

Berkley Care (Portobello Place) Limited

Portobello Place

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Portobello Place is a purpose-built residential care home providing personal and nursing care for up to 61 people across 3 separate adapted floors. At the time of our inspection there were 44 people living at the service.

People's experience of using this service and what we found

Staff at Portobello Place focused on providing person-centred care and support and achieved exceptional results. Staff took time to understand people's individual needs and used that to improve their care and outcomes. We saw many examples of how people's quality of life and wellbeing had significantly improved.

People told us they felt safe living at Portobello Place. Staff knew how to identify and report any concerns. The provider continued to recruit staff and had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People and relatives told us staff were caring. Staff did all they could to promote people's independence and we saw examples of this. People received personalised care, tailored to their individual needs and preferences, and staff supported people and their relatives to be involved with decisions relating to their care. People's privacy and dignity was upheld through the approaches taken by staff as well as in relation to the care environment, as people had access to their own bedrooms with ensuite bathroom facilities.

People had a pleasant well-presented dining experience which offered a variety of appetising food choices available at times that suited people's preferences. The menu was overseen, and food prepared by an enthusiastic catering team who always looked at creative ways of continuously improving people's dining experience. People's feedback on food had been used to improve the dining experience. Staff supported people to maintain food and fluid intake, including, providing snacks, and making people hot drinks during the night to help them relax and maintain their comfort.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at the home.

The home was well-led by a registered manager who was committed to improving people's quality of life. They and the provider put people at the centre of all they did and had plans to continuously improve people's care. There was a clear management structure in place and staff worked well as a team. The

provider had clear oversight of the service and effective quality assurance systems in place that they used to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 18 December 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Portobello Place

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Portobello Place is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Portobello Place is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 7 relatives. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We received feedback from 4 healthcare professionals. We looked at 9 people's care records and 7 medicine administration records (MAR). We spoke with the head of Quality and Risk, registered manager, deputy manager and 11 members of staff including carers, the chef, kitchen staff, domestic staff, maintenance person and personal trainer.

We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, 6 staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse living at Portobello Place. Comments included, "I feel safe, it's the environment that makes it safe and secure" and "I do feel very safe here, there is no reason why I shouldn't feel safe and I love the fact that I have a view of the garden."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff said, "I would report safeguarding concerns to senior carer, manager, safeguarding and CQC." Records showed staff had received regular safeguarding training and updates.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. The provider's electronic recording system effectively interlinked people's risks, allowing personalised planning of care.
- People's risk assessments included areas such as weight loss, falls, skin integrity and choking. Where people had been assessed as requiring regular checks, records seen indicated that these had been completed.
- People felt safe and acknowledged that the team was meticulous in preventing infections and noted that extra regulations had been introduced to augment existing procedures. During the inspection we saw staff constantly cleaning and they followed good hygiene practice and used PPE correctly.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- People told us there were enough staff to meet their needs. They said, "I think they have enough staff. I am sure they could with some more" and "There should be enough staff but I don't know if there is."
- We received mixed feedback from relatives who told us there were times staff rushed around and there had been high use of agency staff which was now improving. Relatives said, "I tend to think there is plenty of staff, they are always around, she has built a very good relationship with them and she feels secure", "There is not enough staff, we do quite often here the bell ringing, the carers would have to move from floor 3 to floor 2" and "It would be nice if there was more staff, there were times when they were short staffed. Also, at the weekend there is a lot of agency staff, we are not comfortable with that."
- Staff told us planned staffing levels were often met and they used agency staff to cover unplanned

absences. One member of staff said, "We have enough but we have been working with agency. Still using minimal agency for care and domestic team."

- On the day of the inspection we saw there were enough staff on duty to meet people's needs, however, staff deployment could be improved on the top floor of the home. The registered manager told us they had identified the need to improve levels and this had been recently introduced. They told us they would monitor and improve staff deployment during busy periods on the top floor.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. Staff used a live electronic system to manage medicines which allowed real time auditing.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had supported people with safe visitation, and this aligned with government guidance. People and relatives told us visits had been facilitated and encouraged during the Covid pandemic. We evidenced that staff at Portobello Place had taken many steps to ensure that people and visitors were kept safe during visiting, with outdoor garden meetings taking place in good weather.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care and support that was centred around their assessed needs, choices and decisions. Care was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and best use of technology. This was monitored to ensure consistency of practice.
- Assessments of people's needs were comprehensive, and people's records showed a streamlined process from first contact to admission that benefitted both people and relatives. People and relatives told us they were involved in the assessment and care planning process.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and did not work unsupervised until they and their line manager were confident, they could do so. The induction included the provider's own mandatory training as well as shadowing an experienced member of staff. New staff also shadowed experienced members of staff during and after induction. One member of staff told us, "The training was very good with lots of practicals. I shadowed more experienced staff for as long as I needed."
- Staff had access to supervisions and appraisals which were used to develop and motivate staff, review their practice and focus on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their line managers and agree objectives as well as discuss their performance.
- Staff were offered development opportunities, and these were often discussed in team meetings. For example, the provider was sponsoring one member of staff to complete a Doctor of Philosophy (PhD). Many staff were being supported through various national vocational qualification (NVQ) levels.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relatives experienced fine dining and were treated to home cooked set meals of their choice whenever they chose. These allowed people to spend quality time with their loved ones and celebrate special occasions such as birthdays and anniversaries. One relative told us, "The fine dining room experience, we had a family gathering in there once, it was very well put together, and mum did not need to go out and was not unsettling mum too much."
- People told us they enjoyed the food and said, "The food is good, if you tell the chef what you want he will try and make it for you", "The quantity of food is enough, the presentation is very good. I did ask for them not to put a lot of cream in the meals and they did accommodate me" and "I do enjoy the food here, I had the fish, which was very nice and soft as I like it. I don't think there isn't anyone that doesn't like the food here."

- Relatives were complimentary about the food and commented, "Mum enjoys the food very well, the variety, the standard, the presentation she is very happy with that" and "The food is very good, and he likes it. The chef is very good with meals."
- Mealtimes were set to suit people's needs and were not rushed. Staff were at hand with support when needed whilst promoting independence. We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that and facilitated a tray service. People had the same pleasant dining experience and support wherever they chose to have their meal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support.
- The service has a systematic approach to working with other organisations to improve care outcomes. For example, they had established a telemedicine communication contact method which enabled quicker video or phone appointments between people in the home and their local GP.
- Where referrals were needed, this was done in a timely manner. People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

Adapting service, design, decoration to meet people's needs

- Portobello Place was a purpose built home designed to allow people's free movement. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.
- There were several highly decorated sitting areas around the home where people could spend their time. There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.
- The home was well lit with dementia friendly effects which aided easy navigation around the home. There were a variety of themed destination points which we saw staff using as talking points.
- All areas were maintained and decorated to a high standard and took into account people's personal needs for how the space is used. Most rooms had access to patio spaces despite which floor they were situated. This allowed people ample space to spend their time.
- People had access to physiotherapy, bistro restaurant, a hairdressing/beauty salon and a spa room.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported in line with the principles of the Act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out. Where capacity was not evident to make specific decisions, best interest decisions had been made and management and staff followed the correct process to do so.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use photographs and documents were signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We offer residents support in their best interest in the least restrictive way. Support with unwise choices. Offer choices of food clothes and activities."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with told us the care and support they received from staff was of good quality and that they were caring. People said, "The quality of care I get is very good" and "The staff are super, they are smiling, they always help me, they give me anything that I ask for."
- Relatives were complementary of the care people received. They commented, "We are very welcomed at the care home, I am there daily, the staff are very, very friendly, the place does have a lovely ambience when you walk in" and "The overall care is extremely good, mostly by what I have seen. She loves the carers, they all know her, and she knows everyone's names, she seems to have staff that she particularly likes."
- The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. People had developed friendships amongst themselves. One relative commented, "She has her mates there, she spends a lot of her time with them, her social outreach has broadened since she has been there."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative said, "I am involved in mum's care plan, we did it together when mum moved in, it was done with the deputy manager."
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.
- The service made sure that staff had the information and support they needed to provide care and support in a compassionate and person-centred way. One relative commented, "They all know her personally, they also make a point of knowing me as well. They give me daily updates on mum gets up to, they tell me what she does and the funny things she does."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. One person told us, "My privacy and dignity are always maintained, there are no concerns."
- Staff knew how to support people to be independent. During the inspection we saw many good examples of people being supported to be independent. One person commented, "They let me do what I still can whilst they are at hand to help if needed."
- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept electronically and only accessible to authorised persons. Staff were aware of the laws regulating how

companies protect confidential information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Portobello Place had an innovative approach to using technology. For example, when one person who lived with dementia came to live at the home, they were restless, tearful and unable to settle at night. Their behaviour had worsened, and they were referred to healthcare professionals who increased their medicines. The provider invested in a research-based lighting system which imitated the sun whilst indoors and had been proven to improve people's well-being. Following this the person has been sleeping throughout the night and was more settled during the day allowing them to participate in meaningful activities. Their medicines had not been increased since and they had not needed any 'when required' medicines.
- Another person who was anxious and struggled to settle in the home was supported to get a daily structure to their day using a talking clock. The clock tells the person what day it was and what they were going to be doing and when they would be doing. Staff told us, this person was much calmer and they looked forward to each day. On the day of the inspection we saw this person anticipating a day out with their family and they were excited as they got ready for the day.
- The registered manager and staff at Portobello Place took time to know people in order to support them effectively. For example, a report of monthly incidents showed a significant number of falls were people living with Parkinson's disease. Parkinson's disease is a condition that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination and it progresses over time. Following research, the personal trainer at Portobello Place discovered cycling had been proven to improve 'freezing gait' and well-being. They decided to enroll their own residents in a 12-week cycling programme using their onsite gym. This resulted in significant reduction of falls, improvement in people's balance and coordination which improved their well-being and enabled them to complete simple tasks. The home adopted this exercise programme for people living with Parkinson's disease.
- People were continuously encouraged to be independent. For example, 2 people who lived with Parkinson's disease and experience tremors came to live at Portobello Place. Staff observed the tremors affected their ability to hold objects steadily and ability to scoop with spoons without spilling the contents on themselves as well as the floor. This impacted on their dignity during meals in the dining room with other people. The home explored ways on how both people could maintain their independence with eating whilst maintaining their dignity. The registered manager purchased tremor spoon guards which are used to avoid food spillages. Staff reported the tremor spoon guards had a positive impact on the two people. Both people happily spend more time in the bar bistro area with the others during mealtimes. Staff have not observed any food spillages.
- The service understood the needs of different people and delivered care and support in a way that met these needs and promoted equality. For example, one person was keen to be involved in tasks around the

home. Following appropriate risk assessment, the person was supported to be the home's resident ambassador and helped other residents with menus, delivered newspapers and post. The person appreciated this role as it gave them a purpose. They said, "I get up in the morning, I have my breakfast, I do the paper round, I do the menus and I deliver the post. I just inherited this small job, I am the 'House Ambassador'. I am happy to do it, they allow me to do certain things, I've had a risk assessment, and everything is in place. The carers are happy for me to help them."

- Staff at Portobello Place continuously sought ways of improving people's wellbeing. The providers quality assurance systems had identified weight loss risk management as an issue. The home's enthusiastic and passionate head chef introduced ways of improving people's weights. For example, they introduced a 'chefs table' specifically for people at risk of weight loss. The head chef asked people what they really liked and cooked with them. This involvement allowed people to better appreciate food and they ate the food they cooked. As a result, people ate better and gained weight. The chef told us, "I do special requests too, I had one person that wanted soup made the way she used to make it. I took her recipe and made it to her specific standard, I served it with some French sticks, she was so happy." The chef told us they had a healthy budget to work with to ensure a 5-star service every time.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a full programme of activities which were overseen by a committed and passionate team. The physiotherapist also supported individual and group exercise sessions. The home had a cinema room which they used to show films of people's choosing. On the day of the inspection we observed a group exercise session. It was a popular well attended session and we saw people enjoyed it.

- People told us they had access to activities. They said, "We had a singer last Thursday afternoon, we have had people in to entertain us and do activities. We made Chinese lantern and we had a great time doing that", "We did have an artist come every Monday, he hasn't been for some time. We are going to Rickmansworth Aqua dome tomorrow" and "We have had trips out, I went to my daughters house for Christmas, they did have a good Christmas lunch here."

- People participated in friendly competitions. For example, to celebrate the home's recent 5-star food hygiene score rating, people joined forces with their grandchildren in a baking competition. This attracted a surprise personal message from a famous bake-off winner to the delight of everyone in the home. People still talked about the competition. The registered manager told us, "We are so pleased that the bake-off contest for our residents and their grandchildren was such a huge success which reminded us of all of the quality time with loved ones that baking allows for."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.

- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to allow people enough time to respond to any questions.

- Information was accessible to people in different formats such as audio, pictorial and large print. Staff were advised of any significant communication barriers via a handover where significant risks are highlighted.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. We saw formal complaints had been investigated and addressed in line with their policy.
- Many people and relatives told us they had never had the need to complain and any issues were addressed before they became complaints. There were many compliments received regarding good care.
- People and relatives told us they knew how to make a complaint. One relative said, "I have had to make a complaint regarding the agency staff. There was a transition where a lot of old staff left, and there was a lot of agency staff coming in. The outcome was they are trying to do their best, our concerns and our expectation was higher than theirs, but after the meeting we understood they are on the same page, she was aware of the issues and they are working towards resolving them."

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The home had a silent suite which was used by people and their families during end of life care and ensured they had a positive experience during the difficult periods.
- People were supported by staff who understood their needs, were competent and had the skills to assess their needs. Staff involved family and friends in decisions about the care provided, to make sure that the views of the people receiving the care were known, respected and acted on.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There had been changes in the management and staff structure since the provider commissioned the home. It was clear the registered manager was creating a stable management and staff structure which created a general sense of calmness in the home. Staff told us they were happy.
- The service had a positive culture that was person-centred, open, inclusive and empowering. Staff felt supported by the provider who was visible in the service. The provider facilitated a 'day in the life of' initiative. For example, the CEO worked with maintenance person and regional managers worked alongside care/ domestic staff. This gave them an opportunity to see how staff worked and the challenges they faced so as to make sustainable improvements.
- People and relatives told us that the service was well led and said, "[Registered manager] was the person who showed us around, she is approachable, a very busy lady. She has been good for Portobello and she is going in a good direction", "[Registered manager] does have the knowledge and skill to lead. I think the goals they are working towards are the things that we want, they are very good at communicating" and "I rate the manager very highly, approachable. She is making good progress."
- Staff were complimentary of the support they received from the management team. They told us, "Manager is trusting and knowledgeable. We have great communication. She knows what she is doing", "Manager is firm but fair. Responsive to staff needs. Very supportive. Works alongside staff including nights" and "Management team complement each other. Firm but fair."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had been in post for 10 months. They were supported by a knowledgeable deputy manager as well as the head of Quality and Risk. There was a clear management and staffing structure and staff were aware of their roles and responsibilities, were motivated, and had confidence in the management team.
- There was significant emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through real time audits via an electronic record system. This provided effective oversight of what was happening in the service. This meant concerns were responded to in a timely way and allowed reviews of care to be completed instantly. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve

people's care following audits and surveys as well as comments from meetings.

- The registered manager also completed night impromptu visits to observe staff practices and ensure consistent care provision.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had had opportunities to raise any comments via an open-door policy at any time as well as meetings. Meeting attendance included face to face as well as virtually to allow availability flexibility.
- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and care reviews. The information gathered was used to improve people's care. For example, during a survey one person who was hard of hearing had reported that she felt unsafe as they were unable to hear the fire alarm. In response to this the provider purchased a special fire alarm device which is placed underneath their pillow and vibrates alerting the person of the fire alarm. The person said that they felt safe with this device.
- People's survey had also identified the need for more activities. As a result, a new event manager and event assistant had been recruited to post and would ensure that more planned activities took place in the home.
- Staff had opportunities to provide feedback through team meetings as well as a dedicated provider's live feedback app platform. This allowed the provider access to real time concerns and enabled them to address them in a timely manner. Staff told us they valued the platform.

Continuous learning and improving care

- There was ample evidence that learning from incidents was a key contributor to continuous improvement. The provider had adopted the '5 Whys' approach to learning from incidents. This is a technique used to drill down to any problem's root cause by asking why 5 times and allows staff to share ideas for continuous improvement. For example, one person had a witnessed fall which resulted in a serious injury. Following the 5 whys approach it was evident the person was on medicines that caused low blood pressure which resulted in the fall. As a result, those medicines were discontinued, and alert equipment put in place. The person did not have any further falls. Following this, people on similar medicines were reviewed monthly going forward.
- A monthly falls analysis showed most falls occurred at a certain busy period. The '5 Whys' approach was again used to individually identify the root cause. Some people's risk assessments were found to be incorrect and others' dependencies were found to have increased in the month before. Risk management plans were put in place including use of equipment and increase of staff during that particular period. Fall analysis of the preceding months show a significant reduction of falls.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The registered manager promoted a culture that was open and transparent in everything the service did. They recognised the importance of learning when things went wrong and sharing that learning with others.

Working in partnership with others

- Portobello Place was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.