

Portfolio Homecare Limited

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Inspection report

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Is the service well-led?

Ratings

Website: www.portfoliohomecare.org

Date of inspection visit: 23 August 2018

Good

Date of publication: 17 September 2018

1.0.1.1.80	
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

Summary of findings

Overall summary

This inspection was undertaken on 23 August 2018. We gave the provider 48 hours' notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection.

At our last inspection in June 2017 we rated the service Good. This inspection was undertaken as a result of some concerns that had been shared with us. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This service 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 receives 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 47 people were in receipt of the regulated activity personal care.

There was a manager in post who had registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 felt safe receiving care and support from Portfolio Homecare Limited. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. People's needs were met by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were safely managed.

Staff received one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to health professionals as needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able.

The provider had arrangements to receive feedback from people who used the service and their relatives about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

The provider and registered manager had developed an open and respectful culture in the service and people, their relatives and the staff team were comfortable to speak with the registered manager if they had a concern. Arrangements were in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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 remains safe.	
Is the service effective? The service remains effective.	Good •
Is the service caring? The service remains caring.	Good •
Is the service responsive? The service remains responsive.	Good •
Is the service well-led? The service remains well-led.	Good •



Portfolio Homecare Limited

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 prompted in part by some anonymous concerns received and as a result of significant changes in the management and staff team. However, we found that the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection took place on 23 August 2018 and was announced. We gave the provider 48 hours' notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We did not request a provider information return in advance of this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

Inspection site visit activity started on 23 August 2018 and ended on 29 August 2018. It included visiting the agency office on 23 August 2018 to view records and speak with the provider. Subsequent to the visit to the office location we spoke with three people who used the service and relatives of four people who used the service by telephone to obtain their feedback on how people were supported to live their lives. We also spoke with three staff members to confirm the training and support they received.



Is the service safe?

Our findings

The service continued to be safe. People told us that they felt safe receiving care and support from Portfolio Homecare. A person who used the service told us, "I do feel safe when I am having care, if I didn't I would tell (Registered manager or provider), I know they would listen to me." A relative told us, "I do feel [relative] is safe when they have their care, I have never had any reason to doubt it."

Staff had received training about protecting people from abuse, were able to demonstrate an understanding of what constituted abuse and said they would report any concerns to the registered manager. Some staff members needed prompting about the local authority's responsibility as lead agency for safeguarding matters however indicated that they would know how to access this information if they needed to.

Potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for areas including people's mobility, the environment and specific health conditions. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. The provider told us that learning from any incident or event was shared throughout the staff team via digital communication, staff meetings and supervision sessions.

People who used the service told us that there were enough staff to meet their needs safely. They told us that staff were seldom late and always stayed their allotted time to make sure that all aspects of care were covered. The provider reported that if staff were running late for any reason they contacted the office who then either let people know or arranged for an additional staff member to attend.

The provider told us that there were sufficient staff members employed to meet people's needs taking into account staff annual leave and sickness. They said they were just coming out of the holiday period which had been a challenge to manage but they had done so successfully without any missed calls. Travel time was not factored into the rota for staff members at this time. The provider felt that this did not have a negative impact whilst the agency was still small however, this may need to be addressed as the agency grew to help ensure that people did not have to wait for staff who had been delayed.

People who used the service and their relatives told us that the times that staff arrived with them varied quite a lot however, they said this did not have a negative impact for them. For example, one person said, "I have never had any missed calls but they are always changing the times. Some come at 10:45 but others not until 12:00. I don't really mind though." A relative of a person told us, "They don't have a set time as such. Our time slot is between 0700 and 1200. So far it has worked well as they (care staff) are usually here about 0800. This morning they were early and [person] was still asleep so I said not to wake them and that I would do the care myself today." Another relative said, "I never know what time they are going to come. It doesn't

worry me at all because I know they will come. They have never missed a call to us." A relative said, "If they are ever running late the office ring us to let us know."

The service used a computerised call monitoring system in order to monitor when staff arrived at a care call and when they had completed the call. This helped to identify if staff were regularly delayed with specific people or on travel routes and enabled the provider to make any alterations to rotas so that people received their care calls as needed. The provider also said it also gave them peace of mind as the system helped promote the safety of the staff team.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of two staff and found that all the required documentation was in place including two written references, proof of identity and criminal record checks.

Some people who used the service were prompted by staff to take their medicines independently, some required greater level of support and had their medicines administered by staff. The staff team had undertaken training in relation to medicines management, and the registered manager and a senior staff member assessed the team's competency to administer people's medicines.

The provider had arrangements in place to manage and monitor infection control practices. Gloves and aprons were made available for staff to use as needed. The registered manager and senior staff assessed staff competencies in this area during shadow shifts and on-going daily practice.



Is the service effective?

Our findings

The service continued to be effective. People and their relatives told us that the care and support provided by staff of Portfolio Homecare was appropriate to meet people's needs. One relative said, "Definitely an effective service. They (care staff) just get on with their job, they are very efficient and capable."

Staff told us that when they first started working at the service they completed an induction and shadowed experienced staff until they felt confident in their role. This also meant that new staff members were gradually introduced to people who used the service and understood their individual needs prior to staff working alone.

Staff received training to support them to be able to support people safely. The provider told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future.

The provider told us that that there was a programme of staff supervision in place and this was confirmed by staff members we spoke with. All staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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.

We checked whether the service was working within the principles of the MCA. People told us that staff explained what was happening and obtained their consent before they provided day to day care and support. Staff members were knowledgeable about how to obtain consent from people with limited or restricted communication skills. It was clear from talking with people that they had been involved with making decisions about their care and support and, where appropriate, their family members as well.

People were provided with prompting where needed to have a healthy diet and fluid intake. The provider told us that staff heated meals for people and always prompted them to maintain a healthy fluid intake.

People told us that their health care appointments and health care needs were managed by themselves or their relatives. The provider confirmed that if staff were concerned about a person, they would support them to contact a GP or emergency services as appropriate. For example, on the day of this inspection a staff member had contacted the office because a person had felt unwell. Staff had contacted emergency services and office staff checked regularly to make sure the person was alright and liaised with relatives whilst they waited for emergency health support to arrive. The staff scheduled to visit the person later in the day had received handover information so that they were aware.



Is the service caring?

Our findings

The service remained caring. People, and their relatives, told us they were happy with the staff that provided their care. A person who used the service said, "I don't always have consistent staff, they do chop and change. Some staff don't speak English very well and I do like to have staff I can talk with. They are all very kind and caring though." A relative told us, "[Name] has never complained, they are all very good, kind and caring." Another relative said, "I really think they are caring, I have never felt they don't care."

The provider told us that due to a robust assessment process they had ensured that staff had the time to care. They said that people were not rushed and were made to feel that they were important and valued.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. People were asked their preferences in terms of the gender of the staff that provided their personal care and this was respected.

Most people told us that they received their care and support from a consistent team of staff which enabled them to build up positive relationships. A person who used the service told us, "I have mostly the same staff which is good because you get used to them." A relative told us, "There are a core group of three or four staff that come to attend to [person's] care." However, one relative said, "You never know which pair will turn up, it can be different ones every day, it means that you can't build up relationships with them."

Staff told us that working with the same people helped them to build up relationships and get to know people as individuals and not someone who was just part of the service. One staff member told us, "All our staff are trustworthy, this is so important. We are strangers going into people's homes. They are 'houses' to us but they are people's homes and it is important people feel comfortable with us."

People were treated with dignity and respect. Without exception people told us that staff respected their privacy. One relative said, "They promote [person's] dignity by closing doors when they are providing the personal care even though I am the only other person here."

People's care records were safely stored in locked cabinets within a lockable office at the service in order to promote people's dignity and confidentiality.



Is the service responsive?

Our findings

The service continued to be responsive. People and their relatives told us they had been involved in developing people's care plans. Care plans had been created using information from local authority assessments and the registered manager's own assessment of needs as well as input from the person and their relatives where appropriate.

The care plans included information to guide staff in terms of people's individual needs and wishes. For example, one care plan we viewed instructed staff clearly about the support that a person needed to mobilise safely. However, some elements of the care plans would benefit from more detail to support the staff team to provide consistent care. For example, specific detail about how much people could do and wanted to do for themselves in order to maximise their independence.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. A recently recruited staff member told us that they had comprehensive training and had been able to shadow established staff until they were confident in providing people's care in accordance with their individual wishes.

People told us they felt the registered manager took them seriously and if they needed to change or adapt their care they felt they only had to make a phone call. Where people had health appointments the agency was responsive in changing their care call times to accommodate these.

The provider had policies and procedures in place to ensure that concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. However, they told us that there had not been any formal complaints raised with them since the last inspection. CQC had occasion to raise some concerns with the service that we had been made aware of. The provider had responded to these in a robust and timely manner.

People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager or provider. A relative of a person who used the service told us, "I have had to make one complaint in the past and they managed that very well indeed." Another relative told us, "I have never had to make a complaint but I would be confident to do so and know how to."



Is the service well-led?

Our findings

Since the previous inspection in June 2017 there had been significant changes in the management and staff team at Portfolio Homecare. A new manager had been recruited and completed their registration with CQC. The registered manager was on annual leave at the time of this inspection, the provider attended the service to assist with the inspection process.

People who used the service knew the registered manager by name and felt that they were approachable with any problems. One person told us, "Both (Registered manager name) and (Provider name) have been really good to me. They keep in touch to make sure I am happy with the care I get."

Staff told us that the registered manager was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. One staff member told us, "The service is managed 10 times better now than it was. It is so much more positive, you feel you can be open, it is very good."

Staff meetings were regularly held to enable the staff team to share their views, opinions and suggestions about the service and how it performed. The provider advised that the team meetings were also used as learning opportunities and items such as safeguarding were regular agenda items.

All people and relatives we spoke with told us they would recommend the service to anyone looking for care in their own home. A person said, "I would recommend them highly, they are really very good." A relative of a person who used the service said, "Yes, I would recommend Portfolio Homecare to people wanting care in their own home. I think the agency is managed very well."

Staff members told us that they were proud to work for Portfolio Homecare and that they would recommend the agency to friends and family members.

The provider said they felt communication was key to providing a safe and effective service. They told us there were various means by which the team communicated including through handovers and meetings. A social media messaging application was used to good effect. For example, if staff had personal matters that meant they could not attend a care call they put a message out to the team and it was always covered. Staff were conscious of the need for confidentiality when using social media in this way and did not refer to individuals by name or include personal information.

The provider told us of various means the registered manager kept themselves up to date with changes in the care sector and changes in legislation. For example, by being a member of care provider associations and communications from CQC. The registered manager was currently working towards a leadership and management qualification in health and social care.

The registered manager received support and supervision from the provider who was experienced in the sector and was able to provide them with effective challenge in relation to the management of the service.

At the time of this inspection any concerns out of hours were directed to the provider. They told us of plans to formalise an out of hours system once the agency grew and more senior staff were recruited to the team. This was to ensure that staff and people who used the service could be confident of accessing a member of the management team as needed.

We received mixed feedback from people who used the service and their relatives about how the provider quality assured the service provided. Some people told us that the owner and registered manager checked with them regularly to confirm they were satisfied with the service they received. However, one relative told us, "No-one from the office comes out to check we if continue to be happy with the service, we are satisfied though."

There were a range of checks undertaken routinely to help ensure that the service provided was safe and appropriate to meet people's needs. These included spot checks whilst staff were in care calls, checks on care records to confirm they were accurately completed and reflected the care that people had been provided with and routine checks with people who used the service to confirm their continued satisfaction.

The provider was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise. This showed us that the provider was committed to providing a safe service.