

Torcare Limited

Porte Rouge Care Home

Inspection report

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Date of inspection visit:
11 February 2023

Date of publication:
20 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Porte Rouge is a residential care home providing personal care to up to 30 people. The service provides support to older people some of whom may be living with dementia. At the time of our inspection there were 26 people using the service.

People's experience of using this service and what we found

Staff had a good understanding of how to keep people safe. People confirmed they felt safe living at Porte Rouge.

Staffing was planned so that people's needs could be met efficiently. People told us staff responded promptly when they requested help or support.

The manager and senior managers in the organisation had recognised some improvements needed to be made to how medicines were recorded. There was a clear plan in place about how the improvements would be made. People told us staff managed their medicines well and ensured they received them at the right times.

Systems were in place to ensure the service was clean and met good infection control practice. Audits and checks of the environment and equipment helped ensure the service consistently met the correct safety standards.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were happy and comfortable living at the service, and that they were treated kindly by staff. All staff were focused on helping people achieve good outcomes. A staff member told us they enjoyed being responsive to people's choices as this helped people have control over their lives.

There was a clear aim to constantly review and improve the service. The nominated individual and manager spoke about plans to empower people to take more control over their lives.

The manager and other senior managers within the organisation had a good understanding of their role and how it fed into the overall quality of the service. Information and updates were regularly shared across all the provider's services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection The last rating for this service was good (published 10 January 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Porte Rouge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Porte Rouge Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector completed the inspection.

Service and service type

Porte Rouge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Porte Rouge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The manager had recently taken over the role and was in the process of registering.

Notice of inspection

We gave a short period notice of the inspection because it was carried out at the weekend. We needed to be

sure a manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 6 staff members including the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 2 people's care records, 2 people's medicines records and a range of records relating to the management of the service, such as meeting minutes and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Porte Rouge.
- People were protected from the risk of abuse as staff knew and understood their responsibilities to keep people safe and protect them from harm.
- Staff were up to date with their safeguarding training and knew who to contact externally if they felt their concerns had not been dealt with appropriately.
- The service had a proactive approach to respecting people's human rights and diversity, and this helped prevent discrimination.

Assessing risk, safety monitoring and management

- Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.
- Care plans contained risk assessments which outlined when people had been identified as at risk.
- Staff were able to describe how they supported people who were at risk in order to keep them safe. The provider's PIR stated, "Staff respect decision making and a culture of positive risk taking is in place. A positive approach to risk taking ensures individuals are not institutionalised and are supported to live in ways that they choose."
- A comprehensive system of checks of the premises and equipment was in place to ensure they consistently met with the required safety standards.
- Emergency evacuation plans were in place outlining the support each person would need to evacuate the building in an emergency.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff had received MCA training and some senior staff had completed a more in-depth training about MCA and DoLS which they said had been very useful for their roles.

Staffing and recruitment

- The provider's PIR stated, "Staffing is planned in advance and rotas are monitored daily to ensure an efficient number of staff and effective skill mix to enable us to provide excellent quality care delivered in a person-centred way." There were enough staff to support people safely and according to their needs and preferences.
- People told us staff responded promptly when they requested help or support.
- Recruitment processes were robust. For example, references were followed up and Disclosure and Barring Service (DBS) checks completed before new staff started work
- The provider's PIR stated, "Domestic staff take time to involve individuals in tasks if they choose or sit and play a game with people." This helped ensure people had enjoyable days.

Using medicines safely

- The manager and senior managers in the organisation had recognised some improvements needed to be made to how medicines were recorded. There was a clear plan in place about how the improvements would be made. In addition, some senior staff were attending a more in-depth medicines management training course to increase their understanding of best practice.
- Care plans contained information about when and how medicines should be administered. People told us staff managed their medicines well and ensured they received them at the right times.
- Staff responsible for administering medicines had received training and assessments of their competence to administer medicines safely and in a person-centred way.
- There were appropriate arrangements in place for the safe storage of medicines. The temperatures of areas where medicines were stored were monitored.
- Staff told us they worked closely with healthcare professionals such as the GP and community pharmacist to ensure people's medicines continued to meet their needs.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service was supporting visits from families and friends.

Learning lessons when things go wrong

- Staff were aware of the reporting procedures for any accidents or incidents that occurred. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary,

changes had been made to reduce the risk of a similar incident occurring in the future.

- The manager and health and safety manager reviewed accidents and incidents to identify any trends or learning. Any learning was then shared across all the provider's services.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were happy and comfortable living at the service, and that they were treated kindly by staff.
- All staff were focused on helping people achieve good outcomes. The manager and nominated individual told us people were already encouraged to take part in tasks such as cleaning and tidying their bedrooms; but described plans to help empower people further, for example by encouraging people to take control of their own medicines or make their own drinks.
- A staff member told us how they enjoyed being responsive to people's choices as this helped people have control over their lives and maintain important routines.
- The provider's PIR stated, "We take pride in working in person centred, dignified ways". This was evident in staff interactions with people throughout the inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Records showed the service kept relatives informed of any changes in their family member's needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager and other senior managers within the organisation had a good understanding of their role and how it fed into the overall quality of the service. They described how they worked together to monitor different aspects of the service to ensure good standards were maintained.
- The manager attended regular meetings with the nominated individual and other managers from the organisation. This ensured they were kept up to date with any changes or improvements they needed to make to the service.
- The nominated individual told us they chose different themes to review at the service when they visited. They said that currently they were focusing on people's wellbeing. This included, for example, observing people's mealtime experience and working on opportunities for how people spent their time.
- The manager was new to the service and had a clear view of where changes and improvements were required to enhance people's experience of the service.

- Any changes in people's care needs was shared with staff at handovers and throughout the day.
- Audits looked at every aspect of the service to check systems and processes were efficient. The manager was in the process of reviewing some of these to identify if any could be improved.

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

- People and those important to them had opportunities to feedback their views about the home and quality of the service they received.
- The manager told us that as they were new to the service, they had invited people's friends and relatives to a tea and cake afternoon, so they could meet and get to know them.
- The manager told us they spoke to people regularly which helped them get to know people and understand any changes people might want to make to the service.

Working in partnership with others

- The provider's PIR stated, "We seek help from medical professionals such as GP, speech and language team, audiologists, dentists and opticians." Records showed staff contacted external agencies and professionals when necessary for support and advice about people's changing needs.
- One person confirmed staff contacted healthcare professionals on their behalf when needed.