

Mr Joginder Rai

# Portland Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Portland Nursing Home on 6 October 2016. This was an unannounced inspection. The service is registered to provide accommodation and nursing care for up to 40 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 31 people living in the service, including one person who was in hospital.

At our last inspection on 4 April 2014 the service was found to be meeting all of the standards assessed and no concerns were identified.

A registered manager was in post and present on the day of the 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.

We identified shortfalls regarding inconsistent temperatures throughout the service and the lack of stimulation for people and limited opportunity for meaningful, personalised activities and have asked the provider to make improvements in these areas.

There were policies and procedures in place to assist staff on how to keep people safe. A sufficient number of staff were available to meet people's identified care and support needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness; and their privacy and dignity was respected.

People received care and support from staff who were appropriately trained and confident to meet their individual needs. They were also able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made, including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely, in accordance with current regulations and guidance by staff, who had received appropriate training to help ensure safe practice. There were systems in place to ensure that

medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with appropriate food and drink to meet their health needs and were happy with the food they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There were quality assurance audits and a formal complaints process in place. People were encouraged and supported to express their views about their care; and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

## 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.

Staffing levels were sufficient to ensure people received a safe level of care. Medicines were stored and administered safely and accurate records were maintained. People were protected by robust recruitment practices, which helped ensure their safety. Concerns and risks were identified and acted upon.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Opportunity for personalised, meaningful activities was limited. People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services, as required.

### Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect. People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

### Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's identified care and support needs. Individual care and support needs were regularly

assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff said they felt supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect. People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

# Portland 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 was 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.

The inspection took place on 6 October 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this inspection the expert-by-experience had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with 7 people who used the service, two relatives, three care workers, a qualified nurse and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

## Is the service safe?

### Our findings

People said they felt safe and very comfortable at Portland Nursing Home. One person told us, "It's lovely here, very safe and they look after us really well." Another person told us, "Oh yes, I feel safe here – I wouldn't stop if it wasn't suitable." A relative we spoke with told us, "We've no concerns about [family member's] safety, because they (staff) always use the appropriate equipment, like pressure mats." Another relative also spoke very positively about the service and said they were happy for their family member to be at Portland Nursing Home. They told us, "[Family member] is very contented here, very well looked after and I think the staff are great, they're always talking to the residents."

During our inspection we saw the premises were clean, with no unpleasant odours, well-maintained and easily accessible. However we found several areas of the service were quite cold. A small lounge just of the entrance hall was cold, not just cool. A member of staff explained that this room was normally only used by one particular person, who preferred the room to be cold. However, we saw there were a lot of windows and bedroom doors open and the rest of the premises felt quite cool. One particular area, adjacent to room nine, felt decidedly cold. Although nobody we spoke with complained about the temperature, it was noticeable that many people wore woollen clothes and some had on thick 'bed sock' type socks. We discussed the temperature of the service with the registered manager who told us they have recently had two new heating boilers fitted. They said, therefore, there was no specific reason why the building shouldn't be warm and assured us they would address the issue through their quality monitoring audits.

We recommend that action be taken to ensure a reasonable and comfortable temperature is consistently maintained throughout the premises.

The registered manager confirmed that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They said staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare. During our inspection we saw there was sufficient staff on duty throughout the premises and people did not have to wait for any required help or support. There was a passenger lift that provided easy access to both floors, which meant people were able to move safely around the premises.

Staff we spoke with said they understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals were required they had been made appropriately and in a timely manner.

People were protected from avoidable harm as potential risks had been identified and assessed, to help ensure they were appropriately managed. People told us they had been directly involved in the assessment process and we saw this was recorded in individual care plans. Care records we looked at contained

individual risk assessments and guidance for staff, related to people's identified care and support needs. These included potential risks such as moving and handling, the risk of falls, pressure ulcers and poor nutrition. This helped ensure people received appropriate care and treatment, which was planned and delivered in a way that helped ensure their safety and welfare.

Medicines were managed safely and consistently. Staff involved in administering medication had received appropriate training. We spoke with a nurse regarding the policies and procedures for the safe storage, administration and disposal of medicines. They said the safety and welfare of people using the service was their priority and confirmed everyone with responsibility for managing medicines had received the necessary training and their competency was regularly assessed. This was supported by training records we were shown.

During lunchtime we observed medicines being administered and saw that all medication administration records (MAR) had been completed appropriately. We saw the nurse demonstrated safe and professional practice and patiently explained to people what they were doing and what their medicine was for. Fridge temperatures for storing medicines were appropriately recorded and monitored in accordance with professional guidance and best practice. This meant medicines were stored, handled and administered safely.

The provider operated safe and thorough recruitment procedures. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the government's Disclosure and Barring Service (DBS), as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

Arrangements were in place to deal with emergencies and we saw contingency plans in the event of an unforeseen emergency, such as a fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting, were regularly checked and serviced in accordance with the manufacturer's guidelines.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns which may indicate a change in people's needs, circumstances or medical condition. They said this helped reduce the potential risk of such accidents or incidents happening again and we saw documentary evidence to support this. This demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.



## Is the service effective?

### Our findings

During our inspection we identified some concerns regarding a lack of stimulation and the limited provision of personalised, meaningful activities. The activities co-ordinator told us they worked 15 hours a week and had been at Portland Nursing Home since June, but had no specific training in the role. They said they had spent two years as an activities co-ordinator in another service, before which they had worked as an administrator. During the afternoon there was a visiting entertainer who was clearly very popular. We observed people happily engaging with the singer as they moved their arms around and sang along with some of the old favourites.

The activities co-ordinator would benefit from some specific training and due to their inexperience and the lack of any structured programme of meaningful activities, people's opportunity for stimulation was limited. The activities co-ordinator told us, "I've tried cards, colouring, DVD's, looking at books but mostly I talk to the residents." The service did not provide personalised, meaningful activities, in accordance with current best practice, particularly in relation to people living with dementia. This is an area which is all too often overlooked and a significant aspect of the service we consider requires improvement.

People and their relatives thought staff had the necessary skills and knowledge to effectively meet their individual care and support needs. One person told us, "We're all very well looked after here, they (staff) know what we need and can't do enough for us; I couldn't fault them." A relative we spoke with told us, "The staff are wonderful: they all seem to know what they're doing and look after residents so well, even though some can be quite difficult,"

Staff spoke very positively about the training and support they received and everyone said how much they enjoyed working at Portland Nursing Home. One staff member, who had not been working at the service long, told us, "I just love working here. Everyone has made me feel so welcome and very comfortable and I've had so much training since I've been here." They went on to describe their induction programme, which included competency assessments, and how much more confident it had made them feel. They told us, "I learnt so much. There was an induction sheet which the nurses filled in, when they were happy that I was confident and understood what I was doing." Another member of staff spoke about their experience of starting work at the service. They told us, "Everyone was just so supportive and there was no pressure to rush things. I shadowed a more experienced carer for the first three or four weeks and they introduced me to all the residents and their individual routines."

However we received some less than favourable comments about the actual training methods that were used, including a heavy reliance on e-learning. This involved the staff member sitting alone in front of a computer screen, watching a video and completing a tick box answer book. Typical of the many comments received was one member of staff who told us, "It's not the best form of training to be honest. And certainly for me it's not a great way to learn; I much prefer the face-to-face training, in a group, where we can ask questions and share experiences." They went on to say, "For a new member of staff the on-line stuff wouldn't be very helpful and they could struggle. We discussed this issue with the registered manager who said certain topics, such as moving and handling, were done in groups but acknowledged the majority of

training was on-line. They told us they regularly attempted to access training workshops provided by the local authority but said they were often over-subscribed and places were limited to three per service.

Records showed staff were up to date with their essential training, in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. People and relatives spoke positively about the staff and told us they had no concerns about the care and support provided. This demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

The Mental Capacity Act 2005 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.

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 by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority, as required to protect the person from harm. The registered manager confirmed that, following assessment, a DoLS authorisation was in place for two people and we saw the necessary conditions were being met. They also said they were awaiting responses to other recent applications submitted.

Staff had knowledge and understanding of the Mental Capacity Act 2005 and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals to make a decision in their 'best interest'. This is in line with the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed staff always gained their consent before providing any personal care.

People we spoke with said they had access to doctors and other health care professionals, as and when required. One person told us, "There's a doctor here most days and the optician and chiropodist visit regularly." We saw in people's care plans that they had regular access to healthcare professionals, such as GPs, speech and language therapists, podiatrists and dentists. Individual care plans also contained records of any appointments with, or visits from, such healthcare professionals.

People were supported to have sufficient to eat and drink and maintained a balanced and nutritious diet. One person told us, "No complaints about the food here; it's lovely." People also said they had enough to drink. One person told us, "There's always plenty to drink; we have cups of tea all day long." We observed lunch and saw, where necessary, appropriate and discreet support was patiently provided by staff in a calm, unhurried manner.

## Is the service caring?

### Our findings

People and their relatives spoke positively regarding the caring, kind and compassionate nature of the manager and staff. One person told us, "I really like it here and the staff are all so kind to us." Another person described the staff as, "Very kind and caring." A relative told us, "My [family member] is very well looked after and really likes the staff here."

Throughout the day we observed many examples of friendly, positive and good natured interaction. People were comfortable and relaxed with staff, happily asking for help, as required. They were free to move around both floors and had choice about which lounge they liked to sit in and where they preferred to eat their meal at lunchtime. We saw and heard staff speak with people in a calm, considerate and respectful manner. People were called by their preferred names, staff spoke politely with them and conversations were not just task related. We observed staff were patient and considerate and took time to check that people heard and understood what they were saying.

Staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living and said these choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved and supported people in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend care plan reviews. They also said they were kept well-informed and were made welcome whenever they visited.

Individual care plans contained details regarding people's personal history, their likes and dislikes. The personal information and guidance enabled staff to meet people's care and support needs in a structured and consistent manner. Staff had a good understanding of people's needs; they were aware of their personal preferences and supported people in the way they liked to be cared for.

People had their dignity and independence promoted. A relative we spoke with, told us, "The staff here are wonderful and [family member] is always treated with great care and dignity." The registered manager told us people were treated as individuals and supported, encouraged and enabled to be as independent as they wanted to be. During our inspection we observed people were treated with dignity and respect and the registered manager and staff demonstrated a strong commitment to providing compassionate care and support.

A visiting health care professional spoke very positively about the quality of the care provided at Portland Nursing Home. They said they had confidence in the registered manager and staff team, who they described as, "Very professional, dedicated and committed". They said referrals to the surgery were timely and appropriate: and compared very favourably to other similar services they visited.

People's wishes regarding their religious and cultural needs were respected by staff who supported them. Within individual care plans, we also saw personal and sensitive end of life plans, which were written in the

first person and clearly showed the person's involvement in them. They included details of their religion, their next of kin or advocate, where they wished to spend their final days and funeral arrangements.

## Is the service responsive?

### Our findings

People received personalised care from staff who were aware of and responsive to, their individual care and support needs. One person told us, "They [staff] know what we like and what we need – and I've got everything I need." Relatives we spoke with said they were always made to feel welcome whenever they visited and were happy and confident their family members' needs were being met. One relative told us, "We've absolutely no complaints at all and I would give the home nine out of ten. All the residents are well cared for and everyone always look very clean and presentable." Another relative told us, "The best thing about it, is it's such an open, caring environment; it's light and clean and the staff are all very good and know what they're doing."

The registered manager explained they would always assess a person's individual care and support needs, to establish their suitability for the service and "their compatibility with existing residents." They also confirmed that, as far as practicable, people were directly involved in the assessment process and planning their care.

The care plans, including risk assessments we looked at, followed the activities of daily living such as communication, personal hygiene, continence, moving and mobility, nutrition and hydration and medication. They also contained details regarding people's health needs, their likes, dislikes and their individual routines. This included preferred times to get up and go to bed, their spiritual needs and social interests. Individual care records were reviewed regularly to ensure they accurately reflected people's current and changing needs and we saw people were directly involved in this process. This demonstrated that the service was responsive to people's individual needs.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs, so they could respond appropriately and consistently to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs.

Individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This helped ensure that people's care and support needs were met in a structured and consistent manner.

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

People using the service and relatives we spoke with, told us they knew what to do if they had any concerns. They also felt confident they would be listened to and their concerns taken seriously and acted upon. The provider had systems in place for handling and managing complaints. The complaints records we looked at confirmed that these were investigated and responded to appropriately. Staff we spoke with were aware of the complaints procedure and knew how to respond appropriately to any concerns received.

Records indicated that comments, compliments and complaints were monitored and acted upon. Complaints were handled and responded to appropriately and any changes and learning implemented and recorded. For example, we saw that, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The registered manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant. They told us they also used satisfaction surveys to gather the views of people, their relatives and other stakeholders, regarding the quality of service provision. We saw samples of the most recent questionnaires and the positive responses received.

## Is the service well-led?

### Our findings

People and their relatives spoke positively about the registered manager and said they were happy and satisfied with the way the service was run. Staff we spoke with were aware of their roles and responsibilities to the people they supported. They described the open culture within the service, and said they would have no hesitation in reporting any concerns. One member of staff told us, "The morale here is excellent; it's probably one of the best places I've worked. There are some staff who've been here for over 20 years, which says a lot about the morale here and how supported and valued people feel."

Staff told us they felt supported by both the registered manager and deputy manager, who they described as very approachable. One staff member told us, "The managers are both very good; they have an open door policy and you can go and speak with them at any time about anything." Staff also felt able to raise any concerns or issues they had and were confident they would be listened to and acted upon. One member of staff told us, "I recently had a query about something and they looked into it straight away and sorted it out." We saw documentary evidence of staff receiving regular formal supervision and annual appraisals.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

Arrangements were in place to formally assess, review and monitor the quality of care. These included regular audits of the environment, health and safety, medicines management and care records. We saw these checks had helped the registered manager to focus on aspects of the service and drive through improvements following our last inspection. For example, the quality of care was being checked with people, care records were being developed and staff practices were improving to enhance their knowledge around the subject of dementia care. This demonstrated a commitment by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in service provision.