

Bondcare Willington Limited

# Portland Domiciliary Service

## Inspection report

Willington Care Village  
Willington  
Crook  
County Durham  
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Tel: 01388745051

Date of inspection visit:  
12 July 2018

Date of publication:  
03 August 2018

## 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 on 12 July 2018. We gave the service short notice of our arrival to ensure someone would be available at the office location to meet with us.

Portland Domiciliary Service is a domiciliary care agency. It provides personal care to people living in their own houses and flats on one central site. It provides a service to older adults and younger disabled adults. This service provides care and support to people living in supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.' Registering the Right Support CQC policy.

On the day of our inspection there were 10 people using the service.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

We last inspected the service in June 2016 and rated the service as 'Good'. At this inspection we found the service remained 'Good'.

People told us they felt safe being supported by Portland Domiciliary Service. There were sufficient numbers of staff on duty to keep people safe. There was an effective recruitment and selection procedure in place and relevant vetting checks were carried out. Staff were suitably trained and received regular supervisions and appraisals.

Accidents and incidents were appropriately recorded and risk assessments were in place. Safeguarding procedures had been correctly followed and staff had been trained in safeguarding vulnerable adults.

Health and safety checks were carried out to ensure people were supported to live in a safe environment.

Appropriate arrangements were in place to support people with the safe administration and storage of

medicines.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported with their dietary needs and care records contained evidence of visits to and from external healthcare specialists.

People told us they were supported by kind and caring staff members. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any support plans and their individual wishes, needs and choices are taken into account.

People were protected from social isolation. People were supported to access activities on site and in the community and also undertake voluntary work.

The provider had an effective complaints procedure in place, and people told us they knew how to complain if they wished to.

The provider had an effective quality assurance process in place. People who used the service and staff were regularly consulted about the quality of the service via meetings and surveys.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Portland Domiciliary Service

## **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.

We inspected Portland Domiciliary Service on 12 July 2018 giving them short notice of our arrival to ensure someone would be able to meet us at the location. We spoke with the with the registered manager and staff, carried out observations, and reviewed care records and policies and procedures. One adult social care inspector carried out this inspection.

During our inspection we spoke with six people who used the service. In addition to the registered manager, we also spoke with three care staff and a visiting health care professional. We looked at the care records of three people who used the service and the personnel files for four members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People we spoke with told us they felt safe being supported by Portland Domiciliary Service. One person told us, "Yes I am so much safer here than where I used to live, I feel very safe."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults.

We discussed staffing levels with the registered manager. Staffing levels depended on people's individual needs and we saw that people were supported by the same staff team in their home to promote continuity of care.

Accidents and incidents were appropriately recorded and reviewed by the registered manager. Any lessons learned from accidents and incidents, and complaints were discussed at staff supervisions and meetings.

Risk assessments were completed where appropriate and described potential risks and the safeguards in place. These included health, eating and drinking, personal care, physical or verbal aggression, falls and accessing the community. Staff were supported to assist people in terms of behaviour when they became anxious by the use of MAPA (Management of Actual or Potential Aggression) training. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents and incidents from occurring.

Health and safety checks were carried out in the office location and in peoples' own homes. We saw that fire and electrical equipment were tested regularly along with water temperatures.

The premises were clean and people were protected from the risk of acquired infections. Monthly infection control audits were carried out and staff supported people to keep their own homes clean and tidy.

Safeguarding related incidents were appropriately recorded and CQC was notified of any relevant incidents.

We looked at the management of medicines and saw people had medication support plans in place. These described the medicines people were taking, what they were for, how they preferred to take their medicines, dosage, any possible side effects and what assistance they required.

Medicines were appropriately stored, staff training was up to date and regular audits were carried out.

# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

Staff training needs were regularly monitored by the registered manager meaning people received care and support from staff who benefitted from well-planned training provision. One staff member told us, "I get a prompt to remind me when my training is due so that's good."

Staff received regular supervisions and appraisals. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

The registered manager explained they carried out all visits and assessments to ensure the service could meet people's needs. Staff also worked to support people in transition by working with them in their current placements and people also visited for tea and other shorts visits so they could familiarise themselves with the service and staff team.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. People they supported had varying capacity to make decisions and where they did not; action had been taken by the service to ensure relevant parties were involved in making best interest decisions. There were currently applications to the Court of Protection for people using the service that the registered manager was monitoring.

In the care files we reviewed we saw people had consented to the care planned. When we spoke with people they confirmed this to be the case. Others confirmed that staff asked for their consent when performing individual aspects of care, such as administering medicines or helping someone with aspects of personal care.

Staff supported people to have meals in their own homes. One person said, "I am trying to stay healthy, so we have decided not to have supper as the staff are helping me watch my weight." We also spoke with people who got their main meal from the provider's catering kitchen on site which is what they preferred to do.

Care records contained evidence of involvement from health and social care professionals such as GPs,



learning disability community nurses, occupational therapists, dietitians and speech and language therapists.

## Is the service caring?

### Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People who used the service gave positive feedback about the caring attitudes of staff. Comments included, "I like everyone here," and, "The staff are almost, like family to me."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. Everyone we spoke with had information about the service included in their care file, so that they could access it at any time and people were aware of how to contact the office if needed. One person told us, "I have a keyworker [Name] and we talk through my care plan, it's just over here [to which they indicated]."

People told us staff had helped to improve their quality of life. One person told us, "I can't thank the staff enough for giving me another lease of life and boosting my confidence."

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. One person told us, "Yes I am treated very respectfully." During our visit we visited one person in their own home. Their supporting staff answered the door and asked the person if we could be invited into their home. This showed that staff respected that this was the person's home and they had the right to invite people into it.

We asked staff how they promoted people's independence. One staff member told us, "We encourage people to do as much as they can for themselves. Even if they can only do a little bit of housework." One person told us they enjoyed hoovering but staff helped them with other tasks.

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form strong therapeutic relationships.

We spoke with one person and with their verbal consent spoke with them of their experience of being transgender. They told us, "Everyone here is very supportive of me. Where I lived before I was abused for being transsexual, but here people support and respect me." This person went on to tell us of how their keyworker was supporting them to attend appointments at gender clinics and how this was of great emotional support to them.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

Care records were person centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. Each person's care record included important information about the person, such as family history, things they enjoyed doing and their personal care needs. We saw these had been written in consultation with the person who used the service. Every person who used the service we spoke with felt their needs were well met and that their preferences were acted upon.

Support plans were in place and described each person's individual needs and what actions were required from staff. Records described in detail what was required from staff at each visit and specific requirements with regard to mobility, personal care, medication, meal provision, domestic tasks, shopping and any other additional information. We discussed with the registered manager that daily reports completed by staff included very detailed monitoring such as food and fluid charts. Whilst this may be needed where people may be at risk of poor nutrition, we discussed that it was not always needed in relation to providing this level of recording in people's own homes.

The management team were responsible for reviewing and updating support plans and assessments, and there was evidence that people and external professionals all had input into this. One staff we spoke with said, "I find the plans easy to follow."

People were supported to access a wide range of social, employment and leisure opportunities both on site and in the community. The provider had recently opened a café on site and three people we spoke with told us how they enjoyed working there. One person told us, "I can't wait as I am working tomorrow. I am on the till and I love it." People were supported to access community facilities such as shops and leisure centres and the registered manager spoke of their plans to develop an allotment on site to complement the café.

The provider had an effective complaints policy and procedure in place. One person told us, "I know any problems I have I can do and talk to [Name] the registered manager but I've got no complaints." We saw that easy read complaint information was available and a suggestion box was also placed close to the registered manager's office in the day service on site where everyone could access.

## Is the service well-led?

### Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

At the time of our inspection a registered manager was in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager was qualified, competent and experienced to manage the service effectively. The registered manager was based at the main office location based within the provider's day service which they also managed.

People who used the service provided positive feedback about the registered manager, and how the service was run generally. Comments included, "Yes, [Name] is always around and is very easy to talk with." We observed the registered manager spent time with people using the service and engaged very positively with everyone.

We looked at the arrangements in place for quality assurance and governance. The provider had a structured approach to governance and quality assurance. The registered manager carried out weekly walkarounds where they recorded their observations on the environment, support plans, records and they spoke with people. Any areas for improvement were recorded in an action plan. Any accidents and incidents that involved staff and/ or people who used the service were monitored to ensure any trends were identified. We saw recently following an incident that one person's plan and risk assessments were altered to ensure sharp objects were not accessible.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

Portland Domiciliary Service undertook surveys about the quality of life people experienced receiving care and support from the service and people also had access to forms which they used to raise an issue, concern or give thanks about the scheme. "One person told us, "I like it here, I'm not going anywhere else."

The service worked well with community partners and a community nurse provided feedback saying, "I am impressed at how well staff have managed [Name] and they are extremely settled."

Staff members we spoke with said they were kept informed about matters that affected the service by the management team. They told us regular staff meetings took place and that they were encouraged to share their views. We saw records to confirm this. Staff we spoke with told us the registered manager and team leaders were approachable and they felt supported in their roles. One staff member said, "We are a good team here, and everyone gets on together." One staff member told us the provider had been very supportive to them following a personal bereavement, "They have been superb," they said.