Portelet Care Limited

Portelet Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

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

We found a number of breaches of the Health and Social Care Regulations 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of the full version of this report.

This was an unannounced, comprehensive inspection that took place on 1, 2 and 15 July 2015. The inspection was carried out by two inspectors on the first day and one inspector on the second and third day. Shortly before the inspection we received some concerns about the service and, during that time, we spoke with one of the directors of Portelet Care Ltd and also the registered manager.

There were systems in place to monitor accidents and incidents in the home; however, some incidents that should have been raised with the local authority safeguarding team had not been referred. Steps were taken before conclusion of this inspection to retrospectively refer all incidents to the safeguarding team.

Summary of findings

Dorset Fire and Rescue Service, who visited the home before we carried out this inspection, issued an Enforcement Notice under The Regulatory Reform (Fire Safety) Order 2005 with respect to fire safety measures at the home.

Action was taken to address other hazards that had been identified such as making sure the laundry room was locked, the garden made safe and that substances harmful to health were kept locked away from people living at the home.

The home had experienced difficulties in the preceding months in meeting staffing levels because of some staff leaving employment. Staffing levels were being maintained with the use of regular agency staff. Before conclusion of the inspection, the home introduced dependency tools to assist in calculating staffing requirements and had increased the night time staffing levels to better meet people's needs.

There were robust staff recruitment systems in place to make sure that appropriate staff were employed at the home.

Medicines, in general, were managed safely at the home. It was agreed that the home would consider the use of pain assessment tools to assist in knowing whether people living with dementia were kept free from pain.

The home was working with the 'Clinical Commissioning Group (CCG) in meeting infection control issues that had been identified.

Staff were knowledgeable about people's needs and people's consent was always sought about care and support where people had capacity to make decisions.

The records to reflect assessment and best interest decision making for people who lacked capacity to make specific decisions did not meet the requirements of the Mental Capacity Act 2005 and we have asked the service to address this issue.

The home had systems in place to ensure that staff received appropriate training for them to be competent in their role.

Although there was some choice provided to people concerning the food provided, improvements could be made. It was agreed that more meaningful choice would be introduced and people would be assisted through use of pictures of meal choices. People who had lost weight were referred appropriately to their GP for assistance.

Action was taken to address shortfalls in the physical environment, such as fitting of a new call bell system, replacement of damaged furniture, refurbishment of bathrooms and introduction of better signage on one floor of the home.

Overall, there was a team of capable and caring staff who knew people's needs.

People's needs had been assessed before they entered the home and care plans put in place for staff to follow. At the time of our inspection the plans were not up to date and some had not been reviewed to reflect people's changing needs. However; before completion of this inspection we were informed that all the plans had been reviewed and made up to date.

We recommended that more be provided in the way of meaningful activities for people. At the time of inspection, there was a vacancy for an activities coordinator.

The home had a system for managing complaints effectively.

The home had been through a period of change of management that had resulted in a period of instability; however, a new manager had been appointed and an interim management team put in place. The interim management team were open and transparent and were working with other health professional and the CQC to make the necessary changes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Staff had been trained in safeguarding adults and were aware of how to respond to and report concerns about abuse. However, the home had not always made safeguarding alerts to the local authority where these were required.

Medicines were generally managed safely.

The environment posed some risks for people that the provider acted on during the inspection to make sure people were safe.

Is the service effective?

Requires improvement

The service was not effective.

Staff we spoke with were knowledgeable about people living at the home. They were able to tell us about each person, and what their likes and dislikes were as well as their personal care needs. People told us they liked the care workers who supported them.

People were asked to consent before staff helped or supported them. However, where people lacked capacity to consent there was limited evidence that decision specific capacity assessments had been made and decisions made in their best interests. This meant we could not be sure that people's rights were being protected.

People's nutritional needs were partially met; the provider agreed to consider how they could better provide meal and snacks for people with cognitive impairments to ensure people had enough to eat and drink.

Action was taken to address the shortfalls in the physical environment.

Is the service caring?

Good

The service was caring.

People had good relationships with care workers and staff supported people in a way that protected their dignity and privacy.

Health care professionals told us that the staff approach was caring and that care workers knew their patients and understood how to best support them.

Is the service responsive?

Requires improvement

People's needs were assessed prior to moving into the home. This was to make sure the home had the right skills to care for them safely.

Summary of findings

People had care plans to guide staff, however, at the start of the inspection these were not always accurate, up to date, or easy to navigate. By completion of the inspection care plans had been reviewed and updated.

There were some activities for people, however we have made a recommendation to make sure people who were less able to join in with organised activities received support to ensure they were not socially isolated.

There was an effective complaints system in place and people we were able to speak with, and relatives told us they understood how to make a complaint.

Is the service well-led?

Good

The home had been through a period of management change and at the time of the inspection an interim management team was managing the home.

The management team was open and transparent in making changes to bring about improvement and stability for people living at the home.

People's views were sought about the service.

Portelet Lodge Care Home

Detailed findings

Background to this inspection

This was an unannounced, comprehensive inspection that took place on 1, 2 and 15 July 2015. The inspection was carried out by two inspectors on the first day and one inspector on the second and third day. Shortly before the inspection we received some concerns about the service and, during that time, we spoke with one of the directors of Portelet Care Ltd and also the registered manager.

The registered manager was not present at the inspection. The provider of the service told us that the registered manager had resigned from their position of managing the home in the week before the inspection. Before the completion date of the inspection, they told us that a new manager had been interviewed and appointed and the recruitment checks underway. Interim management arrangements had been put in place with a senior carer, supported by the registered manager of the sister home of Portelet Care Ltd. We will refer to both as the acting managers throughout the rest of this report. The acting managers assisted us throughout the inspection.

We met with all 20 people who were living at Portelet Lodge at the time of the inspection and spoke with those people who were able to tell us about their experience at the home. The majority of people were living with dementia and so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with:

- two relatives visiting people in the home
- a district nurse
- members of the Intermediate Care Service for Dementia team
- members of the Community Mental Health team
- a visiting chiropodist
- a senior carer, three care staff and the cook
- a representative from Dorset Fire and Rescue Service.

We looked at three people's care and support records, the medication administration records for everyone living at the home and documents relating to the management of the home. These included staffing records, audits, minutes of meetings, maintenance records and quality assurance records.

Before our inspection, we reviewed the information we held about the service including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 also looked at information about incidents the provider had notified us of, and information sent to us by the local authority.

Requires improvement

Is the service safe?

Our findings

The people who were able to tell us about living at Portelet Lodge were relaxed and said they enjoyed living at the home; one person commented, "It's very nice here". No one had any concerns about their safety.

All staff we spoke with told us that they had been trained in safeguarding adults and were aware of how to respond to and report concerns about abuse. Records we looked at confirmed that staff had been trained in safeguarding adults. The provider had a safeguarding policy which detailed the steps staff should take in referring concerns to the local authority. There were also posters on display about safeguarding procedures displayed in the home.

When we looked at incident and accidents records we found some incidents which had not been referred to the local authority safeguarding team. For example, one incident involved a person living at the home striking another person with a walking stick. Although there were no reported injuries, this incident should have been referred. One of the acting managers said that the incident had been raised with the registered manager, who made the judgement that the incident need not be reported. Before the conclusion of the inspection, the acting managers had reviewed all incidents and accidents and made some retrospective referrals to the safeguarding team.

Before the inspection we received concerns about the safety of the premises. Some of these concerns were referred to Dorset Fire and Rescue Service who visited the home and an Enforcement Notice was served under The Regulatory Reform (Fire Safety) Order 2005 with respect to fire safety measures at the home.

The acting managers told us that a building risk assessment that included individual assessments for each bedroom had been carried out but these could not be found. Over the period covered by the inspection, the acting managers and one of the directors of Portelet Care Ltd reviewed all of the premises and action was taken to make sure potential risks to people from hazards were minimised. For example, cleaning materials, to which people living at the home could have had access, were removed from a cupboard to a safe, locked area. The acting managers told us action would be taken to make the garden safer. Also, staff were reminded to keep the laundry room locked at all times so that people living at the home could not access this area where there were harmful products.

The home had plans in place for responding to unforeseen emergencies. These also included personal emergency evacuation plans for each person living at the home.

We discussed staffing levels with members of the staff team and the acting managers. The staff said that staffing levels were now meeting needs of people living at the home. They felt that earlier in the year they had struggled to meet needs. As one member of staff described the situation, "In the last few months we have been working like donkeys". The reason being, although staffing levels were the same at that time, there was high use of agency staff who did not know people's needs. Staff had also assisted in carrying out additional shifts, increasing stress on the team as a whole. Agency staff had been employed as there had been high sickness levels and a number of staff who had ceased working at the home. Staff told us that now the agency was supplying regular staff who knew people's needs and so could fully contribute as members of an effective team.

At the time of the inspection the following staffing levels were in force. In the mornings; a senior, four care staff and a member of staff to carry out activities. In the afternoon and evenings; a senior and three care workers. In the daytime management support was also provided. During the night time period, a senior and a care worker. We discussed the night time staffing levels and asked for these to be reviewed. At the time of the inspection there were three people who were largely cared for in bed and required high care with two hourly turns with some personal care, which required the assistance of two staff. This meant there were significant periods throughout the night when there were no staff to attend to other people, some of whom were at risk of falls with pressure mats in place to alert staff should they get up in the night. The acting managers told us that dependency tools were not used in assessing staffing levels. Before conclusion of this inspection a dependency tool was used by the acting managers to assist in calculating staffing levels and night staffing levels were increased as a result.

The home also employed a maintenance person, and cleaning staff. Laundry was carried out by the care staff.

Requires improvement

Is the service safe?

We looked at the recruitment records for four staff members. Robust procedures had been followed before people started work at the home. Prospective staff completed an application form in which they were asked to give a full employment history, explaining gaps and giving reasons for why they ceased working in care positions. Staff were then interviewed with records of interviews maintained. Employment references were taken up, a health declaration signed by the applicant and a Disclosure and Barring check completed. There was also proof of staff identity and eligibility to work in the UK. Staff we spoke with had no concerns about the way they were recruited.

Generally, medicines were managed well in the home. We observed staff administering medicines to people. This was done sensitively with people being told what their medicines were for and being given a glass of water to take their tablets.

The home had appropriate storage facilities with two locked medicine trolleys, facilities for storing controlled drugs and a small fridge for storing medicines that required refrigeration. Staff maintained records of the small fridge temperature to make sure that medicines were kept within the correct temperature range. There was one main set of keys, handed over to the senior in charge of medicines for the shift, so there was good accountability for medicines held in the home.

Overall, medication administration records were well maintained. There were a few gaps in the recording; however, there was a system ensuring that any gaps were investigated to establish whether medicines had been given or the circumstances that had led to the gap in the record. There was good practice of staff recording the number of tablets given when a variable dose of medicine had been prescribed by a GP. Allergies and a photo of the individual concerned was at the front of their records so that staff could identify people correctly and make sure they were not given any medicine to which they could have an adverse reaction. Generally, where hand entries had been made to the administration record, a second member of staff had signed to verify that the entry was correct; although there were a few instances where this procedure had not been followed.

We saw that a GP had authorised for one person to have their medication administered covertly and there was good practice of the home checking with the pharmacist to make sure that the medicine could be administered safely in this way.

Some people were prescribed 'as required' medicines to manage pain. The staff told us that because they knew people well, they understood when people were in pain and would then offer their pain tablets. We discussed with the acting managers the introduction of pain assessment tools as a means to make a more rigorous assessment of people's pain. It was agreed that they would look into introducing these.

At a contract monitoring visit prior to the inspection, a number of concerns were identified. These were followed up by specialists from the Clinical Commissioning Group (CCG) who visited the home. Some issues were identified that required improvement relating to infection control and minimising the risk of cross infection and the CCG was working with the home in developing an action plan to address these.

Requires improvement

Is the service effective?

Our findings

Staff we spoke with were knowledgeable about people living at the home. They were able to tell us about each person, what their likes and dislikes were as well as their personal care needs. The staff also had an understanding of the home's procedures and basic knowledge of relevant legislation, such as the Mental Capacity Act 2005.

Those people who had been assessed as able to access the community on their own could come and go freely from the home. One person had friends and family who they visited and they could also invite into the home.

People who had capacity to consent were involved in their day to day care and support. We saw examples throughout the inspection where staff asked people about how they wished to be supported.

However, we recommend that people who have capacity to consent, are offered to sign their care plan, to ensure that plans are developed with the person's consent and authorisation.

The acting managers told us that mental capacity assessments and best interests decisions had been completed for people who lacked capacity to consent to specific decisions; however all the records relating to these assessments and best interests decisions had been mislaid and could not be found. We saw one example of a 'best interest' decision that had been made by a person's GP, where this person lacked capacity around the need to have specific medicines to maintain their health.

However, in the absence of the written assessments and evidence of how decisions were made in people's best interests, we could not be certain that all the requirement of the Mental Capacity Act 2005 were being complied with.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards, which apply to care homes. These require providers to submit applications to a 'supervisory body' for authority to deprive someone of their liberty. The acting managers confirmed they had submitted applications following a Supreme Court judgement earlier in 2014 that widened and clarified the definition of a deprivation of liberty. However, on the first day of the inspection we identified that a Deprivation of Liberty authorisation for one person had expired. By close of the inspection, a new referral to the local authority had been submitted to ensure that this person was not having their liberty restricted unlawfully.

The above issues amounted to a breach Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting managers acknowledged that the systems for ensuring staff training had fallen behind with some staff in need of refresher training. There was an identified programme within the organisation of essential training for care staff that included dementia training, safeguarding of adults, health and safety, moving and handling and safe medication administration for staff who administered medicines. Some staff had completed further more specialist training, for example, one member of staff had completed a diploma in end of life care.

Before this inspection, one of the concerns raised was that people living at the home were losing weight because the home's food budget was too low and people were not having enough to eat. We discussed this with one of the home's cooks, the acting managers and with one of the directors, as well as looking at the food supplies and the records relating to food.

The cook told us that their main responsibility was for preparation of the main meal. They told us that fresh vegetables were always served and that they had no concerns about the budget and quantities of food provided for people. On the day of inspection the main meal was toad in the hole with fresh vegetables. With regards to choice, the cook told us that if someone did not like the main meal, an alternative such as an omelet would be prepared. They showed us the food stores where we found a range of tinned products and other dry goods. The cook told us that in the evening, he would leave provisions, very often processed meals or food for the staff to prepare. Fresh fruit was available but was not openly accessible to people. We were told staff would offer people fruit throughout the day.

We observed the lunchtime period on one of the days of the inspection and found that this was a positive experience for people. Staff assisted those people requiring assistance with eating with patience and encouragement.

We looked at the records of people's weight for the people whose care plans we looked at in detail. We found that

Requires improvement

Is the service effective?

there had been a system for monitoring people's weight whereby they would be weighed each month but if a person lost weight they would be weighed fortnightly. There had been a period earlier in the year when this system had not been followed but it had recently been re-instated. We saw that where people had lost weight steps had been taken such as fortifying people's meals and drinks. Where this had not led to weight gain, we found further action had been taken with referrals to people's GP. We saw that one person had been prescribed nutritional supplements after being referred for weight loss.

It was agreed with the acting managers and the Nominated Individual for the organisation that they would look into providing more choice of meals and to review the evening mealtime menu. It was also agreed that more 'finger foods' and snacks would be made available, as some of the people who are living with dementia were not able to fully participate in set mealtimes.

At a contract monitoring visit carried out by the local authority prior to the inspection concerns were identified about the building and physical environment. By the time of our inspection action had already been taken to address some of the concerns. For example, on the first day of our visit a new call bell system was being installed in people's bedrooms.

The acting managers told us that they had assessed each person's bedroom and identified old or damaged furniture that required replacing. Over the course of the inspection period we saw that this had been acted upon with new furniture in communal areas and bedrooms. The acting managers told us that more signage was being purchased for the first and second floors to assist people in finding their way around the building. Action was being taken to update the bathrooms. At the time of the inspection there was no useable bathroom with bathing facilities and only one wet room in use. The provider confirmed to us that a bathroom of the first floor would have flooring replaced and have the facility of a bath and a bath hoist chair. They also said that another wet room would be commissioned for use on the ground floor by mid-August 2015.

Good

Is the service caring?

Our findings

Overall, the staff team were caring and committed to the people living at the home. Relatives told us that they had confidence in the staff citing some very good care workers who were employed at the home. One visiting health professional particularly asked to speak to us to give positive feedback about the way the person they had come to see was supported by care workers. A district nurse we spoke to said that staff at the home supported them when they visited the home, which they found helpful, as some people had complex needs.

We saw examples of staff assisting people with hoists and stand aid equipment. The staff were very supportive in assisting the individuals concerned and had the skills to reassure the people in a calm and confident manner. We noted one example of this where a care worker was supporting someone to move from a wheelchair to armchair using a hoist. They provided information at each stage about what they were going to do and checked the person understood what was happening. They completed the task in a way that promoted the person's dignity.

Staff we talked with knew people's needs and understood each person's individual ways. We saw within people's records that information had been gained about people's life histories, to assist staff in understanding people.

It was also evident that some people had formed positive relationships with members of staff with whom they were clearly relaxed, able to joke and laugh with.

One person we spoke with could access the local community on their own and they were able to invite friends into the home where they were made welcome. Members of the Community Mental Health team told us that the home had been successful in supporting people they had placed at the home. Relatives told us that they could visit at any time and were always made welcome at the home.

Staff had a good understanding of confidentiality, privacy and dignity and we saw examples of where they knocked at people's doors, asked permission before entering and maintained people's confidential records securely.

Concerns had been raised because some people's bedrooms were not personalised. The acting managers told us that some people who had been placed at the home had no relatives and came to the home with very few possessions. They agreed that they would try to assist people in making their rooms more personalised.

Requires improvement

Is the service responsive?

Our findings

Before people moved to the home, an assessment of their needs had been carried out with the purpose of making sure the home was suitable and could provide the right care for the person concerned. At the time of the inspection, the Intermediate Care Service for Dementia team were supporting the home with the needs of one person with whom the home required support. We found that although this person needs had been assessed prior to the inspection, staff reported that these had not been communicated to them before the person was admitted, which may have contributed to their having difficulty in supporting this person's needs. In general, however, staff reported usual practice was for important information to be communicated to them so that they could assist a person before a full care plan could be put in place.

The acting managers told us that the registered manager had been in the process of reviewing and changing the format of the care plans but this process had not been completed. This was evident when we looked at the care plans for the people we case tracked through the inspection. The care plan for the person being supported by the Intermediate Care Service for Dementia team was incomplete and contained little information. Other care plans had the section dividers and index removed so that it was difficult to retrieve information about specific care requirements without reading through the whole file. Some of the care plans were out of date, as people's needs had changed and had not been reviewed to make sure they were up to date. Before the inspection was completed the acting managers had completed a care plan for the person supported by the Intermediate Care Service for Dementia team. They also informed us that all care plans had been reviewed to make sure they were up to date and had also had dividers and indexes restored so that information could be retrieved.

The files we looked at evidenced that generally; people's needs had been assessed using various recognised assessment tools, such as the Malnutrition Universal Screening Tool and other tools to assess people's skin care. Care plans had then been developed from these assessments. Information in the care plans reflected people's individuality and were centered on the person's overall needs.

The acting managers and staff told us that there had been one member of staff who had been delegated to spend at least two hours a day providing activities for people. That person had ceased working at the home and we saw that staff were engaged in some activities, when not too busy in supporting people.

However, we recommend that the provider considers the guidance of National Institute for Health and Care Excellence, Mental wellbeing of older people in care homes, Quality statement 1: Participation in meaningful activity; and takes such steps as necessary to meet this guidance.

We also discussed how the social isolation of those people who were being cared for in bed could be ameliorated with the provision of more sensory stimulation, or by having opportunities to spend time talking with staff. We noted on the days of our inspection, music appropriate to their era was being played. On a contract monitoring visit by the local authority, they had found music more to the liking of a younger generation was playing in some people's rooms. The acting managers agreed to look into providing more stimulation to these people. This will be followed up at future inspections.

On the first day of our inspection we found drink thickener, for people who required their drinks to be thickened because of swallowing difficulties, was placed in reach of people in their bedrooms. We pointed out recent guidance for these products to be stored out of reach of people living with dementia because of fatalities by their ingesting these products. The home responded and took appropriate action.

Relatives we spoke with said they had confidence to raise concerns with the acting managers and Nominated Individual. A record of all complaints about the service was maintained and we saw that action had been taken to try and remedy any complaints that had been made. The complaints procedure was on display in the reception area of the home and also well documented in the Terms and Conditions of Residence.

Good

Is the service well-led?

Our findings

There was an open culture with staff being able to freely speak about the service. Throughout the inspection period there was a willingness to improve and address concerns, from the directors, the acting managers and the care staff. Everyone employed who we met demonstrated great commitment to the people in their care.

The home has been going through a difficult period of change with changes in leadership and management and with no registered manager in post at the time of inspection. The morale of the staff had been low earlier in the year but staff reported to us that this was improving with everyone working together to effect positive changes. Staff had confidence and respect for the interim management team who felt supported by the directors of Portelet Care Ltd. Before completion of this inspection, the registered providers informed us that a new manager had been interviewed and appointed. The registered manager also submitted an application to cancel their registration.

There were systems in place to monitor the quality of service provided, although some of the auditing procedures were out of date, such as the review of care plans. Before the completion of this inspection, the interim management team had reviewed all the care plans to make sure they reflected people's needs so that staff could support people consistently.

Action was being taken to survey people's views about the quality of service being provided, although results had yet to be analysed and actioned.

All of the staff we spoke with knew how to whistle blow and raise concerns. They were confident that any issues they raised would be addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Where people lacked mental capacity to make a specific decision, the home had not assessed their capacity and made decisions in their best interests in accordance with the Mental Capacity Act 2005.