

Townsend Life Care Ltd

# Port Regis

## Inspection report

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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

### About the service:

Port Regis is a care home that provides personal or nursing care for up to 70 older people who may be living with dementia. The service has two units, the main house and the west wing. There were 25 people living in each unit at the time of the inspection.

### People's experience of using this service:

People told us they felt safe living at Port Regis, people appeared to be happy and relaxed during the inspection.

Potential risks to people's health, welfare and safety had been assessed and there was guidance in place to mitigate the risks to keep people safe. People were supported to take positive risks to remain as independent as possible.

Each person had a care plan that contained details about their choices and preferences, which were reviewed regularly.

People received their medicines as prescribed to keep them as healthy as possible.

Staff monitored people's health and referred them to health professionals when required. The guidance received was followed and people's health had improved. People told us they had a choice of meals and they enjoyed their food.

Accidents and incidents were recorded and analysed to identify any patterns and trends, action had been taken and there had been a reduction in incidents.

Checks and audits were completed, when shortfalls were identified action was taken to rectify them and improve the service.

People were supported by enough staff to meet their needs, who had been recruited safely.

People were encouraged to make decisions about their care, when this was not possible decisions were made in people's best interest with people who knew them well.

Complaints had been investigated following the provider's policy.

People knew the provider and registered manager, they were comfortable going to the office and chatted with them when they saw them around the service.

We observed people being treated with respect and their dignity was maintained.

### Rating at last inspection:

Requires Improvement (report published 16 May 2018).

### Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found the service now met the characteristics of Good in all areas. The overall rating is now Good.

### Follow up:

We will continue to monitor the service.

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

## 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 was safe  
Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective  
Details are in our Safe findings below.

### Is the service caring?

Good ●

The service was caring  
Details are in our Safe findings below.

### Is the service responsive?

Good ●

The service was responsive  
Details are in our Safe findings below.

### Is the service well-led?

Good ●

The service was well led  
Details are in our Safe findings below.

# Port Regis

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of two inspectors.

#### Service and service type:

Port Regis is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during the inspection.

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

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection we reviewed six people's care records and risk assessment. We looked at medicine records, audits and quality assurance reports, staff and resident meetings, records of accidents, incident and complaints and recruitment records.

We spoke with the registered manager, the provider, two deputy managers, four care staff and one senior

carer and two domestic staff. Some people living at Port Regis were not able to fully share with us their experience of living at the service. Therefore, we spent time observing staff with people in the communal areas during the inspection. We spoke with two people and one relative during the inspection. Before the inspection we spoke with one health professional and one during the inspection.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

At the last inspection, the provider had failed to assess, monitor and mitigate risks relating to the health and welfare of people and to provide staff with clear records about people's care and support needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and the breach had been met.

- Potential risks to people's health, welfare and safety had been assessed and there was detailed guidance in place for staff to follow to mitigate the risk.
- When people required equipment such as hoists, to move around the service, there was guidance for staff. The guidance included the type and size of the sling and how to position the loops to transfer people safely. Photos were included with colour coding to give staff a visual prompt when using the hoist.
- Some people had a catheter, to drain urine from their bladder. There was detailed guidance in place about how staff should clean the catheter, what signs to observe for when people were becoming unwell and when the catheter was not working. There was guidance for staff about what action to take when these signs were observed.
- Some people were prescribed medicines to thin their blood. There was guidance for staff about monitoring the person for excessive bleeding and bruising and what action to take if these were observed.
- When people were living with health conditions such as diabetes, there was guidance in place for staff to follow. There was information about how to support people to maintain a stable blood sugar, the signs of high and low blood sugar and what action to take if people became unwell.
- When people could display behaviours that challenged. There was guidance for staff about the triggers and strategies to manage people when they were displaying behaviours.
- Checks had been completed on the equipment and environment to keep people safe.
- Checks were completed on the fire alarm, staff attended training and fire drills.

Learning lessons when things go wrong:

- Accidents and incidents were recorded and analysed to identify trends and patterns.
- When people had multiple falls in a month, the circumstances around the falls were reviewed and action taken.
- People had been referred to the falls clinic or referred to the GP when an infection had been the cause.
- We reviewed the analysis, and this showed that once action had been taken the incident had not happened again.
- When an incident had occurred, the registered manager used the next staff meeting, to discuss the learning from this.

Using medicines safely:

At the last inspection, the provider had failed to ensure that medicines were managed safely. This was a

breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and the breach had been met.

- Medicines were administered and disposed of safely. Medicines records confirmed people had received their medicines when prescribed.
- However, some creams were kept in people's rooms. There was no system to ensure that the creams were stored safely. We discussed this with the provider and registered manager, they told us that cabinets would be supplied to store the creams in. We will check this at our next inspection.
- Staff completed training in medicines administration, their competency was checked annually or when an issue had been identified.
- When people were prescribed 'when required' medicines such as pain relief, there were guidelines for staff to follow about when and how much to give the person.
- When instructions had been handwritten, these had been signed by two staff to confirm the instruction was correct, following national guidelines.

#### Staffing and recruitment:

At the last inspection, the provider had not ensured that recruitment procedures were operated effectively to ensure people were employed were of good character. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and the breach had been met.

- Staff were now recruited safely. Each recruitment file had the information required by regulation including a full employment history, photo identification and references.
- Disclosures and Barring Service (DBS) criminal records checks had been completed before staff started working at the service. When there was an issue with the result of a DBS check, a risk assessment had been completed to decide if it was safe to employ the person.
- There were enough staff to meet people's needs. We observed staff spending time with people, chatting to them, in the communal lounges. When call bells rang, they were answered quickly. One person told us, "There seems to be quite a few staff. Oh yes they come quickly when I call, they are very helpful."
- Staffing levels were consistent, regular agency staff were used, when staff could not cover any shortfalls.

#### Preventing and controlling infection:

- Previously, not all the service smelt fresh and looked clean. Improvements had been made, the carpet in the corridor of the main house had been replaced reducing the odour. The communal areas in the main house were now clean.
- Action had been taken when shortfalls had been identified including the cleanliness of the kitchen.
- Staff received training in infection. We observed staff using gloves and aprons when needed.

#### Systems and processes to safeguard people from the risk of abuse:

- The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns were acted upon to make sure people were safe.
- Staff received were aware of how to recognise and report any concerns they may have.
- The registered manager had worked with the local safeguarding authority to keep people safe.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support, induction, training, skills and experience:

- Previously, staff had received training, but this had not been reviewed to check that it was following best practice.
- The registered manager had reviewed the training and staff had received face to face training including moving and handling and fire.
- Other essential training had been reviewed and new training was going to be implemented.
- Staff had registered to start end of life training. Staff had also attended training to take and record clinical observations, to assist GP's and emergency services to assess people's condition.
- Staff received regular supervision to discuss their practice and development.
- New staff received an induction when they started at the service. This included shadow shifts to learn about people's choices and preferences.
- The skills of new staff were assessed and when they were competent they were signed off and able to work independently.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager met with people before they moved into the service to make sure that staff were able to meet their needs.
- The pre-admission assessment covered all aspects of their physical, social and cultural needs. There was information about people's protected characteristics under the Equalities Act 2010 such as sexuality.
- People's health needs were assessed such as nutritional and skin integrity to keep people as healthy as possible.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were supported to eat a balanced diet. People's dietary needs and preferences were met.
- People were given a choice of meals. Staff showed people the meals that were available and were offered alternatives if they did not like the choices. We observed people asking for fruit and ice cream when they did not want the desserts offered.
- People who had been assessed as requiring a pureed diet, received appetising meals that met their needs.
- When people required assistance, staff spent time with them chatting and encouraging them to eat their meals.
- There were snacks and drinks available throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:

- Staff monitored people's health, including their weight, and referred them to relevant health professionals

when their health needs changed.

- Staff followed the guidance that health professionals gave including nutritional supplements when people were losing weight. People's weight had increased when staff had followed the guidance.
- People had access to health professionals such as the GP, dentist and optician. People were supported to attend hospital appointments, we observed one person being supported to attend an appointment during the inspection.
- People were encouraged to live as healthy life as possible. People were encouraged to mobilise as much as possible.

Adapting service, design, decoration to meet people's needs:

- The building had been adapted to meet people's needs, the dementia unit had been purpose built to support people's needs.
- There was suitable signage around the service at a height that all people could read including people in a wheelchair.
- People had access to all parts of the service including the gardens.
- The decoration on the first floor in the main house was tired and needed to be refreshed. We discussed this with the provider who told us, this was completed approximately every two years and was due this year.

Ensuring consent to care and treatment in line with law and guidance:

- 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 should be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such conditions were being met.
- The registered manager had applied for DoLS authorisations when required. Any conditions on authorisations were being met.
- The registered manager was working with professionals to give one person with a DoLS authorisation, the opportunity to try going home for short periods.
- When people were not wanting to take their medicines, staff attended best interest meetings with professionals and family members to decide if medicines should be given covertly. These decisions were reviewed regularly to check the decision was still in the person's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect:

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- We observed people being treated with dignity and respect. Staff knew people's choices and preferences and supported people in these.
- Staff provided people with support in a discreet way, speaking to them in a respectful manner.
- People were comfortable to ask staff for any support they needed.
- People were supported to maintain relationships that were important to them, visitors were welcome at any time.
- People could decide how they wanted to spend their time and could move around the building as they wished.

Supporting people to express their views and be involved in making decisions about their care:

- Where possible people were encouraged to express their views about their care and support.
- Staff respected people's decisions and their previous wishes when making decisions in their best interests.
- People were supported to take part in discussions about their care with health professionals.

Respecting and promoting people's privacy, dignity and independence:

- People were supported to be as independent as possible, including the use of walking aids.
- We observed people moving around the service independently.
- People told us their privacy was respected, we observed staff knocking on people's doors and waiting to be invited in.
- When people needed support with personal care, staff took them to their room or bathroom to support them in private.
- People's care records were kept securely, and staff understood their role to maintain people's confidentiality.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control: At the last inspection, the provider had failed to have accurate, complete and contemporaneous record in respect of each person. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the breach had been met.

- Staff knew people well including their preferences, choices, likes and dislikes, these were recorded in their care plans.
- Care plans included people's specific wishes such as how they liked their dentures to be cleaned and the clothing they liked to wear.
- Care plans had been reviewed, when people were unable to take part in the review, relatives were informed of any changes to people's needs and care given.
- There were activity staff in the main house and the west wing unit.
- People had the opportunity to take part in group activities including quizzes, arts and crafts, singing and chair exercises.
- When people did not want to join in group activities, staff spent time with people doing activities they enjoyed such as looking at books and colouring. We observed people smiling and chatting to staff when they were taking part in these activities.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy, and this was displayed around the service.
- When complaints were received, they were recorded and investigated following the policy.
- We reviewed the complaints received since the last inspection, all had been resolved to the complainant's satisfaction.
- A relative told us, "I speak to the staff if anything is wrong and it is sorted."

End of life care and support:

- People were asked about their end of life wishes and when people were happy to discuss this was recorded.
- Staff also recorded when people did not want to discuss it, one person had stated that when they started to feel unwell they would speak to staff.
- The service regularly supported people at the end of their lives with the assistance of the GP and district nurses.
- The registered manager told us, staff had been registered for end of life training.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

At the last inspection, the provider had failed to display the rating for the service on the provider's website.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. At this inspection, the regulation had been met.

- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and website where a rating has been given. The rating was displayed in the reception areas of the service and on the website.
- There was an open and transparent culture within the service. People knew the registered manager and provider by name and were relaxed in their company.
- One person told us, "That's the brains of the operation, I can come and ask them anything and they will find it out for me."
- The registered manager's office was connected to the communal areas in the main house. People were observed coming to the door frequently to chat to them.
- The registered manager informed CQC of important events that happened within the service, as required, in a timely manner.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

At the last inspection, the provider had failed to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection, improvements had been made and the breach had been met.

- Checks and audits were completed on all aspects of the service. The audits had improved and were now in-depth and effective.
- When the audits had identified shortfalls, there were action plans developed to rectify the shortfalls. These were checked and signed off when complete.
- Staff understood their roles and responsibilities, there were policies and procedures for staff to refer to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People and their relatives were invited to complete quality assurance surveys. The results had been positive including comments such as, "friendliness of the staff, the help they give me the encouragement", and "always clean and tidy, happy atmosphere."
- The analysis of the results was displayed in the reception of both units.

- There were regular resident meetings, people were asked about their experience of the service and if they had any complaints. They were reminded about how to complain if they had any concerns.
- Staff attend regular staff meetings, these were used to discuss their practice and keep staff up to date with current practice.
- Staff were able to express their opinions and suggestions, staff told us that they felt listened too.

Continuous learning and improving care; working in partnership with others:

- The registered manager attended local forums and engaged with the specialist support systems such as the clinical nurse specialist.
- The service worked with other agencies to make sure that people received joined up care.
- The service had strong links with a children's nursery and they visit people regularly.