the registered manager to ensure reasonable steps were taken to mitigate associated risks. For example, we saw one person living at the service had an unwitnessed fall in their bedroom. One action we would expect the service to undertake after this type of incident is to update the person's care and support plan. However, we were unable to verify if any follow up action had been taken, as details were not included in the log. We saw no overview of accidents and incidents in place, which looked for trends, patterns and actions that could be taken to minimise the risk of falls. This demonstrated the systems to assess, monitor and mitigate the risks relating to people's health and safety

were not always effective.

We saw the registered manager kept a safeguarding log which documented all safeguarding incidents which had occurred at the home. We looked at individual incidents and saw the service responded to risk, followed procedure and took appropriate action to safeguard people from harm. We saw safeguarding incidents corresponded with our own records, which demonstrated the registered manager was adhering to reporting requirements under regulation. 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. We recommend implementing a system which monitors the progress of all safeguarding incidents and gives clear information of how quality standards and legal obligations were met.

We saw monthly checks and audits had been undertaken. Those seen included kitchen audits, maintenance audits, mattress audits, health and safety audits, medicines audits and infection control audits. However, these had only recently started so monitoring systems were not yet established.

We found the registered provider had not displayed The Porterbrook's previous inspection rating on their website or at the service. This is required by regulation and applies to all providers when they have received a CQC performance assessment for their regulated activities. Providers must ensure that their ratings are displayed conspicuously and legibly at each location delivering a regulated service and on their website.

The vast majority of people and relatives spoken with were happy with the service provided at The Porterbrook. People living at the home and their relatives spoke positively about the new management team and told us they had seen recent improvements at the service. Comments from people living at the service included, "The staff and managers are willing to listen to us and then make changes" and "The manager is so approachable and has assured the door is always open." People said they were encouraged to speak out at the meetings that were arranged by the manager. We heard feedback from some relatives who told us about the disappointment of the outcome from the last CQC inspection. However, any negative feelings or comments from relatives and representatives were confined to the previous management structure. One relative told us, "The home is showing signs of improvement recently." Another relative said, "I have every confidence in the manager and her team. The complaints procedure makes it quite clear how we can approach a complaint."

Staff spoke positively about the management arrangements. Staff told us they felt well-supported and confident bringing any issues to the attention of the management team as these would be resolved quickly and effectively. One staff member told us, "The [registered manager's] door is always open, [registered manager] is a good shoulder and would listen to me." Another staff member told us, "The [registered manager] is very friendly. If we have a problem we can go to [registered manager] at anytime."

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures seen had been updated and reviewed when practice guidance and legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. This meant staff were kept up to date with current legislation and guidance.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider failed to do all that is reasonably practicable to mitigate any such risks to ensure the proper and safe management of medicines.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not act on feedback from relevant persons for the purposes of continually evaluating and improving their services. Operating systems and processes were not always effective to assess, monitor and improve the quality and safety of the services provided.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider failed to ensure that staff received appropriate support, supervision and appraisal to enable them to carry out the duties they are employed to perform.