Portelet Care Limited

Portelet Lodge Care Home

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

Portelet Lodge was registered for 22 people. There were 22 older people living in the home at the time of our inspection. People had a variety of care and support needs related to their physical and mental health.

This unannounced inspection took place on 25 November 2017. At our last inspection in July 2015 we identified a breach of regulation. This breach was in respect of the application of the Mental Capacity Act 2005 (MCA) where people were not able to consent to their own care. At this inspection we checked to see if the provider had made the improvements necessary to meet the requirements of the regulation. We found that staff understood how the MCA supported their work and that best interest decisions had been made when people could not consent to their care.
Care documentation was being transferred to a computerised system and staff were positive about the benefits of this for accessing and monitoring information. We have made a recommendation about ensuring these records develop to reflect people's wishes and preferences.

There was a registered manager for the service. 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, staff and relatives described that the home had been through a challenging period. They were all confident that the registered manager had secured change and stability. People were happy with their care and they shared appreciation and confidence in the registered manager and staff team.

Staff were consistent in their knowledge of people's care needs and spoke with confidence about the individualised support people needed to meet these needs. They told us they felt supported in their roles and had taken training that provided them with the necessary knowledge and skills. There was a plan in place to ensure staff received refresher training as deemed necessary by the provider.

People felt safe. They were protected from harm because staff understood the risks people faced and how to reduce these risks. Measures to reduce risk reflected the person's preferences. Staff knew how to identify and respond to abuse.

People told us they received the care and support they needed. They also told us they saw health care professionals when necessary and were supported to maintain their health by staff. People's needs related to on going healthcare and health emergencies were met and recorded. People received their medicines as they were prescribed.

Where people had received end of life care at Portelet Lodge feedback from relatives was consistent in its acknowledgement of the kindness and compassion of the staff team in ensuring people's wishes and needs were met.

People described the food as good and there were systems in place to ensure people had enough to eat and drink. Where people changed their mind about what they wanted to eat they were offered alternatives.

People had support, care and time, when they needed it, from staff who had been safely recruited.

People were engaged with activities that reflected their preferences, including individual and group activities both in the home and the local area.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their lives. Care plans reflected that care was being delivered within the framework of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been applied for when necessary.

People were positive about the care they received from the home and told us the staff were kind. Staff were cheerful and treated people and visitors with respect and kindness throughout our inspection.

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 felt safe and there were enough staff to meet their needs. People were supported by staff who understood the risks they faced and spoke competently about how they reduced these risks. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. People who were able to consent to their care had done so and told us they directed the care they received. Staff provided care in people's best interests when they could not consent. Deprivation of Liberty Safeguards (DoLS) had been applied for appropriately. People's needs had been assessed and they were cared for by staff who understood these needs. People had the food and drink they needed and saw a range of health professionals when they needed.

Is the service caring?

Good

The service was caring. People received compassionate and kind care. Staff communicated with people in a friendly and warm manner. They treated people with dignity and respect. People and their relatives were listened to and felt involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive. People told us they were supported to live their life the way they chose to. People and relatives were confident they were listened to and knew how to complain if they felt it necessary. People were cared for with compassion at the end of their lives.

Is the service well-led?

Good

The service was well led. People, relatives and staff had confidence in the management and spoke highly of the support they received. There were systems in place to monitor and improve quality including seeking the views of people and relatives. Staff were committed to the ethos of the home and were able to share their views and contribute to developments.

Portelet Lodge Care Home

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 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.

This inspection took place on 28 September 2017 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. We had not requested a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We were able to gather this information during our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed care practices, spoke with nine people living in the home, two relatives, three members of staff, and the registered manager. We also looked at three people's care records, and reviewed records relating to the running of the service. This included four staff records, quality monitoring audits and accident and incident forms. Following the inspection we asked the registered manager to send us information regarding staff training and rotas, policies and planned decorative work. We received this information as agreed.

We also spoke with two healthcare professionals, and received feedback from a social care professional who had worked with the service.

Good

Is the service safe?

Our findings

People told us they felt safe and relatives shared this feeling. One person told us: "I feel safe. They try and foresee any problems we may have." and a relative reflected on how the staff provided support to reduce risks: "I am confident in them. (Person) is as safe as (they) will ever be." People described what made them feel safe and were confident they could tell someone if this changed.

There was a satisfactory safeguarding policy in place that had been updated in the month of our inspection. The policy contained the latest contact details for the local safeguarding team. Staff had all received training in how to follow the safeguarding process and were able to describe how they would report suspected abuse. They were confident any concerns would be taken seriously and acted on. One member of staff told us: "I would feel comfy to report it. The most important thing is the clients." Where it had been identified as necessary, people had been supported to have an independent advocate to help them ensure their views were heard and considered.

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. This approach was supported by the organisation's risk management policy. They described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. These assessments reflected individual need such as to prevent poor nutrition and hydration, to protect skin from damage or reduce the risk of falls. Staff described the individualised responses to these risks, explaining how to approach and speak with people, what distractions worked best and how people's previous experiences impacted on how they took risks. Staff monitored one person's whereabouts unobtrusively and used distraction techniques effectively. Another person had vulnerable skin and did not like to follow guidance they had been given to reduce the risks of deterioration. Staff explained how they encouraged the person to follow their plan by chatting with them and offering encouragement at a time that suited the person.
Records were not as detailed as staff knowledge about what mattered to people. We discussed this with the registered manager and they spoke with the provider of their computerised recording system to add a place to record what outcome the person wanted to achieve from their support.
We recommend you seek guidance on the development of person centred recording to support the development of care practice.

Equipment owned or used by the registered provider, such as specialist chairs, adapted wheelchairs, hoists and stand aids, were suitably maintained. Effective systems were in place to ensure equipment was regularly serviced, and repaired as necessary.

There were enough staff on duty to meet people's needs. People told us, and we observed, this was the case and that staff had time to sit and chat with them. We spoke with the registered manager who explained that staffing levels were determined with a dependency tool but they had not lowered them since the number of people needing two staff to assist them with personal care had decreased. They told us the rota allowed staff to meet people's care needs and social needs. This promoted people's wellbeing. The service also

employed cleaning, kitchen, and maintenance staff to help ensure the service ran effectively. The registered manager explained that staff who worked in the kitchen had appropriate food hygiene training.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check. People were encouraged to contribute to the recruitment process. Candidates were invited to visit the home and this gave people a chance to meet them.

Staff received effective training in safety systems, processes and practices such as moving and handling, fire safety and infection control. Staff were clear on their responsibilities to ensure infection control. Staff had also received training on how to use equipment to help evacuate people from the building in an emergency. They had regular evacuation practices and people who wished to take part were supported to do so.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take suitable action. Accident and incident records were all read by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned and shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. The registered manager had just identified a tool to aid their oversight of accidents and incidents and was implementing this at the time of our inspection.

The registered provider had a policy regarding the operation of the medicines system based on current guidance, such as issued by the Royal Pharmaceutical Society and NICE. This had been updated just prior to our inspection. There was also a policy in place for the administration of covert medicines (medicines hidden in food and drink). No one was receiving their medicine in this way when we visited.

People were supported to access their GP's, mental health nurses and other consultants who prescribed and reviewed their medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs. We spoke with a mental health nurse who told us that the registered manager ensured they developed the appropriate knowledge to work effectively with them around mental health conditions and medicines. The registered manager discussed an example of where a medicine had been prescribed to assist a person during a specific circumstance that caused them anxiety. They explained that this was part of the solution and that the intention was that this would not be needed long term.

The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had undertaken training and had their competency assessed. Some medicines were being used that required cold storage; there was a medicine refrigerator at the service and the temperature was monitored. The temperature of the room where medicines were stored was also monitored and was within the acceptable range. Medicines that required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. Refused medicines were kept securely and returned to the pharmacy. Medicine Administration Records (MAR) were completed and audited appropriately. When we inspected no one was administering their own medicine although previously people had. The manager explained that when people wished to administer their own medicines individual systems had been devised that enabled this to happen safely.

People's rooms and communal areas were cleaned throughout our inspection. One person told us: "Everything is clean. We have our cleaners." There was decorative work going on during our visit. People

commented on murals that had been added recently. One person expressed how much they loved this and what an impact it had had on the room. One wall was painted first and people given the chance to live with it and decide if they liked it. One person was especially delighted with the new colours and happily commented on them repeatedly. The lounge and sunroom were cluttered in places with activities and some furniture in the lounge needed recovering or replacing to ensure it could be cleaned effectively. We were sent a programme of decorative works that detailed that this work would be completed within six months. Staff meeting minutes reflected discussions about how best to involve people in making choices about the decoration of their rooms and communal areas.

Good

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). When we inspected the service in July 2015 we found that when people were not able to consent to their care assessments and best interest decisions had not been recorded in line with the Mental Capacity Act 2005. There was a breach of regulation. At this inspection we found that improvements had been made and the provider was meeting the regulation. MCA assessments and best interest decisions covered whether a person should receive their care the way they did. This included for specific decisions such as whether staff should administer their medicines or whether an alarm system was appropriate to reduce the risks a person faced.

There were systems in place to check if people living at Portelet Lodge had a Lasting Power of Attorney arrangement for health and welfare. This means they would have appointed people to help them make decisions or make decisions on their behalf. The registered manager understood this process but no one had these arrangements in place at the time of our inspection.

DoLs applications had been made where appropriate and were awaiting authorisation by the local authority, who supervise this process.

Staff had received training in MCA and DoLS and demonstrated an understanding of the principles of the legislation. People were asked for their consent before care was delivered. Staff informed people of what they were doing and asked permission before giving personal care. Daily notes showed that, when people refused personal care, this was respected. Staff supported people to make as many decisions as possible by considering when and how they were asked to make them.

Before moving into the service people had their needs assessed across a wide range of areas. This assessment process identified initial support needs and enabled the service to determine whether or not they could meet those needs. People were protected from discrimination on the grounds of their gender, race, sexuality, disability or age. The assessment policy made it clear that no one would be discriminated against at admission and staff described how each person would be treated with respect. Admission assessments on people's files identified basic needs. These assessments were used to develop a care plan for the person so care was delivered in line with current legislation, standards and good practice guidance. The registered manager described how they kept abreast of good practice and this was reflected by a health professional. Staff knew people well and could identify what mattered to them and what they wanted to achieve. Care plans did not contain all the detail that staff understood. We spoke with the registered

manager about this and they told us they would explore how to ensure that what people wanted was reflected in the care documentation.

The use of technology and equipment to assist with the delivery of effective care, and promote people's independence, was being explored. There was a call bell system that people could use to alert staff in emergency and an electronic care planning system had been introduced that alerted the registered manager if tasks were not carried out. People used an iPad to assist with communication and to engage in activities. The registered manager had booked to attend a workshop to work with a project to use technology to promote mental health.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. New employees completed a comprehensive induction programme. This consisted of a mix of training and shadowing as well as an introduction to organisational policies and procedures. One member of staff described this process saying: "They checked I could do everything. They wanted to know they could leave the clients in my hands." Staff told us their induction was effective. A member of staff commented: "I had time to get to know people. I had three days of shadowing and then I was always with another member of staff." The registered manager explained new staff worked with two people at a time. This enabled them to get to know them well and ensured they learned what mattered to them. None of the staff needed to take the Care Certificate. The Care certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector.

During the induction process staff were required to familiarise themselves with the home's ethos. The statement of purpose of the home reinforced the principles of respect and dignity that underpinned this ethos. Staff reflected this anti-discriminatory approach in their discussions with us.

Staff received comprehensive training that enabled them to carry out their roles. For example, care staff received training in first aid, fire safety, infection control, moving and handling and safeguarding.

Staff told us they felt supported by their colleagues and the registered manager. They all commented on how accessible the registered manager was. One member of staff said: "I am supported. They are so caring of the people who live here and the staff." There was a system in place for staff to take part in regular supervision and appraisal sessions. This gave them an opportunity to discuss concerns, highlight any training needs and discuss their career.

People were involved in decisions about what they ate and drank. People were asked about what they liked to eat as part of their assessment process and this included any cultural or religious dietary needs. People fed back about the food frequently and were asked whether they enjoyed the food. If people changed their mind about their choice of food they were offered alternatives. Choices were offered verbally and some people living in the home were using pictures to communicate. The registered manager described how they planned to extend the range of this communication tool.

People were supported to have a balanced diet that supported their health and well being. Some people had been identified as being at risk because they did not want to eat or drink enough. Food and fluid charts were included in the computerised system and people's intakes were monitored and their weight was regularly checked. Care plans contained guidance for staff on how to support people to eat enough and information about people's preferences. Staff explained how one person who preferred not to eat was encouraged to eat high calorie foods whenever possible.

Kitchen staff were aware of people's specific needs. They were knowledgeable about people's likes and dislikes and demonstrated a creative approach to encouraging people to enjoy food. One person was at risk of choking and needed a soft diet to minimise the risk. Meals were spaced and flexible to meet people's needs. People chose where they ate their meals. The rota had been changed to ensure that the chef could prepare the evening meal before leaving. This meant people were able to eat a hot meal twice a day. We observed people at lunch and saw it was a relaxed occasion. People were able to take their time eating. Some people required assistance and this was done patiently and with kindness. Most people told us they enjoyed the food. Comments included: "The food here is delicious" and "The food is great."

The Food Standard Agency had awarded a top rating of five following a recent inspection. This meant the service met standards of hygiene and safety.

People's day to day health needs were dealt with in conjunction with health care professionals. One person told us: "They look after us. They see us looking off, they ask if we need a doctor." Healthcare professionals described how staff made contact appropriately and followed guidance. Records showed that people had regular contact from a range of health professionals such as: nurses, GP's, mental health nurses, dentists, and opticians.

Staff told us they worked well with each other and communication was good. One staff member said: "We are a good team." Another member of staff highlighted that day and night staff communicated well. They said: "It is 24 Hour care. We talk to each other." There was also information easily available for people to take if they needed to go to hospital. This meant delays in appropriate treatment would be avoided.

People told us they liked the physical environment. One person told us: "It is a very pleasant environment and nice place to be." The service was on three levels and there were working lifts in place. Painted handrails were in place to enable people to move around independently. There was clear signage to indicate shared lounges and bathrooms and people's individual bedrooms. This is important for people living with dementia who can become disorientated in their environment. There was access to secure, level outdoor spaces with seating and planting that provided a pleasant environment. There was a sun room next to the lounge so people were able to meet privately with visitors in areas other than their bedrooms.

Good

Is the service caring?

Our findings

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included: "They are very nice staff", "The staff are amazing", "They are brilliant and I am quite sincere when I tell you that." Another person commented on how happy they were and told us: "It makes a care home – happiness."

Staff told us they enjoyed their work and liked spending time with people. They all expressed their motivation for their work being the people living in the home. One member of staff described the things a person liked and said: "These things are important. They help people feel they belong… that they have a home." Another member of staff told us: "I talk with them. I like to make them all happy." Information about people's life histories was gathered and this information was available to staff in people's care plans. Staff understood these histories and used the knowledge to support their work.

On the day of the inspection there was a calm and welcoming atmosphere in the home, punctuated with moments of singing and laughter. We observed staff interacting with people in a caring and compassionate manner. For example, during lunch staff were patient and attentive as they supported people. They demonstrated a concern for people's well-being and were gentle. One person was upset and they were offered physical reassurance and then assurances that action would be taken to help. People were supported to maintain their independent skills. One person explained how much they valued this: "I am very independent but if I want help they are there."

Staff took time throughout the day to sit and talk with people in the lounges and visiting people in their rooms. Some conversations were light hearted and familiar and this was appreciated. One person told us: "We have a joke. I make them laugh" and another person commented that they appreciated a particular member of staff's humour. Staff were also quiet and attentive when people needed reassurance or were focussed on a task that mattered to them. Some people's communication had been impacted by their health and they no longer used words as their main means of communication. Staff took time to understand people and used personalised communication aids as appropriate.

People and their relatives told us staff respected people's privacy and dignity. One person commented that they were sure the staff respected their privacy and the staff never spoke about anyone else living in the home with them. Staff knocked on people's doors before entering and did not share personal information about people inappropriately. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. One person told us: "I am quite happy to be here. I love it when I get into my bed here at the end of the day."

People's cultural and spiritual needs were respected. Some people had fortnightly visitors from a local church and others expressed their spirituality in a way that suited them. One person chatted with us about the languages they spoke and we learned they could speak in these languages with a member of staff. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. People appeared well cared for and staff supported them with their personal appearance. A hairdresser visited as regularly as people wanted them to.

The relatives we spoke with said they could visit the service at any time and always felt welcome. Nobody mentioned any restrictions on visiting times. Families told us they felt comfortable in the home and confident in the caring nature of the staff team when they were away. One relative explained the manager "always has a smile and that runs through the staff team". They told us the result of this care was they had phone calls with their relative who made comments like: "I have had a really lovely day." The support people received to stay in touch with people who mattered to them was specific to each individual. For some people this meant that relatives were contacted to help the person make decisions about their care. When staff felt they needed guidance about how to support people they sought the input of those who knew them well.

Good

Is the service responsive?

Our findings

At our previous comprehensive inspection in July 2015 we identified that people did not have access to adequate meaningful activities. We issued a recommendation about the provision of activities for older people living in care homes.

At this inspection we found an activity co-ordinator had been appointed. They worked to support group activities and one to one activities. Everyone had made a sign for their bedroom door that highlighted things they liked. People told us that staff spent time chatting with them and they enjoyed this. We also heard about musical entertainment provided by staff and a volunteer. People were also being supported to go out for walks, to go shopping and using the iPad to do puzzles. People's care plans included information about how they enjoyed spending their time and this information was being developed. Events were also organised to celebrate important events in people's lives, and the lives of those they cared about, and photographs of parties were visible in the lounge.

People were supported to live their lives the way they chose and staff respected these choices. One person had a fixed routine that they enjoyed and staff were clear to visitors that they would have to respect this as it was necessary for the person's wellbeing. Where people could not communicate their preferences verbally relatives had contributed to the care planning process. Relatives told us they had contributed to care plans and were asked their opinions about changes. Staff described people's needs without judgement and emphasised people's individuality in all their discussion with us. Care plans were current and covered a range of areas including mobility, communication and nutrition and hydration. They were individualised with some information about people's likes and dislikes. Staff could access the information on a hand held device and this meant they had the information necessary to enable them to provide appropriate care according to people's personal preferences. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people safely. When care plans had been updated it was not clear what had changed. This meant it was difficult to monitor people's changing needs. We spoke to the registered manager about this and they explained they were still embedding their use of the new computerised system. They assured us they would contact the system provider to understand how best to record this information.

Any communication needs were identified at assessment before people moved into the service. These were recorded in the care plan so staff had information about people's needs. The care plans were updated to reflect changes and new information. One person's verbal communication had been impacted by their health condition. Staff had worked with professional input to develop a communication tool for this person. This tool enabled the person to communicate pain and emotions and staff were developing this with the person to enhance their communication. An iPad was also being used to support people's communication and there were plans to explore this further.

There was a system in place for receiving and investigating complaints. People and relatives confirmed they knew how to make a complaint and felt any concerns raised would be dealt with to their satisfaction. They told us they did not have any complaints. Where concerns had been raised, these had been investigated

promptly and used to raise standards and drive improvements. For example after the ambulance service raised a concern the registered manager had developed easily accessible documentation to support communication if people needed emergency medical treatment. There were no on going complaints at the time of the inspection.

Where appropriate people had a care plan which outlined their wishes and choices for the end of their life. When appropriate the service consulted with the person and their representatives about the development and review of this care plan. The registered manager was a champion of end of life care and staff had been trained to support people, and their families, at the end of their lives. The home had received compliments from relatives of people who had died. These compliments highlighted the kindness and compassion of staff.

Good

Is the service well-led?

Our findings

At our previous comprehensive inspection in July 2017 the home had gone through a period of instability and there was no registered manager in post. At this inspection the home had a proactive and enthusiastic registered manager in post and a stable staff team had been established.

The registered manager spent time within the service so they were aware of day to day issues and knew all the people living there well. People reacted with warmth to them and this was reciprocated. The registered manager spoke highly of the whole staff team and explained they were all motivated to do the best for people. They told us this was what motivated them also, stating: "They are like our family."

Staff spoke with pride about their own work and that of their colleagues in securing good outcomes for people. One member of staff described how all staff felt able to challenge each other supportively to make sure everything was done to the best standard. Another member of staff focussed on how the whole team had a positive attitude that was shared: "From one light other lights are kindled." All the staff emphasised the role of management in their confidence in the team. One member of staff said: "We have really good management." Another member of staff said that "management pay attention and they listen". There was a culture of openness evident. Staff and relatives described this and records indicated that information was shared with significant others after incidents or near misses. Staff told us they would be confident to whistleblow if this was necessary. They were appreciative of the openness and availability of the registered manager to address any concerns.

The service had a clear management structure. The registered manager worked across to registered homes and reported to the provider. There were senior staff in place who made day to day management decisions. The staff and registered manager spoke with humour and appreciation about liking the registered manager to be present at Portelet Lodge. They all reinforced that they could make contact whenever it was necessary and were confident in the registered manager's skill and knowledge.

The registered persons had ensured all relevant legal requirements, including registration, safety and public health related obligations, and the submission of notifications had been complied with. The previous rating issued by CQC was displayed. The registered manager said issues relating to previous inspections had been communicated to staff and staff meeting minutes reflected open discussion about areas where improvement could be made. The registered manager believed staff had a clear understanding of their roles and responsibilities and this was evident to us throughout the inspection. Policies provided a framework for staff development and support and all the staff commented that the supervision process was supportive and gave them an opportunity to develop their skills in a way in line with their own aspirations.

A senior member of staff explained that records were stored securely. There were systems in place to ensure data security breaches were minimised. Staff used passwords to log into the online recording system and understood the importance of respecting confidentiality.

The registered provider had a quality assurance process that included regular provider visits to the home.

On a monthly basis they carried out an oversight visit during which they reviewed safety and the experience of people and staff. The registered manager undertook audits and these were effective in identifying where improvements were necessary to ensure quality in all areas of the service. These systems were developing and the registered manager had taken guidance from other professionals to improve their systems. Their oversight had been effective in securing quality. For example the medicines audits had identified the need to keep the medicines trolley clean, this had been explained, and discussed, at a staff meeting and we found a clean and tidy medicines trolley during our inspection. The new computer based recording system included the facility to monitor specific areas of care such as fluid intake or meaningful activity. The registered manager planned to utilise this facility to improve oversight. They were in regular contact with the provider of the system to ensure it met the needs of the home. The approach to quality assurance also included completion of an annual survey. The results of the most recent survey had been positive. Relatives and people told us they were able to comment on all aspects of the service with confidence.

The registered manager said they thought relationships with other agencies were positive. Where appropriate the registered manager said they ensured suitable information, for example about safeguarding matters, was shared with relevant agencies.