The Regard Partnership Limited

Portland Street

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place over one day on 6 April 2016 and was unannounced. At our last inspection in June 2013.

Portland Street provides accommodation and personal care for up to eleven adults with mental health needs. On the day of our visit, there were eleven people using the service. The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to protect people from the risk of abuse. The staff had received appropriate support and training which enabled them to identify the possibility of abuse and take appropriate actions to report and escalate concerns. Risks to people's safety were assessed and managed appropriately through the use of detailed risk assessments. There were systems in place to monitor the safety of the environment and equipment used within the home minimising risks to people. There were arrangements in place to deal with emergencies. One area of risk that had not been identified was dealt with appropriately during and shortly after our visit.

Robust staff recruitment practices were in place to make sure that the staff were safe to work with the people who lived in the home. There was enough staff on duty to meet the needs of the people living at the home. Medicines were managed, stored and given to people when they needed them by trained and competent staff. There were processes in place to ensure new staff were trained appropriately and staff received regular training, supervision and annual appraisals to enable them to provide people with effective care. Staff gained consent from people before providing them with support .

The registered manager and staff supported people who may not be able to make decisions about their own care in line with relevant legislation .
People were supported to maintain good health and had access to a range of health and social care professionals when required. People's nutritional needs and preferences were met.

Staff knew the people they supported well and provided them with the support they wanted to receive. Staff treated people in a respectful and caring manner and interactions between people and staff were relaxed and friendly. Staff respected people's privacy and dignity. People received care and treatment in accordance with their identified needs and wishes. Care plans documented information about people's personal history, choices and preferences and preferred activities.

People knew how to complain and felt confident to do so if they needed to. People felt that the atmosphere in the home was open, friendly and welcoming and that the registered manager and staff were approachable.There were systems and processes in place to monitor and evaluate the quality of the service

provided. Any issues identified by these systems were acted upon quickly and the appropriate actions taken.The service had a positive culture that promoted independence and was responsive to peoples changing needs.

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.

Staff were able to tell us how they could recognise abuse and knew how to report it appropriately.

There were sufficient staff to ensure people's needs were met.

People were supported to have their medicines safely. Staff were knowledgeable about the medicines they were giving

Is the service effective?

Good

The service was effective.

Staff had regular training and supervision to enable them to effectively carry out their role.

People were supported to have enough to eat and drink.

People had access to a GP and other health care professionals when they needed support with their healthcare.

Is the service caring?

Good

The service was caring.

People were supported in a kind and compassionate manner.

People were encouraged and supported to have input into their care.

Staff treated people with dignity and respected and people's independence was encouraged.

Is the service responsive?

Good

The service was responsive.

People received care and treatment in accordance with their identified needs and preferences.

People were supported to engage in a wide range of activities that met their needs and reflected their interests.

People were encouraged to have active lives, be part of their community and maintain relationships.

Is the service well-led?

Good

The service was well led.

The atmosphere in the home was open and friendly.

The registered manager demonstrated good leadership, was approachable and supportive.

There were effective systems and processes in place to monitor and evaluate the quality of the service provided.

Portland Street

Detailed findings

Background to this inspection

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

This inspection took place on 6 April 2016 and was unannounced. The inspection was carried out by one inspector 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.

Before the inspection, the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this and also the information available to us about the home, such as the notifications they sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with six people using the service and two members of staff, as well as the registered manager and the provider's locality manager. We observed interactions between people and staff around the home.

We looked at records for three people using the service, including care plans, medicine administration records, health care records and risk assessments. We also looked at records in relation to the running of the home which included three staff files containing training and induction records and recruitment information as well as audits, surveys and minutes of meetings.

Good

Is the service safe?

Our findings

Most people we spoke with told us that they felt safe. One person told us, "It feels safe, I can go to the staff for anything." Another person said, "I feel safe, I have my own bedroom I can go to at any time, and I can approach staff." One person living at the home told us that recently they hadn't felt safe as another person had left the home early in the morning and had left the front door open. They told us that they had told the staff about this and that action was being taken to address this. The registered manager told us that they were working with the individual who left the door open and that occurrences of this happening were reducing.

Staff had the knowledge and confidence to identify safeguarding concerns and understood their responsibilities for reporting concerns. One member of staff we spoke with told us, "We are able to look after people here okay, everyone's safe." They went on to tell us that they had recently refreshed their training and knowledge in safeguarding people. They described to us that they had learnt about the recent changes to safeguarding legislation and the seven types of abuse that people should be protected from. Staff told us that they would report any concerns they had about people's safety to the local authority, the police or the Care Quality Commission (CQC) if they felt that the registered manger or provider did not take their concerns seriously.

Staff told us that they had received training in de-escalation techniques and how to support people to manage their behaviour. Staff were clear about how to support people when they became distressed and upset for the protection of themselves, the person and other people living in the home.

Risks assessments were written with the individual where they wanted to be involved. Staff told us that people had input into how risks were managed and mitigated against. For example, one person had being working with their key worker on improving their road safety awareness so that they could access the community safely to improve their independence. Risk assessments were detailed and gave guidance for staff on how to support people in the least restrictive way. We saw that risk assessments had been written for peoples mental health needs, physical health needs, anti-social behaviour, self-care and medication.

We saw records of accidents and incidents and staff knew what to do if someone had an accident or sustained an injury. Records were detailed and noted the issue, the outcome of any investigation and any learning from this.

There were sufficient staff to allow person centred care. We saw that there were two staff on duty throughout the day, with the registered manager in addition to these staff. The registered manager told us that they worked a rotation of early, late and day time shifts so that they were able to observe how the home was operating across the day.

During the night, a member of staff slept in at the service. A sleep in member of staff is where the staff member is on the premises and available in case of an emergency but not awake. We asked people living at the home if they felt safe and got the support they needed at night time. One person told us, "I can't knock

on the door after they [staff] have gone to bed. They are on call of course in case someone is sick and they have to call the doctor or something." Another person told us, "I don't knock on the staff door after ten or eleven o clock in the evening, if I have an issue, I keep it until the morning.

When we spoke with the registered manager about this, they told us that people were able to ask sleep in staff for support whenever they wanted too, and would ensure that people living at the home were aware of this.

The service followed safe recruitment practices. We reviewed staff recruitment files that showed pre-employment checks such as satisfactory references from their previous employer, photographic identification, an application form and a recent designated barring scheme criminal records (DBS) check had been completed. Staff we spoke with told us that they had been interviewed for the role and that they were required to undertake certain checks. This minimised the risk of people being cared for by staff who were inappropriate for the role.

The home had a clear medicines administration policy which staff had access to. People's medicines were recorded on a medicines administration record (MAR) sheet which showed us that medicines were signed for at the correct time. People's medicines were secured in a lockable cupboard in the homes office area. This meant that medicines could be administered in private as this was not a communal area and were kept secure. Medicines that need to be refrigerated were in a suitable lockable fridge which had daily checks of the internal temperature taken to ensure it was working properly which kept the medicines safe to use.

Each person had a file which contained information about the medicines that they were taking, including risks and possible side effects. There were records for 'as required' (PRN) medicines. As required medicines are medicines that are prescribed to people and given when necessary. We saw that each person had a protocol for taking these medicines which contained detailed information and indicators as to why and when people would need to take these medicines. This was important information to have as a number of people living as the home had medicines to stabilise their mood, which should only be taken in specific circumstances. Staff we spoke with knew when and why PRN medicines could be administered to people.

We looked at MAR records for the four weeks prior to our inspection, there were no omissions in the recording of administration. We saw that the home had a copy of the Royal Pharmaceutical Society's guidelines for the administration of medicines in social care available for staff to use. This document details best practice guidelines for staff to follow. Unused medicines were returned to the pharmacy for destruction, records of medicines returned were kept by the home so that a full audit trail of the supply and use of people's medicines could be completed.

People had given informed consent to their medicines administration. The registered manager told us that staff sat with people and go through their medicines and explain why it is necessary for the staff to administer them. The registered manager told us that recently that a person living at the home had made mistakes when taking their medicines and had taken too much during a period of ill health. After discussing this incident with the person, they agreed that they would prefer that the staff support them with their medicines until they felt well enough to do so again.

Staff told us that they had received training in the administration of medicines and felt confident that they had the skills to do this safely. Staff told us that they were regularly assessed to deem if they were competent to administer medicines.

The home had up to date maintenance checks for utilities, electrical installations and fire equipment. The alarms were tested and recorded weekly. Each person living at the home had a grab bag of outdoor clothing for use in an evacuation

We noted that most areas of the home were clean and tidy and well maintained, minor issues that were identified during a walk around of the home were quickly addressed by the registered manager before we left. The providers locality manager confirmed shortly after the visit that this work had been completed by their maintenance team.

Good

Is the service effective?

Our findings

Staff told us that they received regular and supportive supervisions and that they had an annual appraisal of their performance. A member of staff told us that, "Staff all support each other, the manager does our supervisions every month, and we can have more if we feel that we need them." One staff member we spoke with told us that they felt well supported by the registered manager.

From our discussions with staff and our review of the records we found that staff had the knowledge and skills required to meet the needs of the people living in the home. A member of staff we spoke to told us that they had completed an induction period when they started employment at the home. Training records showed that all staff had completed an induction and training programme, which included fire safety, safeguarding of adults, first aid and the administration of medicines. The registered manager told us that new staff also followed a training programme devised by the provider to support staff in completing the Care Certificate. The Care Certificate is a qualification covering the minimum standards that all workers in health and social care should adhere too. They also told us that once staff had completed their probation period, they were then enrolled on the NVQ level 2 diploma in health and social care. Additional training was also provided for staff that was specific to the needs of people living at the home. For example, staff undertook training with local health professionals in the management of diabetes, staff also undertook training in supporting people with mental health needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff demonstrated a good understanding of the MCA and DoLS. One member of staff told us, "People's mental capacity can fluctuate, their current mental health affects this." The registered manager told us that all of the people living in the home had capacity to make decisions about their own care and treatment, other than where people needed support to manage their medicines. We saw that people who needed their medicines managed for them, had a MCA assessment completed or had consented to medicines being managed on their behalf. At the time of our visit, no one living at the home required a DoLS application to be made.

We saw that one person living at the home had their cigarettes stored in the office, and asked staff for them when they wanted one. Staff told us that this was because the person had been advised by their general practitioner (GP) to space the amount of time between each cigarette and this system helped the person. When we spoke to the person they told us, "That's fine by me." We saw that this person had signed a

document to consent to this.

People were supported to have enough to eat and drink. One person told us, "I do a lot of cooking, and you can choose what you want for meals at the house meetings." Another person told us, "The food is lovely," We saw that some people had their own fridges and kettles in their room should they want to store their own items or make a drink without going to the communal kitchen. The registered manager explained that people were encouraged to shop for food and menu plan and a budget to do this was provided by the home. They told us that people had the choice of whether to prepare food and eat as a group, or self-cater as an individual. Bowls of fruit were provided for around the lounge and dining areas.

During a tour of the home, we noted that actions taken to safeguard one person living at the home from accessing foods that would be a risk to them, could potentially restrict access to food for other people living there. We brought this to the attention of the registered manager who immediately took action to implement an alternative system.

From our inspection of peoples care files, we saw maintaining their mental and physical health and wellbeing was an important part of their care provision. We saw that people had regular contact with a range of healthcare professionals such as their GP, dentist or optician. People we spoke with told us that they had appointments with them when they wanted.

The registered manager told us that they had recently been working with the local community nurse for diabetes. We could see that the nurse had recommended that the person should be provided with a 'hypo box', which contained specific food items that could be used to manage their diabetes. We saw that this had been provided and clear instructions in its use provided for staff. When we spoke to staff they knew when and how to use this.

The registered manager also told us that they had been encouraging people who had been identified as borderline diabetic to access the diabetic nurse for advice on lifestyle and nutrition guidance.

We saw that people were provided with information and support to monitor their own heath needs, especially around women's health. Staff told us that they discussed this with people during key worker meetings, and passed on health service guidance around issues such as self-checking for cancers.

Good

Is the service caring?

Our findings

Most people we spoke with told us that they were treated with dignity and respect, and their views about their care were understood and acted on by staff. One person told us, "Staff are very helpful and caring, I can go to them for anything, I feel safe and supported." Another person told us, "Staff treat me well and are kind to me." People told us that staff in the main were approachable and took time to sit and talk to them.

Some people told us that although they were happy with the way they were treated generally, they did find one particular staff member less approachable than everyone else. We brought this to the attention of the registered manager without disclosing who raised these concerns to us so they could investigate the matter.

There was a homely and relaxed atmosphere in the home when we visited, and we observed that interactions between people and staff were positive. The registered manager told us that there were regular social events and that people were welcome to invite friends and relatives. We saw photographs of social events that had been organised over the previous year. When we spoke with people living at the home they told us that they had regular visitors and that they could visit anytime.

People living in the home told us that they were consulted about their care and support needs. One person told us they had a care plan and had discussions about what was included in it with their key worker. They also said that they did not have a copy of it but would like one. Other people told us that they didn't have a copy of the care plan but had signed it and were happy with this. Staff were able to demonstrate that they knew peoples preferences and life stories when we spoke with them.

The registered manager told us that they had recently arranged for one person living at the home to access an advocacy service. This was identified as a need for the person through time spent talking with their keyworker. This meant that staff working at the service were able to identify when people needed independent support and how to find it.

We saw that staff gave people time and space to do the things that they wanted to do, and to make their own choices. They respected people where they wanted privacy. We observed that staff knocked on people's doors and waited for them to answer before entering their rooms, and that people were able to lock their bedroom doors. People's information was kept confidential and secure.

People told us that they were supported to be independent. One person told us, "I'm treated with respect, I discuss with my keyworker how to be more independent, like doing more self-catering and going out more and distracting myself, this has helped to be more independent." However the same person, and other people living at the home told us that they were encouraged to do household chores, but sometimes did not want to but felt pressurised into doing these. When we discussed this with the registered manager, they told us that participation in household chores was voluntary, although encouraged. They told us that they would ensure that people living at the home knew this and that they should not feel pressured into participating. Another person we spoke to told us, "Staying at Portland Street has enabled me to become more

independent, staff go to the shops with me and do the things that they say they will do."

Good

Is the service responsive?

Our findings

People were involved in developing their care, support and treatment plans. Care plans were personalised. The examples seen were thorough and reflected people's needs and choices and included details of likes and dislikes. We saw that there were sections titled 'Things I would like to happen' and 'Things that are important to me' that contained detailed information. Staff were responsive to people's needs, we observed that when a person went to the office and asked for a pain killer because they had a headache, staff stopped what they were doing and attended to this straight away,

Care records showed that people had been involved in the initial assessments and on-going reviews of their needs. As part of the initial assessment, people were invited to visit and stay overnight at the service to become familiar with the home before moving in on a permanent basis. Staff we spoke with were aware of what was in people's support plans, and told us that they read these when they first started working at the home, and subsequently when they were updated. We saw staff had signed a section in the care plan to say that they had read them. People told us that they had regular meetings with their key worker which included reviewing their care plan and that they were given records of these meetings. People said that they enjoyed these meetings and that they were important to them.

Each person had a document called a crisis form. This document detailed what support a person would need in the time of a crisis in their mental health, and included the details and procedures for contacting people's community health professionals if required. This meant that staff could access information they needed to in the event of an emergency and get the support a person needed without delay. Some people also had a missing persons profile if they had a history of, or a risk that they may leave the home and not return for an extended period of time. These contained essential information that could be passed onto the police if required so that the person could be located and returned to the home safely.

People we spoke to told us that they were able to participate in activities of their choosing, both in the home and out in the community. One person told us how they went to a local club every week, as well as to see live music. Another person told us that sometimes they went out on trips as a group, and sometimes with their keyworker to places like the local cinema. Staff told us that they supported one person to attend church when they wanted to.

We saw on the wall in the communal lounge a poster titled 'You said, we did'. The poster detailed feedback of requests made by people to the registered manager through house meetings and individual suggestions, and what had been done to address them. We saw that there had been a request for a 1980's themed party and that this had taken place. People living at the home told us that this had been a great evening which was very much enjoyed. One person we spoke to told us that they had been asked for their views and suggestions about how the home could be improved.

The home had a complaints procedure that was available for staff and people to read. We saw that people were reminded of how to complain at meetings and information about how to do this was displayed on notice boards. People we spoke with knew who to complain to and how to do this, people also told us that

they knew who they could complain to outside of the home if they needed to.

Good

Is the service well-led?

Our findings

During our visit we saw that people knew the manager well and that there was a friendly rapport between them. The manager spent time with people and asked them how they were. They engaged with both people and staff in a professional manner. One person we spoke to told us, "The manager is lovely." Another person we spoke to told us that the manager was very approachable, and that at times when they had been upset, the manager talked to them and calmed them down. Staff we spoke with told us that the manager was very open, supportive and approachable. They added that they could talk to her if they were concerned about anything and that actions were always taken in response to these concerns.

There were robust systems in place to monitor the quality and safety of the service provided. Where any shortfalls had been identified, actions had been taken to correct these. This demonstrated that the systems currently in place were effective. Staff training was regularly monitored to ensure that staff training was up to date. Training records showed when staff needed to refresh their training. The registered manager completed a monthly quality check of the home that was returned to the provider. The locality manager then completed a follow up check of actions identified and a spot check of areas deemed to be compliant. The provider's quality manager completed an audit of the home twice a year, their internal auditor completed a health and safety check twice a year and during this reviewed competed actions. We saw that during the most recent health and safety check, it was identified that fire escape signage had become damaged, so needed to be replaced. The records we reviewed showed that this had been actioned. Another example of issues identified during audits was that some people had not had an updated health action plan completed. We saw that this issue had been addressed and the plans were in the process of being updated.

During induction, staff were inducted in the values of the home which was to encourage people to be as independent as possible and live their lives in their community. Staff we spoke with told us of examples of how they had supported people to be more independent, such as developing self help skills. Staff told us that the registered manager was very supportive of staff wanting to attend additional training or develop skills in areas of interest, such as learning more about the Mental Health Act.

The provider sent surveys to people on a quarterly basis, themes from surveys were shared with people at house meetings, and actions arising from these also displayed on noticed boards in the home. The registered manager said that they had regular staff meetings every month, at which keyworkers updated the rest of the team of any changes to people's needs. We saw minutes from the last three meetings. We could see that these were well attended, and saw that the agenda covered standing items, for example safeguarding and health and safety.

The home had a whistle blowing policy, staff told us that they knew how to whistle blow and that they had received training in the importance of this. Staff records detailed how this was discussed, and that staff were told that they could contact the Care Quality Commission if they needed to.