Portelet Care Limited

Portelet House Care Home

Inspection report

22 Grand Avenue
Southbourne
Bournemouth
Dorset
BH6 3SY

Tel: 01202422005

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Portelet House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Portelet House Care Home was registered for 15 people. There were 14 older people living in the home at the time of our inspection. The home is an adapted building in a residential area of Bournemouth. People had a variety of care and support needs related to their physical and mental health. The majority of people living in the home had needs associated with dementia.

This unannounced inspection took place on 26 January 2019.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. 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.

Why the service is rated good.

People continued to receive a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There were enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were mostly well managed and people received their medicines as prescribed. Information about when to give some medicines was checked and recorded following our visit. The home was clean and staff followed the providers infection control policy and procedures.

The service remained effective in meeting people's needs. People were cared for by staff who felt supported and had access to effective training. People had access to healthcare professionals for both ongoing and emergency treatments. The manager and staff worked to ensure people's rights were respected. People were supported to enjoy a healthy and varied diet. The environment had been decorated to reflect the needs of people living in the home.

The service continues to be caring. Staff were motivated to provide a caring service to people. They spoke warmly of people and worked in ways that respected and promoted their dignity.

The service was responsive to people's needs. People's preferences were evident in their care plans and the staff understood how they communicated their wishes and emotions. Changes in people's needs were quickly identified and their care was amended accordingly. People and their relatives felt able to make requests, raise concerns and express their views. They felt listened to by care staff and the management

team. We have made a recommendation about the recording of discussions with people about their end of life wishes.

The service continues to be well led. Staff understood their roles and shared the vision of ensuring a homely environment where people received personalised care. The manager had applied to be registered with the Care Quality Commission and demonstrated their commitment to ensuring positive outcomes for people and staff and improving the quality of people's experience. There were processes in place to monitor quality and understand the experiences of 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? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Portelet House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 26 January 2019 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also received information from the local authority contract monitoring team as part of the inspection.

During the inspection we observed the care people received in the communal areas of the home. We spoke with six people living in the home and two relatives during our inspection visit. We also visited two people who no longer used words to reliably communicate their views due to their dementia. We also observed care practices, spoke with three members of staff, the manager, the area manager. We looked at records related to five people's care, and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits and accident and incident records.

Good

Is the service safe?

Our findings

The service continued to be safe. People were supported by staff who understood the risks they faced and valued their independence. This meant people's rights were protected and their views were respected within risk management plans. Staff described the risks people faced confidently and they understood the measures that were in place to reduce these risks. Risk assessments had been undertaken and care plans were in place dependent on individual need. These included plans related to protecting skin from damage, people leaving the home without support and reducing the risk of falls. One person was at risk of developing sore skin, staff understood how they reduced this risk and records reflected that the person received care as identified by their risk assessments and outlined in their care plan. Where people needed equipment such as longer beds or air mattresses to reduce the risks they faced staff made appropriate referrals.

Emerging risks were identified and responded to. Incidents and accidents were recorded and actions were taken to reduce risks of reoccurrence. These were reviewed by the manager to ensure that any trends were identified.

People told us they felt safe and relatives shared this feeling. One person told us: "I feel so safe. It is lovely here.", and relatives reflected positively on how the staff shared information and provided support to keep their loved one safe.

Staff had all received training in how to follow the safeguarding process and were able to describe how they would report suspected abuse. They were confident any concerns would be taken seriously and acted on. One member of staff told us: "It would be my job to report concerns to my manager straight away." The provider promoted a transparent approach to any safeguarding concerns and shared concerns with other agencies. This approach reduced the risks faced by people.

Equipment owned or used by the registered provider, such as hoists were maintained appropriately. There were systems were in place to ensure equipment was regularly serviced, and repaired as necessary.

There were enough staff on duty to meet people's needs. People told us, and we observed, this was the case and that staff had time to sit and chat with them. One person commented that sometimes they believed the home to be short staffed. They told us they had never felt neglected as a result of this. Staffing levels were determined with a dependency tool and could be altered to reflect the needs of the home. The staff also told us there were enough staff working in the home.

Staff had been safely recruited. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check. We noted that gaps in a person's employment had not been recorded. We discussed this with the area manager who added it to interview checks immediately. The member of staff was not a new recruit.

Staff received effective training in safety systems, processes and practices such as moving and handling, fire

safety and infection control. Staff were clear on their responsibilities to ensure infection control. More hand gel stations were scheduled to be fitted on the first floor of the home. People's rooms and communal areas were clean throughout our inspection. We noted that there was a strong odour in one part of the home. The manager investigated this and took immediate action to rectify it and ensure that it did not reoccur.

The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had undertaken training and had their competency assessed. Some medicines required cold storage and there was a medicines refrigerator at the service. The temperature of the medicines refrigerator and the medicines cabinet were stored was within an acceptable range. These temperatures had not been recorded. The manager put this in place during our inspection. Medicine Administration Records (MAR) were completed and audited appropriately. People were supported to take their medicines in ways that worked for them. Pain relief was available at all times and offered regularly.

We noted that guidance related to medicines that were taken when required was not always specified clearly for staff based on individual need. This meant there was a risk people may not get these medicines at the optimum time. We checked the understanding of staff who gave these medicines and they were confident they understood the correct process. The area manager began to address the documentation to support this during our visit. They told us they would check information with people's GPs and then wrote to update us on this work.

Good

Is the service effective?

Our findings

People continued to receive care and support from an effective service. 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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLs applications had been made where appropriate and were awaiting authorisation by the local authority, who supervise this process. Where DoLS had been authorised with conditions these were reflected in the person's care.

MCA assessments and best interests decisions had been made and recorded to ensure people received their care in the least restrictive way. Staff demonstrated that they understood the importance of promoting choice and enabling people to make decisions about their lives and care. should receive their care the way they did.

There were systems in place to check if people living at Portelet House Care Home had a Lasting Power of Attorney arrangement for health and welfare. This means they would have appointed people to help them make decisions or make decisions on their behalf.

Before moving into the service people had their needs assessed. This assessment process identified people's support needs and enabled the service to determine whether or not they could meet those needs. People were protected from discrimination on the grounds of their gender, race, sexuality, disability or age. The provider's paperwork associated with assessment had been updated to ensure that conversations related to equality started at the beginning of peoples' contact with the service.

There was a call bell system that people could use to alert staff if they needed support or in emergency and an electronic care planning system had been introduced that provided care plan information direct to staff and alerted senior staff if tasks were not carried out. The system continued to be updated, and its functions adapted, to ensure people's needs were met effectively.

People told us staff were good at their jobs. New employees completed a comprehensive induction programme and where appropriate this included access to the Care Certificate. This is a programme of training to ensure staff who are new to care work have the initial training they need. Staff told us the training they received was relevant and helped them carry out their roles effectively. The new manager and deputy were also receiving support and training to enable them in their roles.

Staff told us they felt supported by their colleagues and the management team. They spoke with warmth and respect about the manager and area manager who visited regularly. One member of staff said: "I feel

very supported, we are a strong team." There was a system in place for staff to take part in regular supervision and appraisal sessions. They told us this gave them an opportunity to highlight any training or development needs.

People told us the food was good and that they were involved in decisions about what they ate and drank. One person said: "The food is tasty. People were asked about what they liked to eat as part of their assessment process and this included any cultural or religious dietary needs. If people changed their mind about their choice of food they were offered alternatives. One person described the alternate meal they had enjoyed the night before our visit.

People were supported to have a balanced diet that supported their health and well being. When people had been identified as being at risk because they had lost weight or were showing difficulty eating and drinking safely appropriate medical guidance was sought. Food and fluid charts were included in the computerised system and people's intakes were monitored and their weight was regularly checked. We noted that the recommended fluid intakes for people who usually drank lower amounts had not been discussed with health professionals. This meant there was a risk that staff would not identify if their intake became medically concerning. The manager and area manager committed to addressing this and made us aware following the inspection that this had been done.

People's day to day health needs were dealt with in conjunction with health care professionals. One person told us they had recently seen a doctor. Records showed that people had regular contact from a range of health professionals and that their decisions and guidance were reflected immediately in people's care.

People told us they liked the physical environment of the home. One person told us: "It is lovely here." There was clear signage to help people who could become disoriented to find their way around the home. There was access to an outdoor space that people told us they valued as it was a sheltered sunny space. There was an ongoing decorative and maintenance programme and senior staff were aware of works that were needed in the property. The area manager watched a person struggling with one aspect of the environment. They immediately identified this as a new perception issue and outlined that it would be addressed.

Good

Is the service caring?

Our findings

People continued to receive support from a caring service. People told us they were happy with the care they received. They all told us how much they liked the staff. Comments from people included: "The staff are lovely" and "The staff are kind." People who no longer used words to reliably communicate their words smiled and indicated happiness when asked about staff members. Staff told us they really enjoyed their work and spoke with warmth and affection about the people they supported and cared for.

All care staff and managers told us their motivation for their work was to provide a positive experience to the people living in the home. When asked about people's needs staff all initially commented on the things people liked to do and what made them happy. This indicated that they had understood people's personal histories and developed positive relationships with them. The importance of developing relationships was promoted by the management team. The area manager modelled a working style that always included spending time with people before undertaking any office based work.

On the day of the inspection there was a calm and welcoming atmosphere in the home, often punctuated with singing and laughter and occasionally minor disagreements between people. The latter were addressed with sensitivity and skill by staff who used distraction and their knowledge of individuals to assist people to smooth over disagreements. People were supported to maintain their skills and staff knew which tasks people could do for themselves and those they needed help with. This led to an environment where people felt in control of their own lives. One person who was living with continued supervision by staff to ensure their safety described how they felt free to carry on their life.

Staff took time throughout the day to sit and talk, or sing and dance, with people in the communal areas and in their rooms. Conversations were light hearted and familiar and it was evident from people's smiles that this was appreciated. We saw that staff were also quiet and attentive when people needed reassurance or were focussed on a task. Some people's communication had been impacted by their health and they no longer used words as their main means of communication. Staff were all able to describe how they communicated their wishes and the things the person enjoyed.

Staff acted with respect for people and their relatives throughout our visit. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. People appeared well cared for and staff supported them with their personal appearance. A hairdresser visited the home regularly and staff supported people to access this service in ways that suited them.

Relatives told us they could visit the service at any time and always felt welcome.

Good

Is the service responsive?

Our findings

The service continued to be responsive. Staff spent time chatting with people and supporting them with them with their day to day lives and leisure pursuits. Staff in the home had previously taken a national training course in supporting people with activities. These staff had recently left so further staff were booked to attend. The provider was also rolling out training in cognitive stimulation that had been successful in another home for people with dementia. An interactive table had been trialled with people and due to the enjoyment it gave an order had been placed. The table was designed with games that could be personalised for individuals. Music was present in the home and people clearly enjoyed the types of music played with toe tapping evident throughout the day.

There was a clear procedure and process in place for people to raise concerns and complaints. No formal complaints had been raised, however relatives told us that any minor concerns were heard. People and relatives told us they were able to express their views to staff and managers alike.

Throughout our inspection we saw people being cared for and supported in accordance with their individual wishes and as described in their care plans. People and relatives told us they were 'happy' and 'very satisfied' with the care and support they and their loved ones received. The provider was committed to developing the care plans further to enhance the person centred care people received. Staff shared information about people's changing needs and this ensured that any new guidance was implemented immediately.

People's communication needs were identified and recorded within their care plans. This information was also reflected in information people would take with them when they received support or treatment from another service such as a trip to hospital.

The home had received positive feedback from the families of people who had died at home there. Comments reflected the care and compassion of the manager and team. It was not always clear in recording whether people had declined to discuss their wishes about this part of their lives with staff or had not been asked. The area manager was a champion of end of life care and some staff had already been trained to support people, and their families, at the end of their lives. Following a contract monitoring visit by the local authority the rest of the team were about to be booked on this training. A number of the staff team had also received this training and plans were in place for all staff to receive end of life training.

We recommend that good practice guidance related to discussions about end of life care is embedded.

Good

Is the service well-led?

Our findings

The current manager of the service had made a second application to register with the Care Quality Commission. The area manager knew the home well and had removed their manager registration in October 2018 alongside the managers new application. People and relatives reacted with familiarity and warmth to both managers and this was reciprocated.

The management team spoke highly of the staff team and respected their competence and caring attitudes. All staff commented on the homely nature of the service and spoke of each other and the people they supported as being like an extended, or second, family. Staff were proud of both their own work and that of their colleagues in supporting people to live happy lives.

There was a culture of openness. Records showed that information was shared with significant others after incidents or near misses. Staff all told us they would be confident to raise concerns with the management team if this was necessary. We noted that alongside sharing information with statutory partners, the registered persons had ensured relevant legal requirements, including registration, safety and public health related obligations had been complied with. We noted that one altercation between two people had not been reported to CQC and highlighted this with the manager. They explained the oversight and ensured the notification was submitted.
There were systems in place to ensure data security breaches were minimised. Staff used passwords to log into the online recording system and understood the importance of respecting confidentiality.

The registered provider had a quality assurance process that involved a monthly visit to the home. This visit included gathering the experience of people and staff and reviewing safety and quality measures. Audits were in place and these continued to be developed to ensure they identified areas that required improvement. We noted that issues we picked up in the safe administration of medicines had not been picked up during a recent medicines audit. It was evident that the audit questions could have been more specific or the staff member completing it required more detailed guidance. The manager told us they would address this with the support of the area manager. The approach to quality assurance also included completion of an annual survey. The results of the most recent survey had been positive.

The management team valued their relationships with other agencies and described them as positive. The manager reflected on the positive experience of inspection and council monitoring in providing feedback on the service. The area manager showed how new information about good practice was incorporated into their paperwork and oversight systems. Information shared by the local authority was embedded in practice in the home and where appropriate suitable information, for example, about potential safeguarding matters, was shared with relevant agencies.