Care Quality Commission

Portelet Cottage Limited

Portelet Cottage

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Portelet Cottage 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.

Portelet Cottage is registered to accommodate up to 16 people. At the time of our inspection there were 15 people living at the home in one adapted building in a residential area of Bournemouth. During our visit another person came to stay in the home for a short break. The home was registered with CQC in April 2018. This was the first inspection of the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they liked Portelet Cottage and they all told us how friendly and nice the staff were. Some people no longer used words as their main means of communication. These people were relaxed with staff and smiled when they heard staff voices or saw their faces. We received positive feedback from relatives and health professionals who visited the home regularly.

People were supported by sufficient levels of trained and experienced staff who had worked to get to know the people living in the home well. Staff understood how to identify and report abuse and were well supported in their roles. Staff received training to enable them to carry out their roles competently.

People made choices about how they spent their day. Staff had a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and promoted people's independence and choice in their day to day living. Where people were not able to make a specific decisions staff acted in accordance with the MCA.

People's health care needs were met and staff supported people to see healthcare professionals when appropriate. People were supported to take their medicines safely by staff who had received the appropriate levels of training.

People were encouraged and supported to take part in a range of activities within the home and the locality. Photos around the home showed people enjoying these activities.

People and relatives knew how to make a complaint if the needed to and felt any concerns would be taken seriously and action straight away.

There were quality assurance systems in place to drive improvement and ensure people received safe, effective and responsive care.

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.

People were supported by sufficient, suitably experienced and qualified staff.

Medicines were managed safely and stored securely. people received their medicines as prescribed.

Staff understood the signs of possible abuse. They were aware of what action to take if they suspected abuse was taking place.

Is the service effective?

Good

The service was effective.

People enjoyed the food and they were supported to eat and drink safely.

Staff received ongoing training and support. Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff understood the requirements of the Mental Capacity Act 2005 and how this applied to their daily work.

People had access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

Care was provided with warmth by staff who treated people with compassion, respect and dignity.

Staff were aware of people's preferences and took an interest in them to provide person-centred care.

People and relatives told us that staff were kind, caring and compassionate.

Is the service responsive?

Good

The service was responsive.

People had care plans which took account of their likes, dislikes and preferences.

Staff were responsive to people's changing needs.

Relatives and people's views were sought. They felt they could raise a concern if required and were confident that these would be addressed promptly.

Is the service well-led?

Good

The service was well led.

Staff felt well supported by the management team, they were confident they were listened to.

Observations and feedback from people and staff showed us the service had a supportive and open culture.

The provider had audits in place to monitor the quality of the service provided.

Care Quality Commission

Portelet Cottage

Detailed findings

Background to this inspection

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

The unannounced comprehensive inspection visit took place on 6 September 2018. The inspection team was made up of one CQC Inspector. We made telephone calls as part of our inspection up to 11 September 2018.

Before the inspection we reviewed the information we held about the service including the Provider Information Return (PIR). The PIR 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 also reviewed information received from a local authority who commission the service for their views on the care and service given by the home. We were aware of safeguarding referrals that had been made regarding this service. As a result, we reviewed the way the service was staffed and the way people were supported to eat and drink safely. We did not find any concerns.

During the inspection we met and spoke with six people living at Portelet Cottage and a visiting relative. We observed and listened to how people spoke with and interacted with staff and following the inspection we spoke with another relative and a health care professional. During the inspection we spoke with the registered manager, the deputy manager, the chef and two members of care staff.

We observed how people were supported throughout the day and looked at records related to six people's care. This included care plans and care delivery records and Medicine Administration Records (MARS). We also looked at records relating to the management of the service including three staff files with reference to their recruitment, supervision and training, maintenance records, quality assurance records and staff meeting minutes.

Good

Is the service safe?

Our findings

Everyone we spoke to told us they felt safe living at Portelet Cottage and they liked the staff who cared for and supported them. One person said, "It is very good here. They look after you." One relative told us they were sure their loved one was safe.

Risks to people and the service were managed so that people were protected, and their wishes supported and respected. Risk assessments reflected people's wishes and encouraged their independence. For example, one person's mobility had deteriorated and improved since they lived in the home. Risk assessments reflected these changes and sought to enable the person to move as independently as possible. Assessed risks covered risks individual people faced and included: skin care, mobility, medicines, isolation and eating and drinking safely. Staff had clear understanding of the risks people faced and how they supported them to reduce these risks.

Staff demonstrated a good understanding about identifying potential signs of abuse and knew the process to take if they needed to contact the local safeguarding team. Staff discussed safeguarding and whistleblowing processes as a team and told us there was a culture of sharing concerns openly. They gave examples of how this led to safer care for everybody. There were systems in place to monitor all accidents and incidents and this meant learning was shared amongst the staff team.

People had the correct equipment in place to support and maintain their safety. For example, air mattresses were set correctly and checked daily. Hoists and slings were clean and checked and maintained effectively. People had been individually assessed and plans made for their safe evacuation from the premises in an emergency such as a fire. This information was kept up to date. The provider had a system in place to ensure the premises were maintained safely. During our inspection essential work was identified to the fire system; this was arranged and an interim measure risk assessed and put in place.

Staffing had been increased as more people moved into the home. People, staff and visitors told us there were enough appropriately trained staff employed to meet people's needs. Throughout the inspection we observed staff were relaxed with people and supported them in an unhurried and friendly way.

Recruitment practices were appropriate, and the relevant checks had been completed on all staff. These checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

We checked the stock and storage of medicines. Daily temperatures were recorded for the medicine cupboard. Due to the unusually high temperatures experienced this summer, the temperature had occasionally gone above the safe limit for medicine storage. No medicines stored were at risk of becoming ineffective due to high temperatures as these temperatures had not been sustained. This had been identified and work was scheduled to add a vent to the medicines storage room.

We reviewed the medicine administration records (MARs). These were fully completed with no gaps or

omissions in recording. Staff who administered medicines had received up to date medicine training. People had their known allergies recorded and there was a photograph of people on their MARs to help ensure medicines were administered to the correct person. Some people required pain relief as required. Records showed how people would present if they needed additional pain relief and could not tell staff. We saw one person identify that they were in discomfort and they received pain relief immediately. Some people had creams administered by care staff. Staff were knowledgeable about the creams people needed.

The home was clean throughout our visit. We observed staff wore their personal protective equipment when providing personal care.

Good

Is the service effective?

Our findings

People's individual needs were met by the adaptation, design and decoration of the premises. People moved freely around the home and the décor helped them to do this. Doors were colourful and important doors such as those to toilets were clearly identifiable. People were encouraged to choose décor for the areas around their rooms that made them happy and helped them to identify their own spaces. Decorative touches were placed at different heights to ensure people with restricted mobility and posture had interesting features to look at. Communal areas were bright and airy. The garden was accessible and had been used extensively over the summer. The registered manager described plans for the garden space that were in process and reflected people's preferences.

Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were comprehensive, detailed and reflected people's preferences and wishes. They covered areas such as communication, eating and drinking, health, personal care and mobility. Care plans were regularly reviewed and updated in consultation with people and where appropriate their families were involved.

Staff had the skills and knowledge they needed to perform their roles. New staff completed an induction that employed practical and memorable activities alongside more standardised learning. Those who were new to care were expected to obtain the Care Certificate, which reflects a nationally agreed set of standards for health and social care work. Staff confirmed they could access training they needed and spoke about the opportunities for professional and personal development within their roles. Refresher training was scheduled at set intervals and included topics such as moving and handling, safeguarding adults, the Mental Capacity Act and Deprivation of Liberty Safeguards and fire safety. Training also included competency assessments and the registered manager had a schedule to ensure these took place frequently.

Supervision and appraisal were used to develop and motivate staff, reviewing their practice and focussing on their professional development. Staff had monthly supervision meetings with their line manager. All the staff commented that they felt supported and encouraged to develop.

People were supported to eat and drink enough to maintain a balanced diet. People had a choice of what they ate and drank and had access to sufficient food and drink whenever needed. People chose their meals verbally when this was possible. Staff were familiar with the likes and dislikes of people who could not make this choice verbally and they also 'listened' to their gestures and responses to meals provided, offering alternatives if necessary. The chef spent time with people each day building relationships and improving their understanding of what people enjoyed.

Care plans contained details of people's food preferences, special dietary requirements and support required to eat and drink. These included when people needed additional food or fortified meals and safe swallow plans devised by speech and language therapists where people had swallowing difficulties that put them at risk of choking. These were followed and understood by staff and the chef. Records were kept of what people had eaten; drunk and these were reviewed daily and any issues flagged at handover for staff to

follow up on. This meant that staff could guard against possible risk of malnutrition and dehydration. People were weighed regularly, and staff referred people to health professionals and dieticians in a timely manner if their weight had fluctuated.

The kitchen had not been assessed by the local food standards authority since it had reopened. The kitchen was clean and tidy during our visit and staff wore protective clothing when preparing food.

People were supported to manage their health. Staff encouraged people to keep active and to maintain friendships and interests. Staff liaised with health and social care professionals to ensure people got the right healthcare. Records reflected this was the case for ongoing health issues and acute health emergencies. Each person had a current hospital passport, which outlined how to support the person appropriately in event they required hospital treatment, likes and dislikes, any communication and medicine requirements and particular needs such as safe swallow plans. A health professional told us that staff contacted them and followed guidance appropriately.

The registered manager and staff worked within the requirements of the Mental Capacity Act 2005 (MCA). The 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 the least restrictive possible. Where there was doubt about someone's ability to consent to aspects of their care, the person's mental capacity to give this consent was assessed. If the person was found to lack capacity a best interests decision was recorded, reflecting how the care could be provided in the least restrictive way possible. Examples of mental capacity assessments and best interests decisions included receiving care, taking medicines, and the use of monitoring technology such as alarm mats. Some people had asked others to make decisions for them and followed the legal process for this. Where people had done this and had powers of attorney in place the staff understood this role and respected the decisions they made.

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, including short stay homes, and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where appropriate, applications had been made to the relevant authorising body to deprive people of their liberty. The registered manager had a system for monitoring when DoLS authorisations were due to expire and fresh applications were required. Where DoLS had specific conditions attached to them these had been followed correctly.

Staff showed a good understanding of people's capacity to consent to their care and support and the choices they could make each day. Staff told us how people were always offered choice and how they respected their wishes. One member of staff told us with a smile: "Even if (person) can't tell you. They let us know."

Good

Is the service caring?

Our findings

There was a friendly, cheerful and welcoming atmosphere at the home. People actively sought out care staff to chat and laugh with. There was friendly banter between people and staff and people were mostly happy and calm. People reflected on the staff and made comments such as: "They are all so cheerful and smiley" and "They are really nice and kind." One relative commented: "The staff are all lovely." They told us that this was the case with management also: "The manager is lovely, amazing." Another relative told us: "All the staff are very friendly."

Staff told us everyone was treated fairly and equally with care and compassion. They told us that their goal was to treat everyone as they would treat their own relatives and they all told us they saw this kindness in their colleagues. People's care and support plans focussed on their wishes. Care plans ensured people were given as much independence as possible and able to make their own informed choices about how they wished to live their lives. Where people did not use words as their main means of communicating staff supported day to day choices by noting facial expressions and body language.

Relatives told us they were always made to feel welcome and free to visit whenever they wanted. One relative told us they felt cared for when they visited.

Staff were aware of the importance in respecting people's rights to privacy and dignity. Staff used people's preferred names and knocked on people's doors before entering their bedrooms. When people received personal care, staff made sure people's bedroom doors were closed. We noted that sometimes staff spoke about people's needs in communal areas. The office was small, and this meant discussion with groups of staff or relatives would happen in communal areas. We discussed this with the registered manager and they told us that as a team they would address this.

There were lots of smiles and laughter between people and staff. Staff checked with people how they were feeling and if there was anything they needed. We saw genuine affection between people and the staff. For some people, this meant that staff familiarity was replaced with respectful kindness. One person was confused and unsettled, and staff were gentle and attentive when necessary whilst respecting the person's space. Staff spoke fondly of the people they cared for and they said they wanted to be able to provide the best possible care and support for them.

Good

Is the service responsive?

Our findings

Relatives were kept informed about changes in their loved one's care. One relative told us: "They tell me what has been going on." Another relative told us: "They always keep me updated." They also commented that the staff were always able to offer reassurances and knew what was going on with their loved one's care. Documentation reflected this with clear recording of relatives' involvement in reviews of care and calls made to share information.

Staff were supportive, attentive to people and knew everyone very well. They told us that communication within the home was very good and this ensured they worked as a team to make sure people's needs were responded to and met. When people's needs changed, their care plans were updated to reflect this, and staff told us the care plans were very helpful. A member of staff explained: "We read everyone's care plan before we support them."

People's needs were assessed, and care plans reflected those needs. They reflected people's wishes and included detail about what mattered to people. This gave staff clear direction and helped them ensure people lived the way they chose to within the home. Care plans also included people's life histories, which gave important information about how people had lived their lives and what was important to them. Staff knew about each person as an individual, what and who was important to them and how they liked to spend their time. They knew what activities they enjoyed and how and when they preferred their personal support to be given. They described how getting to know the person helped them to provide care, especially to people whose dementia was advanced and who could find personal care challenging and distressing.

People were supported to take part in a range of varied and interesting activities. Physical activity was encouraged through games, and during our visit this also promoted people communicating with, and supporting, each other and some healthy competition! People also had access to calming evening activities, such as a book club and meditation, and there were plans to start regular trips to a local farm. The activities available were continuing to develop as more people had moved into the home. Photographs on the walls of the home showed people enjoying group and individual activities in the home and garden. Individual activities were also arranged and discussion with one person had recently led to an evening out at the Bournemouth Air Show followed by dinner out.

People had access to the information they needed in a way they could understand it; this complied with the Accessible Information Standard (AIS). The AIS is a framework put in place in August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People's communication needs were identified and recorded in their care plans and this information was understood by staff. The information was also available to other professionals in documents that went with people if they needed hospital treatment.

The service used technology to support people and maintain their health and wellbeing. Care plans and recording were done on a computer system that meant staff had access to plans and recent records when they were with people. This information was kept up to date and staff commented on how useful it was as a

system. One member of staff explained: "We have everything here (indicating handset). We can read the care plan where we are."

People and relatives told us they knew how to complain if they needed to. There was guidance available in communal areas informing people how and to whom to make a complaint if required. The service had not received any formal complaints since registering in April 2018. Where concerns had been raised to statutory authorities, any learning identified had been shared amongst the staff team to ensure care quality was improved.

People had been sensitively supported to make decisions about their end of life care. Some people had plans in place detailing their wishes for the end of their lives. Staff spoke emotionally about care they had provided to people who had died in the home. They were confident that people had had good deaths and were committed to ensuring that this was always the experience of anyone who chose to die at Portelet Cottage.

Good

Is the service well-led?

Our findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff and relatives spoke positively about the registered manager and staff all commented on the availability, approachability and commitment of the provider. A relative commented: "It is a really positive place." People recognised and engaged happily and with familiarity with the registered manager. There was a happy, open, friendly, supportive culture within the home and a clear management structure. One member of staff said, "I feel really supported and the communication is great here. We work as a team – there is clear allocation and we communicate well." Another member of staff told us: "It has grown into a lovely home. There is still a lot we want to do – I can see a future for myself here. "

The home had not been open for long enough to undertake a formal satisfaction survey, but people and visitors were encouraged to say what they liked and what they wanted changed. The provider had a system in place for achieving more formal feedback and this would be introduced at Portelet Cottage.

The registered manager had a good understanding of incidents that required a notification to CQC and we saw that these had been submitted. We discussed the appropriate timing of notifications when other statutory agencies were involved, and the registered manager identified that they would now notify CQC at the start of any investigation rather than at the conclusion.

A range of audits and spot checks to assess the quality of the service were regularly carried out. These audits included medication, infection control, and health and safety checks. These audits and checks had been effective in identifying the need for improvements such as the vent in the medicines room and where learning needs were identified by other agencies these were addressed promptly.