

Portland House Care Limited

Portland House Nursing Home

Inspection report

25 Belvidere Road
Shrewsbury
Shropshire
SY2 5LS

Tel: 01743235215

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11 January 2017

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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

This inspection took place on 10 and 11 January 2017 and was unannounced.

Portland House Nursing Home is registered to provide accommodation with nursing and personal care and treatment of disease, disorder or injury to a maximum of 43 people. There were 27 people living at the home on the day of our inspection. The home has reduced the number of beds to 32 due to double occupancy rooms being used as single rooms. The home is considered full when 32 people live there.

A registered manager was in post and was present during our inspection. 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 were supported by staff who had received training in and understood how to protect people from any harm and abuse. Systems were in place for staff to follow which protected people and kept them safe. Staff knew how to and were confident in reporting any concerns they may have about a person's safety.

People were supported by enough staff to safely meet their needs. When people needed or asked for help and support they were not kept waiting and staff responded swiftly. The registered manager monitored how many staff were needed based on people's individual needs. Checks were completed on potential new staff to make sure they were suitable to work with people living at the home.

People were supported to take their medicines safely and when they needed them. Medicines were stored safely and staff followed the provider's procedures to make sure they were managed safely.

Staff had the skills and knowledge to support people's individual needs. These skills were kept up to date through regular training and staff were also supported in their roles by managers and their colleagues.

Staff asked people's permission before they helped them with any care. People's right to make their own decisions about their own care and treatment was supported by staff. Where people needed help to make their own decisions staff helped them to understand their choices. The registered manager worked with other relevant professionals to make sure people's rights were upheld.

People and relatives were very happy with the care provided and felt involved in what happened to them. People were treated with kindness, dignity and compassion and their privacy was respected.

People received their care how they wanted it and gave positive comments about the staff and management at the home. Staff were aware of people's preferences and wishes when they delivered their care. The care that staff gave was personal to each person and people were supported to spend their time how they wanted to.

People knew how to raise complaints but told us they had not needed to. They were able to give their opinions of the home and the care they received at meetings and through surveys. People felt involved in what happened at the home and felt staff and management listened to them.

The home had a positive, friendly and welcoming culture where staff worked for the benefit of the people they supported. The provider had systems in place which assessed and monitored the quality of care that was provided at the home.

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.

People were cared for by staff who had the knowledge to protect them from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had received training to meet their needs. Staff supported people to make their own decisions. People had sufficient to eat and drink and had access to healthcare services to maintain good health.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they knew and had the opportunity to build positive relationships with them. People were kept involved in their own care and treatment and staff treated people with compassion, kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them and that was reviewed regularly. People were provided with opportunities to make comments or raise complaints about the care they received.

Is the service well-led?

Good ●

The service was well-led.

Staff worked for the benefit of the people they cared for and created a friendly and welcoming atmosphere at the home. People felt involved in what happened within the home. Systems were in place that monitored the quality of the service provided and action was taken when improvements were identified.

Portland House Nursing 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 10 and 11 January 2017 and was unannounced.

The inspection team consisted of two inspectors.

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.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with eight people who lived at the home and four relatives. We spoke with eight staff which included care and nursing staff, the chef, registered manager and regional manager. We viewed five records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed further records which related to staff training and recruitment and the management of the home.

We observed people's care and support in the communal areas of the home and how staff interacted with people.

Is the service safe?

Our findings

People and relatives all told us that Portland House Nursing Home was a safe environment. People felt safe when staff supported them and felt protected from any avoidable harm. One person told us they sometimes felt scared at night. They said staff would come and check their windows for them and if they used their call bell or shouted out for assistance the staff would come quickly. This helped to reassure them and gave them a feeling of security. One relative told us that staff always made sure their family member was safe after they had supported them and before they left their room.

Staff understood how their roles contributed to keeping people safe. They had received training on and knew how to protect people from potential harm, abuse or discrimination. Staff were able to identify types of abuse or discrimination people may encounter. They knew who to report any concerns to and the procedures they had to follow in reporting these concerns. One staff member said, "If they [managers] did not deal with something in an acceptable way I would go straight to the safeguarding team [at the local authority]." The registered manager understood their responsibilities and reported and took advice about safeguarding concerns from the local authority. We saw appropriate referrals had been made to the local authority following two recent allegations of abuse. The registered manager had followed required procedures in investigating and reporting on these allegations. We saw that the people concerned and their relatives had been involved in this process and in deciding the resulting actions.

People were protected against any avoidable risks to their safety and wellbeing through assessment and monitoring by staff. These risks included people's awareness of their surroundings, their mobility, their level of dependence or the medical conditions they had. One person who was nursed in bed told us that staff came and turned them regularly. They knew this was needed to stop their skin becoming sore and said, "They [staff] turn me often so I don't get uncomfortable."

We saw people were supported safely by staff. Where staff helped people to mobilise around the home they demonstrated they were aware of the individual support people needed to keep them safe. One staff member said, "We make sure no harm comes to them [people]. We make sure we read their care plans about how to move people and what equipment to use." We saw staff used mobility equipment safely and gave clear direction and reassurance to people when they supported them. People told us that staff responded quickly to their requests for help. One person who was sat in a communal area had their call bell by their side and told us they would call for assistance as required.

People were supported by sufficient numbers of staff to safely meet their needs. People told us that staff were always around and they did not have to wait to get support when they needed it. We spoke with staff about the staffing levels at the home and they all told us that there were enough staff to safely meet people's needs. The registered manager told us they took into account people's level of dependency and their individual nursing needs when monitoring staff levels. They were supported by the provider in the recruitment of extra staff where needed to ensure sufficient numbers of staff at all times throughout the home.

Systems were in place to ensure that people were supported by staff who had received appropriate checks prior to starting work with them. Staff did not start work at the home until their previous employers had provided references for them and criminal checks on their background had been completed. These checks are called Disclosure and Barring Service checks. This helped to ensure potential new staff were suitable to work with people living at the home.

People received their medicines safely and when they needed them. People were aware of the medicines they needed to take and how they were of benefit to them. One person said, "I realise the tablets I take are to help me feel better." Another person told us they knew what each tablet was for and they received their medicine at the same time each day. Some people received medicines only when they needed them, such as pain relief. One person told us, "I tell staff when I'm in pain and they sort it for me." We saw one person had rung their call bell because they wanted some pain relief. Their request was dealt with quickly and the nurse arrived with their pain relief making sure they had the support they needed to take this medicine safely. Systems were in place to ensure medicines were managed and stored safely within the home. Where any discrepancies or errors occurred there were processes in place to ensure these would be picked up and dealt with in a timely manner.

Is the service effective?

Our findings

People were supported by staff who received training and support to enable them to carry out their roles effectively. One relative said, "The staff are well trained; they know what they're doing. Another relative spoke about the staff knowing their family member's care needs. They said, "We can't fault the care; all the staff are fantastic."

Staff told us they received training which was kept up to date. The provider supported staff to gain nationally recognised qualifications for health and social care and staff told us they appreciated these opportunities. Staff understood how their training benefitted the people they cared for. One staff member told us staff had received specific training because they supported one person who had a feeding tube in place. They told us they had been shown how to care for the feeding tube site and that this training had given them a greater understanding of that person's experience. The registered manager told us that staff had access to on-going training and were able to request any training they felt would be beneficial to meeting people's needs. Staff told us they received the support they needed through one to one supervision meetings. This gave them the opportunity to talk about their training and skills and receive feedback on their practice. Nursing staff were supported to retain their professional registration. One nurse told us they had been the first at the home to go through the new revalidation process for their registration and had felt supported throughout by the registered manager.

During our visit we observed people were asked to give their consent to care and treatment provided by staff. We saw staff supported people to make their own choices around what they wanted to eat and drink and what they wanted to do with their time. One person said, "Staff always tell me what's going on and tell me what they're going to do. They ask my permission. If I don't want them to [do something] then I know if I say no they will stop." Staff understood the importance of gaining consent from people and the principles of making best interest's decisions when people may not be able to make their own decisions. One staff member told us that some people needed encouragement to make their own decisions. They said, "We have to encourage them for their own best interests so that they make their own decisions. We will simplify choices for them and make sure they understand so they can make their own decisions."

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.

People can only be deprived of their liberty so that they can 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). We found that the registered manager was aware of DoLS and worked closely with the local authority and memory team in establishing whether people were being deprived of their liberty. Three people had applications submitted to the local authority to legally deprive them of their liberty. These applications were deemed necessary because they could not

consent to the arrangements to keep them safe within the home. We saw risk management plans were in place to ensure people's safety whilst these applications were being processed. We saw that capacity assessments and best interests meetings were not always recorded effectively to ensure all staff were aware of the outcome and the process that had been followed. We spoke with the registered manager about this and they told us they would take steps to ensure the paperwork was clear and completed correctly. This work was started whilst we were still at the home.

People were supported by staff to have enough to eat and drink throughout the day. People told us they had a choice of what to eat and if they wanted something different this would be provided. One person said, "I appreciate the food; it's very good. We get a good choice and plenty of drinks." We saw people had access to snacks and drinks throughout the day with choices including fresh fruit. The chef spent time talking with people to find out their preferences regarding meals and this also gave people the opportunity to request any specific meals and give feedback on the food they received.

Risks associated with people's ability to eat and drink had been assessed and was monitored by staff. One person said, "I've been told to eat and drink as much as I can." They went on to explain they had not been well recently and staff encouraged them to eat to "get my strength up". Where needed, referrals to other healthcare professionals such as speech and language therapists were made to enable people to have the support they needed to eat and drink. Staff were aware of the specialist diets people needed such as soft meals or diabetic menus.

People were supported by staff to access healthcare services and receive the on-going support they needed to maintain good health. Arrangements were in place for people to receive visits from the chiropodist and optician and appointments with people's doctors were arranged when needed. One person said, "If I need the doctor they [staff] will call them for me." People knew the different healthcare professionals who supported them and visited them at the home. One person spoke about why the tissue viability nurse was coming to see them and another person knew why they were having a urine test done and that the nurse would speak with the doctor about it. We also received positive feedback from a social worker who told us staff and the registered manager had a close liaison with healthcare services and GPs.

Is the service caring?

Our findings

All the people we spoke with told us they were happy living at Portland House Nursing Home and were well cared for by staff. They felt staff were kind and respectful towards them. One person said, "I'm very happy with the care I get here. The staff are so lovely and so kind to me." People and relatives told us they had positive relationships with the staff which they valued. Another person said, "They are wonderful staff. You could not get better anywhere else."

One relative spoke about the caring approach of all staff at the home. They told us staff had supported them along with their family member when they first came to the home and had helped to put them at ease. They spoke about the many care meetings they had attended to ensure their family member's wishes and needs were expressed and listened to. They said, "[Registered manager's name] supported me as much as mum at all these care meetings as it was all so new to me. She even kept me up to date when I went on holiday. She didn't have to, but she recognised I was anxious."

We saw staff provided kind and compassionate care and support for people and knew people's individual personalities. Staff listened to what people said and responded appropriately. People looked relaxed in the presence of staff and we saw many positive and caring interactions. We saw that all staff on duty, whether care staff or otherwise, stopped and chatted with people and relatives whilst they went about their work. One person said, "I'm settled here but I do get lonely. Staff will come and sit with me when they have time. Some come and have a chat after they finish work." One relative said, "Staff know [person's name] and their personality, they make them laugh."

People were involved in their own care and encouraged to make their own decisions about what happened to them. They told us they were offered choice in all aspects of their care and that staff always asked how they liked things done. We spoke with a person who had recently moved into the home and one of their family members. They told us their care and support needs had been assessed whilst they were in hospital and everything had been in place when they arrived at the home. They had felt involved in any decisions that needed to be made about how their care was to be delivered. One staff member said, "We always involve them [people]. We ask them what they want and how they want things done, without taking over. We help them to keep their independence."

People told us they felt their privacy and dignity was respected by staff especially when staff supported them with personal care. One person told us staff respected the fact that they liked to have their bedroom door open when they were there during the day. Another person told us they liked to keep their bedroom door shut and staff always knocked and asked if they could come in before they entered their room. We saw staff spoke to people in a respectful way and maintained people's dignity when they supported them. One relative told us, "The staff are respectful. They ask [person's name] what they want and how they want things doing." People were supported and encouraged by staff to stay as independent as they were able to through the use of mobility aids and adapted cutlery.

Relatives told us they were able to visit their family members when they wanted to and could have meals

with them if wanted. There were seating areas around the home which gave people and their visitors privacy if needed.

Is the service responsive?

Our findings

People told us they received the care they needed and that it was delivered how they wanted it. One person said, "It's all very good here. If I want something the staff will always help me." People had been encouraged to identify their preferences and what was important to them. Staff told us this information enabled them to ensure people had the support that suited them best. One person said, "Staff know me very well. They are a wonderful lot. I can't praise them enough." One social worker provided us with written feedback and confirmed that people's individual needs were understood by staff. They told us there was a personal and homely environment at Portland House Nursing Home where every person and their preferences were known.

Staff told us they had enough time to get to know what people's care needs and preferences were. They understood how important it was for people to receive care that was individual to them and in accordance with their wishes. One staff member said, "It's about their [people's] individual choices, what they want, respecting their wishes. It's about the person and nobody else."

People were involved in the development and review of their care and staff were responsive to people's changing needs. Staff took action to ensure care and support met people's needs at all times. People told us that the staff discussed their care and health needs with them on a regular basis. We saw that when people's care needs changed staff took action to ensure they had the support they needed. One relative told us their family member had been referred to a physiotherapist to look at their hand which had become painful. The person now had a splint which had helped them and made their hand more comfortable. We saw a marked improvement in another person's condition since they had been admitted to the home from hospital recently. With the support of staff this person had regained their mobility and staff had worked with the GP to reduce the amount of medicines this person was taking. This had had a positive impact on their safety and wellbeing. Staff we spoke with were clear on this person's changing care needs and knew how to support them. However, we found this person's care records had not been updated to reflect these improvements. We spoke with the registered manager about what we had found. They arranged for these care records to be updated during our visit.

We spoke with a visiting professional from the Shropshire Clinical Commissioning Group's complex care team who was at the home on the day of our inspection. They spoke positively about the relationship between the staff at the home and the complex care team. They told us the registered manager was good at liaising with the complex care team about people and raising questions and concerns.

People we spoke with were happy with how they spent their time and told us they had enough to do. One person who was nursed in bed told us they did not feel lonely or bored. This was because staff made sure they had what they needed around them and there were always staff around who would "pop in for a quick chat". Another person told us they enjoyed sitting and watching what went on within the home and would sometimes join in. They told us there were church services, bingo and an animal zoo that came to the home. Other people and relatives spoke about trips out for lunch, shopping, trips to garden centres and the seaside.

One staff member spoke about a 'map of life' which was completed for each person. This was information about people's past history and interests which staff used to prompt conversations. It was also used to identify and explore people's individual hobbies or interests that staff could help them pursue.

People and relatives were encouraged to provide feedback and give their opinions on the quality of care provided. They were asked to complete questionnaires four times a year and also had opportunities to express their opinions at meetings which were held at the home. No one we spoke with felt they had any need to complain about the care they received. They all told us they felt comfortable to speak directly with the registered manager. One relative said, "I have no complaints. I feel if I had a suggestion it would be listened to and acted on." Where complaints had been received we saw evidence these were responded to as per the provider's complaints policy. Complaints were acknowledged in a timely manner and, following investigation, the complainants were given explanations of actions taken and the outcome.

Is the service well-led?

Our findings

People and relatives spoke about an open, supportive and friendly culture within the home. They described all staff as being friendly and welcoming. One relative said, "It's great here, very friendly very welcoming. There is a stable staff team and they all work so well together, not just the care staff, but all the staff." Relatives told us about the support they received from staff and the registered manager when their family member first arrived at the home. They spoke about the supportive nature of staff and how this helped to reassure them. Staff were clear on the values of the provider and felt the registered manager reflected these values in their own work. One staff member said, "It's a genuinely happy home to work in. The [registered] manager's priority is the residents and support of the family. They are very open, I know they would try to do their best to address situations as they arise. Another staff member told us the registered manager was clear on their aims for the home. They said, "The [registered] manager wants to provide a happy and safe environment and wants everyone to enjoy their time here."

People and relatives felt involved in what happened at the home. A monthly newsletter kept them up to date on recent and upcoming events and they had the opportunity to attend meetings at the home. These meetings were used to gain feedback from people and relatives and encourage them to share any concerns or issues. The registered manager told us it was also an opportunity to share information about what was due to happen at the home such as the on-going refurbishments which had been taking place. Feedback and actions taken in response to questionnaires about the quality of care was shared with people and relatives. One recent action taken by the provider had been in response to feedback received from a relative. This relative had commented that staff should be more pro-active in encouraging people to leave their rooms and socialise. The registered manager told us that, as a result of this feedback, they had introduced more varied events and also encouraged "ad-hoc things to do, such as deciding in the morning to go shopping or out for a pub lunch".

Staff told us they felt supported by the registered manager and their colleagues and always felt they could discuss ideas for improvement or concerns freely. One staff member told us staff had complained about a bath being too low. They told us the registered manager had listened and a new bath was in the process of being fitted. They said, "If we ever need anything the [registered] manager tries their best to get what we need." Staff understood their roles in keeping people safe and providing a quality service to people. They knew, and had been provided with information on, how to whistleblow and report any poor practice they witnessed. Staff described good teamwork within the home. One staff member said, "From the care staff, domestic, kitchen and maintenance staff, we work together as a real good team."

The registered manager told us the provider was involved in what happened at the home. They made resources available to invest in staff training and the environment which helped to drive continuous improvement within the home. The registered manager told us they felt supported by, and spoke with, the directors of the company every week to keep them updated on the service provided.

Systems were in place to assess and monitor the quality of care provided to people. The registered manager completed checks on areas such as medicines, health and safety and accidents and incidents. They told us

they also worked an occasional shift which helped them experience delivery of care and staffing levels. They said, "By working a shift I can see if anything has changed [within the home] to gauge staffing and also look to make sure there is good practice as this is what needs to happen." A regional manager from the company completed their own checks on the quality of the service people received at the home and updated the directors on their findings. Plans of action to address any issues or inconsistencies found were in place and regularly reviewed. The registered manager responded quickly to the feedback we gave them during our visit in respect of records relating to people's mental capacity assessments and one person's out of date care record.

Registered persons have regulatory responsibilities which include notifying us of specific events which occur. We found the registered persons had not notified us of two incidents where there had been concerns for people's safety and welfare. The registered manager confirmed that, although they had made the appropriate referrals to the local authority regarding these concerns, they had failed to notify us. The registered manager acknowledged this was an oversight on their part. They provided us with further information about these incidents at our visit. All other statutory notifications had been submitted in accordance with their regulatory responsibilities.