Isle of Wight Care Limited

Portland Lodge

Inspection report

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Ratings

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

Overall summary

Portland Lodge is a privately run residential care home providing care for a maximum of 19 people. The home provides support to older people including those with a history of alcohol abuse, family breakdown and homelessness. At the time of the inspection the home accommodated 18 people.

The last inspection of the home took place in January 2014, which identified that the provider had failed to ensure that people, staff and visitors were protected against the risks of unsafe or unsuitable premises. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by April 2014.

This inspection was unannounced. It was carried out on 20 and 21 May 2015. During the inspection we found the provider had completed all the actions they told us they would take in respect of meeting Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Summary of findings

There was a registered manager in post. 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.

People told us they felt safe. However, we found that there was not an effective system in place to ensure medicines were managed and administered safely.

People were not always protected from the risk of infection because some parts of the home were not clean and staff did not always follow Department of Health Guidance with regard to the wearing of personal protective equipment such as latex gloves and aprons when caring out intimate personal care.

The quality assurance system adopted by the registered manager was not always robust enough to ensure errors and omissions were identified, such as concerns in respect of infection control practice and medicines management, which put people at risk.

New members of staff had undertaken an induction process which included training and shadowing a more experience staff member.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

There were enough skilled and experienced staff available to meet people's needs. The registered manager had established a safe and effective recruitment process, and there were systems in place to manage short term absences of staff. New members of staff had undertaken an induction process which included training and shadowing a more experience staff member.

People were provided with the opportunity to be involved in the development of their care plans. The health and environmental risks related to supporting people at the home had been identified and actions taken to reduce those risks.

Staff were sensitive to people's individual choices and treated them with dignity and respect. People were encouraged to maintain their family relationships and their bedrooms were individualised to reflect their personal preferences.

People were complimentary about the food and were supported to have enough to eat and drink.

Staff and the management team had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence. There were suitable arrangements in place to deal with complaints.

People were supported to maintain good health and had access to healthcare professionals such as GPs, chiropodists, opticians and dentists when necessary.

There was an opportunity for people and their families to become involved in developing the service and they were encouraged to provide feedback about the service provided.

People and relatives told us the service was well-led and were positive about the registered manager who understood the responsibilities of their role. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the service.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

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

Medicines were not always managed and administered safely.

The home was not always clean and staff did not always follow Department of Heath Guidelines in respect of infection control.

People felt safe and staff were able to demonstrate an understanding of what constituted abuse and the action they would take if they had any concerns. People's health risks were identified and managed effectively.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

Staff received induction training and had access to other essential training and were supported to achieve vocational qualifications in care.

Both the registered manager and care staff understood their responsibilities in relation to the legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

People had the opportunity to be involved in planning their care. People's preferences and views were reflected in their care plans.

Staff understood the importance of respecting people's choice and their privacy. People's bedrooms were individualised to reflect their preferences.

Is the service responsive?

Good

The service was responsive.

Senior staff undertook a pre-assessment before the person started with the service to ensure they were able to meet their needs.

Staff were responsive to people's needs and encouraged them to maintain friendships and important relationships. They were knowledgeable about the activities people liked to do.

Summary of findings

The provider sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Requires improvement 

The service was not always well-led.

The systems in place to monitor the quality and safety of the service were not always robust enough to drive improvements and identify areas of concern.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People, their representatives and staff had the opportunity to become involved in developing the service.

The registered manager understood the responsibilities of their role and notified the Care Quality Commission of significant events.

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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 checked 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.

The inspection was unannounced and was carried out on 20 and 21 May 2015. The inspection team consisted of an inspector, a specialist advisor and an expert by experience. The specialist advisor was someone who had clinical experience and knowledge of working in the field of older people and in particular those living with dementia. 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 the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with the 11 people using the service and one visitor. We also spoke with a visiting health professional. We observed care and support being delivered in communal areas of the home. We spoke with four members of the care staff, the cook, the senor carer and the registered manager.

We looked at care plans and associated records for nine people using the service, staff duty rota records, three staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "I sometimes get panic attacks at night. I ring the bell and they [staff] come straight away. I have a cup of tea and it's alright again". Another person told us "If I feel short of breath I ring the bell and they are here very quickly". We observed those people who were unable to tell us verbally about their experiences and they demonstrated that they felt safe, through their interactions with the staff. A relative told us they felt their family member was safe at the home.

However, during our inspection we found there was not an effective system in place to ensure that medicines were administered safely. We carried out a check of the stock against the records and found there were seven tablets, that were 'as required' (PRN) medicine, missing. We raised this with the senior carer who had responsibility for managing the medicines and they were unable to explain the discrepancy. As a consequence the provider could not be assured that people had received their medicine as prescribed.

The provider had an up to date medicine policy, which provided detailed guidance for staff. Only the senior care staff, who had received the appropriate training and had their competency assessed were able to administer medicines to people living at the home. People's medicine administration records (MAR) had been completed by staff administering their medicines and were audited on a regular basis. However, people were at risk of not receiving their medicines at a time and in a way that met their individual needs. Care plans and MAR charts did not contain any guidance or information to support staff in understanding when PRN medicine should be administered. Prescribed topical creams were recorded on people's MAR charts. However, there was no information available to staff to help them understand when and how much topical cream should be applied and which part of the body it should be applied to.

The failure of the provider to have an effective system in place to ensure the safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had an effective system in place to manage the ordering of medicines. When medicines required cold storage, a refrigerator was available and the temperature was checked and recorded daily to ensure medicines were stored according to the manufacturer's instructions. There was a process in place for the ordering of repeat prescriptions and disposal of unwanted medicines. Staff administering medicines to people were supportive and unhurried, allowing people to take their medicines in their own time.

People were not always protected from the risk of infection because some parts of the home were not clean and staff did not always follow Department of Health Guidance. The mattress in one of the bedrooms was stained and badly ripped. Both pillows were badly stained, the walls were stained and the floor was stained and dirty. We raised this with the manager who told us that the staining was likely to be bodily fluids. They explained that the person who used the room was living with challenging behaviour that resulted in them defacing their room with bodily fluids and damaging their bedroom furniture.

The home was not properly cleaned. The lamp shades in the corridors of the back extension were covered with dirt and dust, and there were black cobwebs in a number of the corners of the corridors, which created a breeding ground for infection. There were also black cobwebs visible in the downstairs shower room.

By the end of our inspection all of these areas had been address and the mattress replaced.

Although, staff had received training and were able to explain the principles of infection control they did not always apply those principles in practice. Staff supporting people with their toileting needs and providing intimate personal care should wear personal protective equipment (PPE), which includes gloves and aprons to prevent the risk of infection. One member of staff provided support with a person's toileting needs while only wearing their gloves. On completion of providing this support they then left the person's room taking off their gloves as they walked through the lounge area. As a consequence there was the risk that an infection could have been spread to other parts of the home. We saw similar instances where other staff failed to follow Department of Health Guidance in respect of wearing and disposing of their PPE throughout the two days of our inspection.

Requires improvement

Is the service safe?

The failure of the provider to protect people from the risk of infection was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had an up to date infection control policy, which detailed the relevant infection control issues and guidance for staff. An infection control risk assessment had been completed and an audit conducted in April 2014. The registered manager was the infection control lead for the service. There were detailed daily cleaning schedules and checklists to confirm when the cleaning had been completed. The other communal areas of the service, the bathrooms and other people's bedrooms were clean.

The provider had assessed the risks to the health, safety and welfare of each person and these were recorded along with actions identified to mitigate those risks. They were written in enough detail to protect people from harm whilst promoting their independence and were reviewed on a monthly basis. The provider had appropriate environmental risk assessments in place in respect of the day to day running of the home. These were up to date and in line with best practice guidance.

There were enough staff to meet people's needs. The registered manager told us that staffing levels were based on the needs of people using the service. There was a duty roster system, which detailed the planned cover for the service, with short term absences being managed through the use of overtime or staff from another home owned by the provider. The registered manager was also available to provide support when appropriate. Therefore, there were management structures in place to ensure staffing levels were maintained.

The provider had a safe and effective recruitment process in place to help ensure that staff who were recruited were suitable to work with the people they supported. All of the appropriate checks, including Disclosure and Barring Service (DBS) checks were completed on all of the staff. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Staff had the knowledge necessary to enable them to respond appropriately to concerns about people. All staff and the registered manager had received safeguarding training, understood the different types of abuse and knew what they would do if concerns were raised or observed in line with the provider's policy.

Accidents and incidents were recorded and contained sufficient detail to allow staff to identify patterns and put in place remedial actions. The registered manager monitored and reviewed all accident and incident records to ensure that appropriate management plans were in place.

There were arrangements in place to deal with foreseeable emergencies. There was also a fire safety plan for the home. Staff were aware of the plan and were able to tell us the action they would take to protect people if the fire alarm went off.

Good

Is the service effective?

Our findings

People told us the service was effective and that staff understood their needs and had the skills to meet them. One person said, "They [staff] know how to look after me. They are very nice. I feel safe here". A relative told us staff were knowledgeable about the care they provided and said their family member's needs were met to a good standard.

Each member of staff had undertaken an induction programme and spent time shadowing more experienced staff, working alongside them until they were competent and confident to work independently. However, the induction programme did not follow the standards set out in the Care Certificate to ensure new staff were competent to carry out their role. We raised the induction process with the registered manager who told us they only employed staff who had experience in working in a care environment.

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as, fire safety, infection control, manual handling and safeguarding adults. Staff had access to other training focussed on the specific needs of people using the service, such as understanding dementia, managing challenging behaviour and managing diabetes. Staff were also supported to achieve a vocational qualification in care. One member of staff said the induction process "has given me to skills to support people properly". Another member of staff said, "You always get mandatory training but you can do other training as well if you need it". Staff were able to demonstrate an understanding of the training they had received and how to apply it.

Staff received regular supervisions in line with the provider's policy. Supervisions provide an opportunity for supervisors/managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff said they felt supported, and the registered manager had an open door policy which meant staff could raise any concerns straight away. One member of staff told us the registered manager was "very open and easy to talk to".

Staff asked people for their consent when they were supporting them. The registered manager, and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. When appropriate people's ability to make decisions was assessed and if they lacked capacity, decisions were made in their best interest.

DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The registered manager told us they were in the process of applying for a DoLS authorisation for some people at the home.

People were supported to have enough to eat and drink. Meals were appropriately spaced and flexible to meet people's needs and drinks were available throughout the day. People were complimentary about the food. One person said, "The food's excellent, we have two choices every day; I've never eaten so well in my life". Another told us "I like to eat in my room; the food's good". A third person said, "The meat is very tender it is good for older people".

The kitchen staff were aware of people's likes and dislikes, allergies and preferences. People were offered two choices daily; a menu was displayed of the day's choices. People were asked for their choice of the next day's menu and were all asked again on the day, in case they had forgotten, or changed their minds. People were offered a variety of drinks with their meal and were able to choose where they ate their meals, for example, at the dining table, in the conservatory or outside on the patio. People who chose to eat in their rooms told us they enjoyed their food, which was served promptly and always hot.

Staff were aware of people's needs and offered support when appropriate. For example one person living with dementia, was initially reluctant to eat but with gentle encouragement by a member of staff who gave them a first and second spoonful, then placed the spoon in their hand, after which they continued to eat by themselves until they had finished their meal. Lunch took place in a relaxed environment and care staff ate their meals with the people, engaging them in conversation.

Good

Is the service effective?

At a previous inspection we identified that the provider had failed to ensure that people, staff and visitors were protected against the risks of unsafe or unsuitable premises. During this inspection the registered manager showed us the action taken by the provider to ensure the premises were safe and suitable for the needs of the people using the service. In addition, there was a redecoration plan for the home and we saw this work was in progress.

Healthcare professionals such as GPs, district nurses and chiropodists were involved in people's care where necessary. Records were kept of their visits as well as any instructions they had given regarding people's care. A healthcare professional told us that staff were always available when they visited and were effective in following up on any action they had requested them to take.

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. People and relatives told us they did not have any concerns over the level of care provided or how it was delivered. One person said "It's very good care. People are nice. I'm quite happy here". Other comments by people included "The staff are nice, and I have friends here", "It's a good service; can't knock it at all"; "Staff are lovely"; and "They look after us very well".

People were cared for with dignity and respect. Staff spoke to people with kindness and warmth and we observed many examples of staff members sitting chatting to residents, sometimes having a cup of tea with them, laughing and joking with them. Staff responded promptly to people who required assistance. Staff understood the importance of respecting people's choice, and privacy. They spoke with us about how they cared for people and we observed that personal care was provided in a discreet and private way. Staff knocked on people's doors and waited before entering. They were very respectful of people's privacy and a health professional told us they were able to speak with people privately.

People were offered the opportunity to be involved in developing their care plans; however, they chose not to engage and told us they were happy to accept the plans agreed with the registered manager. People's preferences and views were reflected in their plans, such as the name they preferred to be called and their likes and dislikes.

Staff knew the people they were supporting and were able to tell us about people's life histories, their interests and their likes and dislikes. Staff used the information contained in people's care plans to ensure they were aware of people's needs and preferences. Staff understood the importance of respecting people's choice and privacy. We spoke with some people who chose to spend their time in their own rooms. They said the staff respected this and offered them opportunities to join in with others if they wished.

Most people were independent and were encouraged to maintain links with the local community. People were able to go out whenever and as often as they wanted. One person told us "It's okay here; I go out using my bus pass. I can do what I like, when I like". Another person said "You just have to tell staff you are going out and when you will be back so they don't worry about you".

People's bedrooms were individualised, personalised and homely, containing pictures, posters, ornaments, video games and toys belonging to them.

Good

Is the service responsive?

Our findings

Staff were responsive to people's needs. One person told us the staff knew how to look after them and added "I'm all right here; so long as I'm kept warm, which I am". Another person said that staff understood their needs. They added, "It's great here; there's a happy atmosphere, and I love this room by the door, so I see lots of people". One family member said, "The care is good [the person] speaks highly of the staff. We have seen lots of improvements since they have been here". A health professional told us the staff were knowledgeable about the people they were supporting.

Pre-admission assessments in respect of people's care and welfare needs were completed by senior staff prior to people moving into the home. This ensured that the registered manager was aware of people's needs and had staff with the necessary skill available to support them when they arrived.

Staff used the information contained in people's care plans to ensure they were aware of their needs and how to support them. Care plans were detailed, reviewed monthly and reflected people's assessed needs. The support plans described people's routines and how to provide both support and personal care. Staff were knowledgeable about the people they supported and were able to tell us in detail about their preferences, backgrounds, medical conditions and needs.

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Handover meetings were held at the start of every shift, which provided the opportunity for staff to be made aware of changes to people's needs. A handover sheet was completed to enable staff who were not working to look back and update themselves.

Staff were knowledgeable about the types of activities people liked to do, and knew what activities they would likely choose. Although there was no structure approach to activities, this was the preference of the people using the service. People told us that the television, radio, and in some cases, reading, was all they needed to keep them occupied. There were games, jigsaw puzzles and other activities available for people but these were seldom used.

The senior carer told us that care staff repeatedly asked people if they'd like anything else to do, but "they tell us they'd rather watch TV". The registered manager told us they had tried arranging structured activities including people entertainment at the home but "the residents told me they did not like it and preferred the television".

People were supported to maintain friendships and important relationships with their relatives; their care records included details of their circle of support. Relatives confirmed that the home supported their relatives to maintain a relationship with their family. One family member told us that they were able to visit when they wanted and could talk with their relative in private. Two people from the home had formed a relationship and this was supported by staff. Staff monitored the relationship in an unobtrusive way because there had been a history of verbal conflict between both people.

People, their relatives and friends were encouraged to provide feedback. The registered manager told us they "engaged with each resident" on a daily basis. They had also arranged regular meetings with people to give them a formal opportunity to express their views and provide feedback about the service. People and health professionals were sent an annual satisfaction survey. The registered manager analysed the responses to these and where concerns were identified they used the information to help develop an improvement plan. We reviewed the results of the latest survey from health professionals and people using the service and these were all positive.

People, their relatives and friends were supported to raise complaints if they were dissatisfied with the service provided at the home. There were arrangements in place to deal with complaints which included detailed information on the action people could take if they were not satisfied with the service being provided. A copy of the provider's complaints policy was posted on a notice board in the foyer of the home and was also in the 'service user's guide' given to all people using the service. The registered manager told us they had not received any complaints since our last inspection and explained the action they would take if a complaint was received. People told us they knew how to complain but had not needed to do so.

Requires improvement

Is the service well-led?

Our findings

People and family members told us the service was well-led. One person said, "The 'Boss Lady' [registered manager] who is in charge, is ever so nice; down to earth."

However, we found that the quality assurance system adopted by the registered manager did not always provide an opportunity for organisational learning or enhance the provision of care people received. The registered manager maintained a system of audits and reviews on key aspects of the service; these included regular audits of medicines management, safeguarding alerts, environmental health and safety, and fire safety. There was also a system of daily audits in place to ensure quality was monitored on a day to day basis, such as daily audits of the fridge temperatures. However, this approach to quality assurance may not always be robust enough to ensure errors and omissions were identified, such as concerns in respect of infection control practice and medicines management, which may put people at risk. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes. For example during an audit of care records three people were identified as being at risk of pressure sores. As a result, special mattresses were obtained to help to minimise the risk to these people. We raised our concerns with the registered manager who agreed it was an area for improvement.

The provider's vision and values were set out in the 'service user's guide' and were clearly demonstrated by the actions of the registered manager and the staff in the way they supported people. There was the opportunity for people and their relatives to comment on the culture of the service and become involved in developing the service through regular feedback opportunities such as house meetings and the annual feedback survey.

There was a clear and visible management structure established by the provider through the registered manager and senior care staff. Staff understood the role each person played within this structure. Staff were aware of the provider's vision and values and how they related to their work. Regular staff meetings provided the opportunity for the registered manager to engage with staff and reinforce the provider's value and vision. They also allowed staff to provide feedback and become involved in developing the culture of the service.

There was an opportunity for staff to engage with the registered manager on a one to one basis through supervisions and informal conversations. Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the culture and management of the service. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one to one supervisions or staff meetings and these were taken seriously and discussed. One member of staff told us that at staff meetings "you can raise ideas or any issues". They added the manager was "very open and easy to talk to" if they wanted to raise something in private.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary. The staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected.

The registered the manager understood their responsibilities and was aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. They told us they were supported by the provider who was available to be contacted for advice at any time.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider failed to ensure there was an effective system in place to manage medicines safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider failed to protect people from the risk of infection because some parts of the home were not clean and staff did not always follow Department of Health Guidance.