

## Portfolio Homecare Limited

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### Inspection report

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Date of inspection visit:  
01 June 2017

Date of publication:  
21 June 2017

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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

This comprehensive inspection took place on 01 June 2017. We gave the provider 24 hours' notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection.

Portfolio Homecare is a small independently run domiciliary care agency that provides personal care and support to people living in their own homes. At the time of this inspection 86 people received personal care from this agency.

There was a manager in post who had 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.

At our previous inspection in August 2016 people told us that staff did not always arrive on time to provide their care and they did not always know which staff member was coming to support them. We had also found that best interest protocols had not always been followed for people who lacked capacity to help ensure that decisions were made in their best interests. At this inspection we found that there was an electronic monitoring system in place that was monitored by staff at the agency office and at the provider's head office to help ensure people received their care calls at the allotted time. People's care was delivered in line with their agreement and consent. There was evidence to confirm where people's relatives had the legal authority to make decisions on people's behalf and it was documented where decisions had been made in conjunction with relatives in people's best interests.

People felt safe and were happy with the care and support they were provided with in their homes. Staff had received training in how to safeguard people from the risk of abuse and knew how to report concerns both within the organisation and externally if necessary. Recruitment practices were safe and effective to help ensure that all staff were suitable to work with people in their own homes.

People who used the service and their relatives were positive about the skills, experience and abilities of the staff team. Staff told us they received training and regular updates which helped them to develop their knowledge and skills to support people effectively. Staff had regular supervision and told us they felt supported by the registered manager.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

Staff established what people's wishes were and obtained their consent before providing personal care and support, which they did in a kind and compassionate way. People and their relatives gave us positive feedback about the staff and the way in which they delivered care. People were involved in the planning and

review of their care and support. People's personal information was securely maintained within the office.

People, their relatives, and staff were satisfied with how the service was run and operated. There were systems in place to monitor the quality of services provided and spot checks were carried out to observe the quality of the care provided by care staff.

## 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's care was provided by appropriate numbers of staff who had been safely recruited.

Staff knew how to recognise and understood how to report abuse.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People received care and support from staff who were appropriately trained and supported to perform their roles.

Staff received regular support from the registered manager.

People were supported to access health care professionals as necessary.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect.

Staff demonstrated a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People's care was planned and kept under regular review to help ensure their needs were consistently met.

People were supported to engage in a range of activities.

People's concerns were taken seriously and their relatives and representative felt listened to.

**Is the service well-led?**

**Good** ●

The service was well led.

The service had a registered manager in post.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and respectful.

# Portfolio Homecare Limited

## 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 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 01 June 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available and that we could access the information we needed.

We reviewed a Provider Information Return (PIR) that had been completed by the provider prior to our previous inspection in August 2016. This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. We requested feedback from health and social care professional's familiar with the service.

As part of the inspection we spoke with six people who received support from the service, two relatives, six members of staff and the registered manager. We reviewed feedback recently gathered from people who used the service and their relatives as part of the provider's quality assurance processes. We looked at care plans relating to six people who used the service, four staff files and other information which related to the overall monitoring of the service.

# Is the service safe?

## Our findings

People told us that they felt the care and support they received was safe and they felt secure in the knowledge that their safety was paramount. One person said, "They are very good, I always feel they keep me safe."

People's relatives told us that care was planned and delivered in a way that promoted people's safety. One relative told us, "I do feel that my [relative] is safe. I held out a long time before getting any care for [relative] but I am really confident that they are safe."

Staff were knowledgeable in recognising signs of potential abuse and told us they would definitely report any suspicions of abuse to the office. Staff members completed safeguarding training as part of their induction and undertook regular refresher training to help ensure their knowledge remained current. All staff we spoke with said that they had confidence that the registered manager would take the necessary action to deal with any safeguarding concerns that were raised with them. The registered manager reported an incident where a staff member had been physically abused during the course of their work; this incident had been managed under the same protocols and had been reported to the local authority safeguarding team.

We noted that the local authority safeguarding team contact details were clearly displayed in the agency office should staff need to refer to them. However, some staff members told us that any concerns had to be directed through the office and that they were not 'allowed' to make contact with the local authority safeguarding team themselves. The registered manager shared a copy of the staff handbook that was given to all staff members. The handbook contained clear guidance for staff to support them to share any concerns they may have with the management team under the provider's whistle-blowing policy and procedure however, we noted that it did not include guidance about safeguarding policies and procedures. We discussed this with the registered manager who indicated surprise at this and undertook to ensure that the staff team were aware of the provider's safeguarding policies and procedures.

Assessments were undertaken to identify any risks to people who received a service and to the staff who supported them. These included environmental risks and risks that related to the health and support needs of the person. Risk assessments included information about action to be taken to mitigate risks as much as possible. For example, when supporting a person to move safely around their home.

Safe and effective recruitment practices were followed which helped ensure that staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the needs of people who used the service. We checked the recruitment records of four staff members and found that all the required documentation was in place including written references and criminal record checks.

There were sufficient numbers of staff available to meet people's individual support and care needs. A staff member told us, "I think we have got enough staff now, it has got better and we are always trying to recruit

good staff." Staff contacted the office or out of hour's service if they were running late for care calls. The office, in turn contacted people who used the service to advise them of the delay and assure them that someone would attend so that no-one was left worrying. We heard this happen in practice on the day of the inspection when a burst water main had created traffic congestion and caused a staff member to be delayed.

The provider had an electronic call monitoring system to monitor people's care calls. Staff logged in via mobile phone when they arrived at people's houses and logged out again on leaving. The registered manager and office staff had an overview on their computer screens and were alerted if a care call had not been completed. The registered manager reported that the provider head office also had an overview and made contact with the office if any care call was flagged as late or missed. This meant that the provider had systems in place to help ensure that people received their care at the allotted time.

Some people who used the service had responded to a quality assurance survey stating that they were not always satisfied with the call times that had been allocated to them. Their care had been commissioned by the local authority who had said they would receive support to help them get up, washed and dressed however; the care agency was not able to provide this support to all people at the exact time they preferred. The registered manager told us they intended to welcome people to Portfolio Homecare with a letter confirming the support to be provided and the agreed times that this would take place. This would give people the opportunity to sign to indicate their agreement or to consult with the local authority to make alternative arrangements for their care and support.

A person who used the service said that staff were punctual and that they could not recall a time where staff had been late or missed a call to them. A relative of a person who used the service told us that the staff were usually on time, they said, "It is more important for my [relative] to have a good carer than a punctual one. They [staff] have never missed any calls."

People and their relatives told us that they were happy with the support that people received with their medicines. A person who used the service said, "They give me my tablets and always make sure that I have taken them before they leave." A relative told us that staff supported a person with a prescribed ointment and that it was always clearly recorded when the ointment had been administered.

There were up to date policies and procedures available to support staff and to help ensure that medicines were managed in accordance with current regulations and guidance. Staff members were able to describe to us how they supported people with their medicines. Records and discussions with staff showed us that they had received training in the administration of medicines and had their competency assessed.



# Is the service effective?

## Our findings

People and their relatives told us that the staff team were skilled and knowledgeable. One person had responded in a satisfaction survey, "The care workers are all different but all of them are delightful and a great help, they are very good at their jobs." A relative of a person who used the service told us, "The staff are very experienced. I was impressed to see that new staff come with experienced staff to shadow. I am very protective of my [relative] and feel that they [staff] do a good job."

People were supported by staff who had the knowledge and skills required to meet their needs. Records and discussion with staff members confirmed that they had received training in areas that included safe administration of medicines, moving and handling, health and safety, dementia awareness, food hygiene, infection control and equality and diversity.

The registered manager reported that the service was working with a local provider association to give senior workers the skills to deliver 'light bite' training sessions in basic core areas such as medicine administration, safeguarding, care planning and moving and handling as well as more specific areas such as catheter care, colostomy care and end of life.

All staff we spoke with told us the management team were supportive and that there was always someone available to call for advice or guidance. All new care staff had completed an induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing established staff before working with people in their own homes independently.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA. Some of the people who received support from the agency had limited capacity to make their own decisions about their care and support. In this instance people's relatives supported them to make sure their care was provided in accordance with their wishes. People who used the service and their relatives told us that staff always involved them in discussions about the care and support provided and took any suggestions made very seriously.

Staff members told us that they always asked people for their consent to care. On occasions where people resisted the care to be provided staff told us they took the time to talk with people and to gain their trust. One staff member said, "We don't dictate to people we are here to help people not to dictate to them. You have to befriend people and gain their trust to be able to deliver personal and intimate care."

Some people who used the service told us that staff prepared and cooked meals for them. They told us that the food was nice and that they especially noted that staff washed their hands before preparing food.

Staff supported people to access healthcare appointments as needed and liaised with health and social care professionals involved in people's care if health or support needs changed. People who used the service told us that staff accompanied them to attend health appointments where possible.

## Is the service caring?

### Our findings

People who used the service praised the staff team for their kind and caring approach to their role. One person said, "They are all pretty good. They are caring and nice." Another person told us, "My main carer is absolutely wonderful, they are marvellous." One person had responded in a satisfaction survey, "[Care worker] is my regular carer; they are very caring, kind and thoughtful." Another person providing feedback during a spot check had stated, "The carers are lovely helping me through the day. I feel they know me now as well as I know them."

A relative of a person who used the service told us that staff were very kind and caring they said, "That is the thing I really like. They come in and greet [relative] warmly and respectfully. They are kind and caring and have good qualities."

Everyone we spoke with confirmed that staff were respectful of people's privacy and maintained their dignity as much as possible. However, some people told us that they did not always know the person that arrived to provide their care. They said it would be nice if they would have a call from the office to advise them of who was due to come to them. We discussed this with the registered manager who told us that people used to have rotas sent to them advising them of the staff members allocated to them for the week ahead but this had ceased. The registered manager undertook to raise this matter with the provider to explore if this could be continued.

Care plans reflected the fact people who used the service, and their relatives where appropriate, had been involved in developing the plan of support provided. Confidentiality was well maintained at the service which meant that information held about people's health, support needs and medical histories was kept secure.

## Is the service responsive?

### Our findings

People told us that they had been involved with developing their initial plans of care and then in subsequent reviews which ensured the plans continued to meet their needs.

People's care plans included guidance for staff to follow to help ensure people received their care and support in accordance with their needs and preferences. For example, one care plan we viewed stated, "Using my frame I will walk to the bathroom and sit on the stool. Fill the sink with water of an even temperature and assist me to have a full body wash, dry and assist me to dress in clean clothes of my choice."

Care plans were kept under regular three monthly reviews and the registered manager reported that additional reviews would take place if the need was identified. For example, if a care staff member reported that a person's care was taking more time than had been allocated due to their escalating needs. In this instance the registered manager told us that a visit would be undertaken with the person to assess how their needs had changed. When a care plan was updated in response to a person's changing needs a new copy was placed in the person's home and a message relayed around the person's team of care workers to alert them to the changes.

Care staff acted responsively to people's needs. For example, a staff member told us how they had contacted emergency services when they arrived at a person's home and found them to be in distress due to their health condition. During the course of our inspection visit at the agency office we heard staff contact a GP surgery to report a concern noted by care staff at the morning care delivery. This showed us that staff took appropriate action in response to people's needs.

People who used the service told us that they felt the agency was responsive to their needs. One person told us how they had needed to change their care call times to allow for them to spend their day with a family member and they were really pleased that the agency had arranged this for them.

Staff members were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service.

The provider's complaints process was included in information given to people when they started to use the service. The registered manager kept clear records of any concerns raised with details of any investigations undertaken and the response to the complainant. People who used the service and their relatives told us that they felt that they were listened to and that they would be comfortable to talk with the management team if they had any concerns. One person said, "I have never had to make a complaint so I don't know what I would do. If I needed to I would contact the [registered] manager and I am very confident that they would sort things out for me." A relative told us, "If I had anything to complain about the first point of contact would be the office. They have always told me to get in touch if I have any concerns about anything." The staff handbook contained clear instruction for care staff to relay any concerns that may be raised with them

to the management team in order that appropriate action may be taken.

We also saw records of compliments received praising the staff team for their kindness and excellent care. For example, "Thank you and your company for the outstanding care you showed my [relative]. I would like to praise [Care worker] who showed my [relative] the utmost respect and dignity and often went that extra mile. Thank you all."

## Is the service well-led?

### Our findings

People and their relatives told us they had confidence in the management team and in the way the agency was managed. One person told us, "I think it is well managed. They have contacted me a couple of times to check that I am happy with everything."

A relative told us, "As far as I can tell the service is well managed. I was impressed that the initial visit was done by one of the office staff. It means that they have knowledge of [relative's] care needs and can answer any questions that the care staff have. The service is good, it has been a Godsend, I am so pleased with them."

All staff members we spoke with praised the registered manager for the advice and guidance that was available to them at any time. Staff also praised the registered manager for their caring and supportive ethos. One staff member told us of support they had received on a personal level. They told us that this had made them feel valued and helped them as an individual as well as a member of the staff team. Another staff member said, "[Registered manager] is one of the best managers we have ever had, I am very confident that they would act appropriately on any information I passed to them."

Staff members told us that Portfolio Homecare was a good company to work for. One staff member said, "It is a very supportive company. I was very apprehensive when I first joined but there was no need. It is a great company to work for."

We saw a record of a meeting that the registered manager had arranged for the staff team to discuss such issues as changes in pay rates, communications logs, staff recruitment matters and any matters arising with people's care. We noted this meeting had been poorly attended, the registered manager said this was a recurrent issue as staff had not routinely attended meetings arranged. They told us this was an area that they had identified for improvement as the staff team were missing out on the opportunity to share good practice and to develop a collaborative approach to providing people's care and support. We noted that a copy of the minutes from this meeting had been cascaded through the staff team in order to make staff members that had not attended aware what had been discussed.

The management team had developed a monthly newsletter in order to share news and updates with the staff team. The most recent newsletter included information about such things as welcoming new staff members to the team and providing updates about such areas as electronic monitoring, spot checks, supervision and communication sheets.

There had been no regular monitoring of the service by the registered provider to assess if the service was performing appropriately in line with regulations. However, the registered manager advised that this had been identified and we saw confirmation that a provider monitoring visit had been arranged for the week following this inspection.

Representatives of the provider monitored the quality of the service provided by visiting people who

received care to assess the standard of care provided and by talking with people and their relatives to obtain their feedback. We noted that the feedback received had been summarised and actions to be taken planned such as meeting with people to discuss their concerns and scheduling 1:1 meetings with care staff to explore identified shortfalls. This showed that the provider took steps to monitor the quality of the service provision.

Care records were returned to the agency office on a monthly basis and were routinely monitored by senior staff members to help ensure that they accurately reflected the times of calls attended and the care elements provided for people. We saw that recurring shortfalls had been identified and managed including lack of recording logging out times and records not completed in black ink as instructed.

Satisfaction surveys had been distributed to the people who used the service in April 2017. At the time of this inspection 13 responses had been received. Seven people had responded that they were 'very satisfied' with the service they received and five people had responded they were 'satisfied'. Quotes from these survey responses have been used throughout this report.