

Portfolio Homecare Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 09, 10, 12 August 2016. We gave the provider 48 hour notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection.

At our last inspection on 04 June 2013, the service was found to be meeting the required standards in the areas we looked at. Portfolio Homecare is a small independently run domiciliary care agency that provides personal care to people in their own homes.

The manager in post had started the process to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

There was an electronic monitoring system that was audited regularly to ensure people received their care calls. However, people did not always receive their calls on time and we found that people did not always know which staff member was coming to support them.

People who had received a capacity assessment and found to be lacking the capacity to make decisions had not been provided with a best interest meeting to ensure decisions were made in their best interest. □

People felt safe and were happy with the care and supported 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 were being supported by the service and their relatives were positive about the skills, experience and abilities of staff who worked in people's homes. Staff told us they had training and regular updates which helped them develop their knowledge and skills to support people effectively. Staff had regular supervisions and told us they felt supported by the 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 relative's we spoke with were positive about the staff and the way in which they delivered the care.

People were involved in the planning and reviews of the care and support provided. Care plans were written

and reviewed by people or their rightful representative. People's personal information was securely maintained within the office.

People, their relatives, and staff were complimentary about how the service was run and operated. There were systems in place to monitor the quality of services provided. The manager told us regular spot checks were carried out to observe the quality of the care provided by staff and check staff`s competencies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People did not always receive calls at their preferred times.

People were protected against the risk of harm by staff who knew how to recognise and report any signs of abuse.

Staff were knowledgeable about the risks to people's health and wellbeing and how to mitigate these to keep people safe.

Recruitment processes were robust staff were employed in sufficient numbers to meet people's needs effectively.

People were supported to manage their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were not always supported with independent mental capacity assessors when required to support their best interests.

People received support from staff who had received appropriate training to give them the knowledge and skills to meet people's needs.

Staff sought people's consent before providing care and support.

People were supported to drink sufficient amounts and where required staff supported them with their meals.

People were supported to access health care professionals when required.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

People and their family carer where appropriate were involved in making decisions about the support they received.

People's dignity and privacy was respected and maintained.

Is the service responsive?

Good ●

The service was not always responsive.

People received care and support which was responsive to their individual needs. However people told us they frequently received late calls.

People were involved in the planning and reviewing their care and support. If people were able they wrote their care plans in their own words.

People told us they knew how to complain and felt able to complain if required.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had systems in place to monitor the quality of the service. However late calls were not identified and no action plans were in place to ensure improvement.

People were positive about how the service was operated and had confidence in the staff.

The registered manager Had an open door policy and staff felt supported.

Staff Understood their roles and responsibilities.

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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 09, 10, 12 August 2016. We gave the provider 48 hours' notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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.

During the inspection we spoke with eight people who were being supported by the service, four relatives, six members of staff and the manager. We looked at care plans relating to three people who used the service, three staff files and other information which related to the overall monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe being supported by staff who worked at the service. One person told us, "I feel safe; they [Staff] make me feel comfortable." Another person said, "We feel safe, they, [Staff] talk to us in a kind way."

There were adequate numbers of staff employed at the service to provide a safe and effective service to people at all times. The manager had reviewed the rotas since starting in January and had ensured that staff were tasked to their local areas. However we found that although there had been no missed calls people regularly received late calls. One person told us, "We can't rely on what times staff are coming. The times have been unacceptable." The manager explained that during the holiday period staffing levels suffered but they covered calls by staff working extra hours and with staff who worked on flexible rotas, the manager also provided support. The manager told us that they were continually recruiting and there were systems in place to ensure people received their calls. However most people told us they had received late calls. We were told by people that they were happy with the care they received and had not suffered because calls had been late but would like the call times to improve.

Staff had received training in how to protect people from potential abuse. Staff confirmed they knew how to recognise signs of abuse and who to report concerns to both internally and externally. One staff member told us, "I have had my safeguarding training." They also told us, "I would always report concerns. I would rather report concerns and be wrong." All staff we spoke with understood the reporting of any concerns and staff knew how to escalate concerns to the local authorities or CQC.

There had been few accidents or incidents since the service had been in operation. The provider had a policy in place for staff to know when and how to report if these occurred. Staff told us they knew how to report concerns and they had guidance and support from the manager. However we found that there had been an incident that had not been documented in the incident book. The manager had just returned from leave and had not been made aware of the incident. The manager was able to demonstrate that staff had investigated the incident and had found no concerns but had not updated the incident book. The manager confirmed after the inspection in an email that they had discussed this further with staff and the incident book had been updated.

We found that safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. We saw references were reviewed and all relevant pre-employment checks were in place before staff were allowed to start work. The manager confirmed they were actively recruiting and ensured the correct checks were in place before staff commenced employment. Staff had the opportunity to have lease cars through the company and fuel cards. The manager confirmed this was to help provide staff with reliable affordable transport.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included areas such as difficulty with swallowing. We found that one person had been identified at risks of food entering the

lungs. The person was supported by staff to have three healthy meals a day and there was guidance for staff on how the food should be presented, for example food to be cut up into small pieces. We spoke with staff that provided the person's care and they demonstrated they had good knowledge of the person's needs and how to keep them safe.

People's medicines were managed safely. Staff had received training in the safe administration of medicines and competency checks were in place including unannounced spot checks which senior staff undertook in people's homes. Staff told us that they supported people with their medicines. We looked at Medication Administration Records (MAR) and found these had been completed properly and were regularly audited to help ensure good practice.

Is the service effective?

Our findings

People and their family carers told us they felt the care and support they received was appropriate and delivered in line with their individual needs. One person told us, "Staff make me feel comfortable and they help me a lot."

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. We found that they were not. The manager told us that the people they supported all had capacity to make choices about their care. However, we found that one person did not have capacity to make decisions. We spoke with the staff member who confirmed that the person had received a capacity assessment and had been found not to have capacity to make decisions about their care. They told us that they thought it was acceptable for family members to make decisions about the person's care in this instance. They had not considered the person's relatives did not have power of attorney to make decisions on their behalf. No best interest meeting had been held to ensure that the support put in place was in the person's best interest. The manager responded to our concerns and has been in touch with the local authority regarding the person.

We noted that people's consent was obtained and had been recorded in their care plans. Staff told us they always asked for people's consent before care and support was provided. People we spoke with confirmed that staff always sought their permission. One person said, "They [Staff] ask me what I want."

Staff told us they had received induction training when they started working at the service and there was continuous training and refresher training provided as required. New staff also had an opportunity to work alongside more experienced staff and observe their practice. One staff member said, "I had an induction it was good they were really organised we covered moving and handling safeguarding, food hygiene. I have completed my care certificate and would like to do my national vocational qualification level three (NVQ)" Staff told us they were tested following completion of the training to make sure they understood and were able to demonstrate a satisfactory level of knowledge. Training records confirmed that staff received a varied training programme and that the training was updated appropriately. One staff member told us, "My competency was checked after I completed my training." We saw in staff files there had been written tests to assess staff knowledge and understanding for areas such as medicine training, moving and handling and safeguarding.

We saw that staff received regular support and supervision. Staff told us they were supported and could always speak to the manager to obtain guidance or advice. One member of staff told us, "The manager is nice and fair, if you have any problems we can talk to [Name of manager] they don't make you feel that any question is silly." However staff did not have access to regular team meetings, the last meeting had been in

February. The manager told us that they will be resuming staff meetings from September and that there had been other priorities for them to resolve but team meetings was part of their plan. The manager also told us they only had 23 staff and they were always popping in for chats. They told us that they communicated with weekly news letters for staff to ensure they were aware of any changes and important updates were sent to staff by text. Staff confirmed that the manager's door was always open and they felt they could talk with the manager if required.

Staff told us that they sometimes supported people with preparing their meals. Staff told us they always made sure people had adequate supplies of food and drinks available to them. One person said, "They [Staff] put my meals on. They ask what I would like." Another person said, "They [Staff] cook for me and they ask me what I want to eat."

People were supported to maintain their health and well- being and staff told us that they liaised with health care professionals involved in people`s care. We saw from care plans that other professionals such as district nurses and GP's were involved with people's care.

Is the service caring?

Our findings

People who used the service and their relatives told us that staff provided support in a kind, compassionate and caring way. One person told us, "Very happy with the care the staff are kind and respectful." One relative said, "We are pleased with the care they [staff] are sympathetic with my [Relative]."

Everyone we spoke with during the inspection gave positive feedback about staff being kind and caring. One relative said, "My [Relative] is really happy with the care they receive, they enjoy the company." One person said, "They [Staff] are very nice and polite and look after me." Another person said, "The staff are lovely, they are gorgeous. One staff member put their arms up in the air; they were so excited to see me."

People who received a service, and where appropriate their relatives, were involved in the planning and reviews of the care and support they received. Care records were detailed about people's wishes and views about what they expected from the service and staff demonstrated their knowledge about people they supported. Staff were able to tell us what was important to each person they supported which demonstrated that they were able to offer care and support to people in a way that promoted and accomplished people's wishes. For example one person, due to their needs, had specific requirements for staff to follow and staff were able to verbally demonstrate they knew the person's needs.

Staff told us they were respectful and protected people's dignity and privacy when offering care and support. People we talked with told us that their dignity and independence were supported by staff. One person said, "Absolutely happy with the service they are nice and kind and so gentle. They ask me would you like us to make your bed." Another person said, "They [Staff] communicate well, they take their time and don't rush me." One staff member commented, "Before I enter people's homes I always introduce myself, I explain what I will be doing and check that it is ok to help. It is important to tell people what you are doing and make sure you give choice." Another staff member said, "Yes it's important to promote people's independence by handing them the face towel or hairbrush and encourage people to support themselves."

Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

People who used the service received personalised care and support based on their individual needs that took account of their preferences and personal circumstances. Staff were very knowledgeable about people's preferences and wishes. People we spoke with were all very complimentary about the service they received and about the staff. One person said, "Yes they [Staff] have reviewed the care with me."

There was an electronic monitoring system in place that allowed staff to monitor calls, to ensure people received their care and support on time. This was reviewed throughout the day. The call times were audited regularly to ensure people were receiving their calls. However we found when reviewing the actual call times against the planned time that people did not always receive their calls on time. One person we spoke with was frustrated about the call times never being on time. People we spoke with told us they were really happy with the care however most people told us that they received late calls. This meant that people were not receiving their calls at their preferred times. We found that most late calls were on average 30 to 45 minutes different from the agreed preferred call time and we found that one call had been 65 minutes late. However people we talked with confirmed there had been no adverse effects.

We reviewed the rotas and saw that people received calls from different staff. People we spoke with told us that they did not always know who was coming. One person said, "They [Staff] always come; always different staff." Another person said, "I see different carers, they are all very good. We were also told by one person, "We are happy with the service, we have the same carer." Staff we spoke with demonstrated their knowledge of people they supported and all the people we spoke with were happy with the staff and support they received but their only complaint was around late calls. This meant that people did not always receive the preferred times

People's care plans were personalised gave clear guidance to staff on how to support people and what was important to them. The manager told us, "When we assess a person we always ask what they want from us and what is important to them." Staff were able to describe in detail all the important things about the people they supported. For example, we saw in one person's care plan that they had a preferred name they liked staff to use and that they also liked to drink black coffee. The staff members who supported the person knew these details. Staff were able to tell us about the people they cared for and the support the person required.

People were aware of how to raise a concern or make a complaint if they needed to. They were given a service user guide which gave them all the information they needed about the service including the provider's complaints procedure. People and their relatives told us they never had any reasons to complain about the service. One person said, "I know the contact numbers but have never had a reason to complain." Another person told us, "I have the book with their numbers, not had to call them, no reason to complain. We are very satisfied with our care."

Senior care staff were responsible for visiting people on a regular basis to perform spot checks to ensure they were looked after well and staff would ask if they were happy with the care and support they received

and if there had been any concerns. Staff we spoke to confirmed any issues raised with them were reported back to the manager to be resolved. We saw that where complaints had been raised there was a system in place to record this and we saw evidence that people's concerns were responded to. We also saw that people had taken the time to send their thank you letters and cards complimenting staff for the care and support they provided.

Is the service well-led?

Our findings

Staff told us that the manager was approachable and they felt listened to. One staff member said, "We can talk to the manager."

At the time of our inspection there had not been a registered manager for Portfolio Homecare. The manager told us that they had been in post since January 2016 and submitted the application to become the registered manager. We asked the manager questions about the people that Portfolio supported and the manager demonstrated that they were not aware of all people's needs or whether people had capacity. They ensured that staff had the training necessary to meet people's needs.

There were systems to monitor the quality of the service. We saw that the manager had completed audits of the service to identify where improvements were needed. There were action plans in place to make improvements. For example, the manager had identified that the way the calls were allocated and arranged needed to change to take advantage of staff locality. However although audits had been completed there was no evidence that late calls had been identified. This meant that despite systems in place to monitor and audit the service late calls had not been identified and no actions to improve the times calls were delivered had taken place.

The manager had not been aware that people they supported who did not have capacity to make choices about their care; had not been supported with the appropriate representatives to ensure that where there had been no legal representative that the person had a representative in place to support decisions made in their best interest.

Staff were positive about the manager of the service and felt there was strong leadership. One staff member said, "I think the manager is brilliant. We can see the manager at any time, they always take our calls. They are very fair and listen to what you have to say. I feel supported and listened to. If I had a problem I can talk with the manager." The manager confirmed that her door is always open.

The manager felt supported by the provider. They told us they had regular meetings to talk about any concerns or ideas they had, there was lots of communication and they could just pick up the phone for support. The manager had been supported with their training and development. Other managers within the organisation completed spot checks on a regular basis which included auditing of the service. The manager attended meetings to ensure best practice was maintained. There were links to the local authority for training. The manager told us that they had an induction that gave them an overview of the company. All policies and procedures were stored on a central system so everyone had access to the most up to date version.

Staff understood their roles and responsibilities. One staff member said, "I like this company because we [Staff] all support each other staff are always willing to help you." The manager confirmed that there was good team work and that staff were always popping in. Staff told us they liked working for Portfolio Homecare.

