

Portfolio Homecare Limited

# Portfolio Homecare Limited

## Inspection report

Unit 8  
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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

# Summary of findings

## Overall summary

Portfolio Homecare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It is registered to provide a service to older adults some of whom may live with dementia, younger adults with physical or sensory impairments and people with mental health conditions.

Not everyone using Portfolio Homecare Limited received a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection 97 people were in receipt of the regulated activity personal care.

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

People told us they felt safe and staff supported them the way they liked it. Relatives were positive about how staff helped to keep people safe whilst maintaining their dignity.

Some relatives shared that they sometimes struggled to effectively communicate with some care workers whose first language was not English. The provider had identified this and had paired staff up with a strong co-worker with good communication skills and enrolled staff on an English language course.

People and relatives told us staff were punctual. Some people were not aware they had an allocated time for the care workers to arrive, but all people we spoke with were satisfied with the service provided.

People told us staff used personal protective equipment (PPE) in line with current guidance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 14 September 2018)

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about staff ability to communicate clearly with people who use the service, timing of care calls and dignity. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check on a specific concern we had about staff ability to communicate clearly with people who use the service, timing of care calls and dignity.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service and relatives of six people about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager and care workers. We looked at training data and quality assurance records and feedback received by the provider as

part of their quality assurance process.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about staff communication, timing of care calls and the management of COVID-19. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and most were able to describe their responsibilities regarding safeguarding vulnerable people. However, some staff had trouble telling us this due to their limited English language skills. We shared this feedback with the registered manager so that further support could be provided in this area.

Staffing and recruitment

- We had received concerns that some care workers were not able to communicate effectively with people who used the service. This was because some care workers' first language was not English. The provider and registered manager had already identified this shortfall and had started providing English language classes in January 2021. They had also paired up care workers with others with strong communication skills to support them to get to know and understand the people they supported.
- People and relatives gave mixed feedback about communication with care workers. One relative told us, "I do struggle to communicate. However, we get around that: I type what I want to say into my mobile phone and translate into care worker's own language. It is not ideal but we manage." Some relatives said they had no concerns with communication at all and others confirmed that one care worker from a team of two might struggle to communicate but it did not affect the quality of care provided. They said, "They (staff) go above and beyond for [Person] in my opinion. I am really pleased, they are really lovely and cheerful when they come, it is like a breath of fresh air."
- We had received concerns about the punctuality of care workers. The provider reported the agency's scheduling software had been upgraded. This system will give a real time record of care delivery and will support better monitoring of care visit times.
- Relatives were satisfied with the punctuality of care workers. However, some relatives were not aware that there were agreed times for care visits. One relative said, "I can't really say if they turn up on time, we have no set times for any of our four visits a day, they just turn up. It does make it a little difficult with meal planning, that is the only problem."

Preventing and controlling infection

- We had received a concern that the provider may not be following COVID-19 guidelines.
- The agency office had been closed during the pandemic but was ready to re-open. The provider had appropriate systems in place to help prevent visitors to the office from catching and spreading infections.

- Care was provided for people in their own homes, people were able to access the community independently. In order to promote the safety and welfare of all people using the service staff treated every person as potentially COVID-19 positive and to this end they have had the required PPE delivered to them. This included gloves, masks, visors/goggles and aprons.
- Relatives said staff wore the correct PPE and were vigilant over hand hygiene. Care workers told us they had received training and had ample supplies of PPE available to them.
- There was a system of 'spot checks' in place which included observation of care workers using PPE.
- The provider was accessing monthly COVID-19 testing for care workers.