

Community Homes of Intensive Care and Education Limited

Portchester Lodge

Inspection report

90 Fareham Road
Gosport
Hampshire
PO13 0AG

Tel: 01329284065
Website: www.choicecaregroup.com

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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

We previously inspected Portchester Lodge on 6 and 7 April 2017. We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Health and Social Care Act 2008 (Registration) Regulations 2009. We rated the service requires improvement. At this inspection we found improvements had been made and the provider had met the requirement notices. At this inspection we rated the service as good.

Portchester Lodge provides care and support for up to ten people who are living with mental health issues, a learning disability or dementia. There were seven people living at the home at the time of the inspection.

A new registered manager had been employed since our previous 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 safeguarded from avoidable harm. Staff adhered to safeguarding adults procedures and reported any concerns to their manager and the local authority.

Staff assessed, managed and reduced risks to people's safety at the service and in the community. There were sufficient staff on duty to meet people's needs.

Safe medicines management was followed and people received their medicines appropriately.

Staff protected people from the risk of infection and followed procedures to prevent and control the spread of infections.

Staff completed regular refresher training to ensure their knowledge and skills stayed in line with best practice guidance. Staff shared knowledge with their colleagues to ensure any learning was shared throughout the team.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff liaised with other health and social care professionals and ensured people received effective, coordinated care in regards to any health needs.

Staff applied the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

An appropriate, well maintained environment was provided that met people's needs.

Staff treated people with kindness, respect and compassion. They were aware of people's communication methods and how they expressed themselves. Staff empowered people to make choices about their care.

Staff supported people to maintain relationships with families. People's privacy and dignity was respected and promoted.

People received personalised care that met their needs. Assessments were undertaken to identify people's support needs and these were regularly reviewed.

People participated in a range of activities.

A complaints process ensured any concerns raised were listened to and investigated.

The registered manager adhered to the requirements of their Care Quality Commission registration, including submitting notifications about key events that occurred.

An inclusive and open culture had been established and the provider welcomed feedback from staff, relatives and health and social care professionals in order to improve service delivery.

A programme of audits and checks were in place to monitor the quality of the service and improvements were made where required.

The provider had learnt lessons from our last inspection and had improved.

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 felt safe because the provider had systems in place to recognise and respond to allegations of abuse or incidents. Meetings were held regularly to monitor and assess risk related to people's care.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. The provider had safe recruitment practices in place.

Is the service effective?

Good ●

The service was effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

Staff received appropriate support and supervision.

Is the service caring?

Good ●

The service remained caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and peoples' family members. Healthcare professionals told us the home provided compassionate care.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed before they moved into the home to ensure their needs could be met.

People received care and supported when they needed it. Staff

were knowledgeable about people's support needs, interests and preferences. Staff were proactive in encouraging people to take part in a wide range of activities.

People were knowledgeable about the different ways they could complain if they were not happy with the care provided.

Is the service well-led?

The service was well-led. People and healthcare professionals felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service.

Good 

Portchester Lodge

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.

This inspection took place on 15 May and was unannounced and carried out by one inspector.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, the assistant regional director, a deputy manager, three support workers, three people and the obtained feedback from relatives and healthcare professionals via records, questionnaires and compliment cards.

We pathway tracked two people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, staff recruitment files and viewed the homes internal quality assurance audits.

We observed interaction throughout the day between people and care staff. Some people were unable to tell us about their experiences due to their complex needs so we used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us. Other people were able to tell us about their experience.

We last inspected the home on 6 and 7 April 2017 and rated the service requires improvement.

Is the service safe?

Our findings

At our last inspection we identified a failure to fully assess the risks to the health and safety of people. Robust recruitment procedures were not always applied in line with the organisations policies.

At this inspection we found improvements had been made. For example, one person who had been identified as at risk of having seizures. We found they had been assessed by the relevant healthcare professionals. Detailed information in their care plan and risk assessment provided guidance for staff to follow in the event of a seizure. For example, the person concerned had a medication plan in place which stated "(Person) takes 500mg of Valporic acid three times a day for epilepsy" and "(Person) has not had a recorded know seizure for a number of years". Staff were trained to support people who were at risk of having a seizure. A member of staff said, "(Person) hasn't had a seizure in a really long time but we know what we need to do if it happens. It's all written in the care plan".

Improvements had been made in respect of recruitment. The provider had made significant improvements since our last inspection in respect of assessing the suitability and safety of employing new staff. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

A member of staff told us lessons had been learnt from the last inspection. They said, "Things were not good in the past but now I can't praise the new manager enough. Amazing, she brought the team together, firm but fair, a very positive lady. Paperwork is all sorted now, professionalism is back and staff work together brilliantly now".

The service had rigorous processes for reporting any incidents of actual or potential abuse. Staff were fully aware of their responsibilities for recognising and reporting abuse, and for reporting any poor practice by colleagues. We were given examples of issues appropriately raised by staff and were told the registered manager was very supportive. We saw from our records that the service notified the Commission of all safeguarding incidents and other agencies, such as the local authority safeguarding team in a timely manner. The provider had an up to date safeguarding policy. This detailed the actions they should take if they suspected abuse.

The provider had appropriate arrangements in place for making sure that the home was kept clean and hygienic so that people were protected from infections that could affect both staff and people using service.

Accidents and incidents were reported and included measures to reduce risks for people. For example, any

slips, trips or falls were reviewed to identify any avoidable factors, so they could be addressed to reduce the risk of recurrence. Environmental assessments were completed for each room and showed measures taken to reduce risks. The provider had systems in place that staff used to monitor the safety of the environment such as checks on health and safety, infection control, medicines management, and fire prevention measures. These were up to date and showed repairs and maintenance of the building was regularly undertaken. Equipment was regularly serviced and tested as were electrical and fire equipment.

Arrangements were in place to protect people if there was an emergency. The registered manager had developed Personal Emergency Evacuation Plans (PEEP) for people and these were kept in an accessible place. The emergency plans included important information about people such as their communication and mobility needs. This gave details of the safest way to support a person to evacuate the building in the event of an emergency, for example fire. The fire risk assessment and fire equipment tests were up to date and staff were trained in fire safety.

Staff understood the signs of abuse and knew how to report concerns. They completed safeguarding training and had regular updates. Staff said they would have no hesitation in reporting any concerns to a senior member of staff, and knew how to report concerns to external agencies. A member of staff said, "We wouldn't allow any abuse to happen here but if it did then it would be reported and dealt with very quickly, we just wouldn't stand for it".

People were supported by staff to receive their medicines safely and on time. Staff were trained and assessed to make sure they had the required skills and knowledge to administer medicines safely. Medicines administered were well documented in people's Medicine Administration Records (MAR), as were records of prescribed creams. Medicines were checked and medicine administration records were audited regularly and action taken to follow up any discrepancies or gaps in documentation. Reviews were completed for each person with their input and relevant healthcare professional such as a GP. This demonstrated health professionals were checking regularly that people's medicines were still relevant and effective for their health needs.

Is the service effective?

Our findings

At our previous inspection we identified records did not detail all training staff had completed, there was a failure to ensure staff were appropriately inducted and supervised. The Mental Capacity Act 2005 was not always applied.

At this inspection found improvements had been made. For example, staff had received training in the Mental Capacity Act 2005 (MCA). The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or to participate in decision-making. Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. Where people did not have the capacity to consent to care a mental capacity assessment had been carried out and staff had liaised with people's relatives and health and social care professionals to reach a best interests decision about how aspects of their care and support should be provided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff were knowledgeable about DoLS and understood their responsibilities in relation to using least restrictive practices to keep people safe. The registered manager understood when an application should be made and how to submit one and were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. At the time of our inspection two people were subject to DoLS.

Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively.

Staff had regular supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Records showed an induction programme for new staff which included health and safety, fire awareness, emergency first aid, infection control, safeguarding and food hygiene. A member of staff said: "I have had lots of supervision, sometimes we sit and talk and other times it's a quick chat in the office or a team meeting".

Senior staff had conducted competency checks to ensure staff were appropriately skilled to meet people's

needs. For example, administering medicines and observing interactions. Records showed staff received training specific to people's needs. This included about learning disabilities and behaviours that may challenge others. A training schedule demonstrated the registered manager monitored staff training needs and organised additional training when it was needed.

People who had been identified as being at risk of choking, malnutrition and dehydration had been assessed and supported to ensure they had sufficient amounts of food and drink. For example, records showed one person had been referred to the speech and language team for assessment. Staff frequently supported people to prepare and cook meals and took account of peoples' allergies. One member of staff said, "(Person) has diabetes so therefore they need to follow a lower fat and reduced sugar diet and ensure her blood levels are maintained". People were provided with choice about what they wanted to eat and healthcare professionals told us the food was of good nutritional quality and well balanced. Staff took account of people's preferences, dietary requirements and allergies. A weight record for one person dated 19 April 2017 stated one person weighed 16 stone 1¼ lb. Their record showed their weight gradually reduced to 14 stone 12lb on 23 April 2018. One person said, "They (Staff) helped me and I lost five stone. I asked them to encourage me to eat healthy and they do it in a way that doesn't make me feel bad".

Appropriate timely referrals had been made to health professionals for assessment, treatment and advice where required. These included for example, GP's, dentists, opticians and referrals to the district nurse and the speech and language team.

Is the service caring?

Our findings

People were very complimentary about the service they received. One person said, "They look after you, they are as good as gold. They speak to me in an encouraging way. Staff are chilled and honest, I have never had an issue with any member of staff here. I love it here I never want to leave. I have achieved everything I ever wanted. They don't tell me what to do they give me options. It's so non-judgmental. I couldn't have done any of this with their help. They are a good bunch.

People were supported to achieve positive outcomes. For example, a member of staff told us how one person had passed her theory test first time and bought a car. The member of staff said, "In November last year (Person) applied for a job in a fast food restaurant and (Person) got the job and (Person) loves it". Another staff member told us they supported the same person who lost five stone at and since losing weight their cholesterol has lowered. The person said, "I have come off my medication now and I don't need insulin anymore".

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristics were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

The service ensures that people have access to the information they need in a way they can understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. A member of staff said "We have pictures of events in the house so people know what's going on".

People had access to an advocate to support their rights to have choice, control of their care and be as independent as possible. Staff had a good understanding of when people may need additional support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

We saw sensitive personal information was stored securely. People confirmed their permission was sought before their confidential information was shared with other healthcare professionals and we saw this documented in care files. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the Data Protection Act.

Is the service responsive?

Our findings

At our previous inspection we found guidance about how to support people was not always in place. At this inspection we found improvements had been made. A member of staff said, "(Person) didn't have care plans and risk assessments before but they are in place now".

Peoples' physical, medical and social needs had been assessed before they moved into the home. Assessment of needs included obtaining information about people's likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

Care plans provided detailed how people preferred to be supported in areas of personal care and how they liked to be communicated with. For example, by using pictures or words. Records contained guidance for staff to follow in respect of people having flashbacks and hallucinations, weight management and general mental well-being. Care plans also contained information about how to support people where there behaviours may be challenging to others. Records held accurate contact information for healthcare professional's such as the GP, the diabetes nurse and the dentist. Daily recording documents detailed the care and support people received which was used as evidence to support care reviews with healthcare professionals and to remind people of their achievements. A member of staff said, "We have an in house psychology team who do bi monthly checks on what we are doing and they go through the behavioural reports every month". One person said, "I've got care plans and it's good to go through then when I have a review to see how far I've come".

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Formal complaints had been appropriately investigated by the registered manager. Complaint records demonstrated the registered manager had responded appropriately and in reasonable time. One person said, "I complained about staff whispering outside and the manager dealt with it. I worried they were talking about it. They have never done it again since so I am happy it was dealt with".

Staff were proactive in celebrating special events and were enthusiastic about their role in supporting people to engage in activities. The activities coordinator showed us a picture book which contained various celebrations that had taken place. Pictures included people enjoying haggis on Burns Night where specific tartan was used for placemats. There was a big celebration at Christmas with pictures showing people had been involved in decorating the home. The home held a Halloween party where staff and people dressed up as the Adams family. Other activities included people attending a zombie event and Birthday parties. We observed people participating in games such as puzzles during our visit and people were supported to access the community when they wanted. One person said, "Sometimes people go swimming, bowling. Stuff gets advertised on the wall so we know what's coming up".

Is the service well-led?

Our findings

People and staff spoke positively about the registered manager. One person said, "(Registered manager) is the best thing that has happened to this place. She's a legend absolute legend. It's ok not to be ok and that came from a member of staff here". A member of staff said, "its lovely, the atmosphere is amazing. (Registered manager) is really supportive, never gets upset. Extremely supportive" and "Since (Registered manager) has taken over a lot has changed and for the better". Another person said, "One person said, "The manager has an open door policy so you can always go in and have a chat with her if you're feeling low or something is on your mind".

At our previous inspection we identified the governance system in place had not been effective. Concerns about a lack of supervision for staff, recruitment and personalised care planning and risk assessment had been ongoing for several months. However, there had been a lack of action to address these concerns and ensure people were receiving a good, safe service. The lack of assessment and monitoring to mitigate the risks relating to the health and welfare of people using the service placed them at risk. We also identified the registered manager did not notify us about significant incidents.

At this inspection we found improvements had been made. For example, the registered manager was proactive to continuously improve standards and they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and safety. They evaluated these audits and created action plans which described how the required improvements would be achieved. Records showed that the provider's senior management visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly. The registered manager said, "I have audits that have actions on them for me and my team". The assistant regional director said, "We recently done some fire audits resulting from Grenfell. We wanted to double check everything". Quality audits showed actions had been put in place and achieved in relation to recruitment, notifications, training, supervision of staff and care planning. The assistant regional director said, "We also have expert quality auditors; they are people who use the service and we have out of hours visits which were introduced following Winterbourne View. Quality assurance records viewed confirmed this.

The registered manager was aware of their responsibilities and ensured that they fulfilled these. We had received notifications from the registered manager notifying us of certain events that occurred in the service. A notification is information about important events which the provider is required to send us by law. We saw copies were kept of all the notifications sent to us to help with the auditing of the service.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also told us they would be comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. A member of staff said, "I would go to CQC".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities, meaning we could check that appropriate action had been taken when required. The registered manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Staff told us there was good communication within the team and they worked well together. Staff, people and relatives told us the registered manager and other members of the management team were visible and told us they had created a warm, supportive and non-judgemental environment in which people had clearly thrived. The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was good and that they were kept informed about matters that affected the service.

The registered manager was able to demonstrate their understanding of people's individual needs knew their relatives and were familiar with the strengths and needs of the staff team. The service had a system to manage and report accidents and incidents. All incidents were recorded by support staff and reviewed by one of the management team. Care records were amended following any incidents if they had an impact on the support provided to people using the service.