

Somerset Care Limited

# Portcullis House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 8 and 9 December 2015

Portcullis house is registered to provide care and accommodation to up to 44 people. The home specialises in the care of older people including people who are living with dementia. Part of the home, Rose Garden, is accredited with the Local Authority to provide specialist residential care (SRC) for people with dementia. This part of the home is supported by a mental health nurse from a local healthcare trust. At the time of the inspection there were 32 people living at the home.

The last inspection of the home was carried out on 8 May 2014. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. 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.

The registered manager was qualified and experienced to manage the home. They were well respected and people felt able to discuss their care and share concerns with them.

The provider was experiencing difficulties with staff recruitment and there were a number of vacant staff posts. However this was being well managed to ensure it did not have a negative effect on people's care. People told us there was always staff available to them when they required support and that staff answered requests for help promptly.

People received effective care and support to meet their needs and advice was sought from healthcare professionals when required. The staff responded to changes in people's care needs but care plans were not always up dated to reflect changes. This could potentially place people at risk of receiving care that did not meet their current needs.

People felt safe at the home and with the staff who supported them. One person said "I have more confidence now I am living here. I think it's because there's nothing to worry about and I feel safe day and night." People were complimentary about the staff at the home and found them to be kind and caring.

Risks of abuse to people were minimised because the provider had a robust recruitment process and staff knew how to report any concerns.

Staff had the skills needed to effectively support people including the specialist skills required to care for people living with dementia. Staff enabled people to maintain their independence where possible and to make choices about their day to day lives. People thought staff were well trained and competent in their

roles.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. At lunch time people were able to make choices about the food they ate and portion sizes. Where people were unable to make a verbal choice they were shown the selection of meals to help them to choose. People received the help they needed to eat their meal. Staff discreetly encouraged people and offered physical assistance if people were seen to be struggling.

There were ways for people and their representatives to be involved in planning their care and to make suggestions about the running of the home. Suggestions made were acted upon where possible.

The registered manager and provider had a quality assurance system which included observational audits and themed conversations. Where shortfalls in the service were highlighted action plans were put in place to make improvements.

## 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.

Risks of abuse to people were minimised because there was a robust recruitment process and staff knew how to report their concerns.

People received their medicines safely from staff who had received specific training to carry out this role.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People's healthcare needs were monitored by staff and advice was sought from other professionals when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who showed patience and understanding towards them.

There were ways for people to express their views about the care they received.

### Is the service responsive?

Requires Improvement ●

The service was not totally responsive.

People received care that was responsive to their needs but care plans were not always up dated when needs changed.

People told us they would be comfortable to make a complaint and felt their concerns would be listened to.

## Is the service well-led?

Good 

The service was well led.

The registered manager had the skills and experience required to effectively manage the home.

People always had access to senior staff who monitored their well-being and were available to discuss any issues with.

# Portcullis House

## Detailed findings

### Background to this inspection

Improvements were needed to make sure people's care plans were fully reflective of their up to date care needs. Although the staff responded to changes in people's needs and information about changes was shared with staff at handover meetings care plans were not always up dated to reflect people's changing needs. For example one person was unwell and being cared for in bed. Staff were helping them to change position every two hours to minimise the risk of pressure damage. This was recorded on a chart in their room but not mentioned in their care plan. Staff were also recording the person's food and fluid intake. The care plan did not contain information regarding the person's required intake and therefore there was no information to state if they had received sufficient food and drink. This could possibly place people at risk of not receiving care that met their up to date needs.

People and visitors said staff responded to changes in need. A visitor said "When they were unwell the staff were wonderful. They have adapted as their needs have changed." One person said "They help you when you need it." We heard that full assessments had been carried out when the registered manager felt the staff were unable to provide the level of care a person required. This had led to some people moving to a different care setting which was able to meet their increased needs.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. The home also offered respite care which enabled people to spend time at the home before deciding to move in on a permanent basis. One person said "This is a home from home for me." Another person told us "When I needed full time care this was where I wanted to come because I knew it. [Registered manager's name] came to see me and we talked about things to help me decide."

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Care plans we read were very personal and gave information about people's routines and preferences as well as their needs. This was to make sure staff were aware of how people wished to live. One member of staff said "Care plans tell you everything you need to know and we have handovers as well." One person said "They ask you about what you like and stuff and then they fit in around you."

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said they were able to maintain their independence and decide what they did each day. One person said "You're not fussed over but they are always willing to help you when you need it." Another person told us "There are no real restrictions. You can live your own life."

In Rose Garden staff were attentive towards people but allowed them to decide what they did. It was apparent that staff knew people well and offered support but respected people's decisions about what they wanted to do. Some people liked to spend time chatting and drinking tea in the dining room with staff whilst others preferred their own company or chose to watch television in the lounge.

People said there were lots of activities for them to join in with but there was no pressure to take part. One person said "There's a lot going on. Crafts and games and loads of other things." Another person told us "I go to some activities. Sometimes I just go up to the lounge because I like the company." At the time of the inspection there was a vacancy for an activity worker and care staff were supporting people with activities. There was a full programme of entertainment for Christmas which was advertised on a large notice board. Several people commented how much they were enjoying the Christmas programme. One person said "The band that came yesterday were superb." Another person said "There's so much going on at the moment I'm feeling quite festive."

The registered manager sought people's feedback and took action to address issues raised. The provider operated a 'You Said, We did' system. This ensured people who raised issues or made suggestions had a response to show if they had been acted upon. One person had raised an issue about the loudness of call bells and adjustments had been made to reduce the volume. Another person had said that because vegetables were put on tables at the beginning of the main meal sometimes they had gone cold by the time their main course was served. In response to this practice had been changed to make sure vegetables were only put on tables once people had been served. This was happening at the time of the inspection.

People told us they would be comfortable to make a complaint or share any worries with a member of staff or the registered manager. One person said "If I wasn't happy I'd see [registered manager's name] she'd listen and sort it out." Another person told us they had raised a concern with the registered manager. They said "It only happened once. After I mentioned it, it never happened again."

The provider had a complaints policy and records showed complaints made were handled in line with the policy. Full investigations had been undertaken and action, such as providing further training and supervision to a member of staff, had taken place to prevent a repeat of the issue raised.

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff who supported them. One person said "I feel very content and safe here." Another person said "I have more confidence now I am living here. I think it's because there's nothing to worry about and I feel safe day and night."

There were a number of staff vacancies which the provider had been unable to recruit into. To ensure people continued to receive the care and support they required, agency staff were being used. Although some staff raised concerns with us about staff shortages and the high use of agency staff their dedication and commitment meant the care that people received was not compromised. One member of staff said they felt they were always rushing about and this meant people missed out. A member of the senior staff team said that they often had to do tasks that took them away from direct care, such as laundry and kitchen work. Comments from people did not reflect this. One person said "There are always staff to help you." Another person said "Staff here are excellent. Always there when you want them."

Each person had a call bell in their room which enabled them to summon help at any time. People said call bells were answered quickly. One person said "They're there in a minute if you want anything at all." Throughout our visit we did not hear call bells ringing for long periods of time which showed people's requests for assistance were answered promptly. In Rose Garden some people were unable to use their call bells but staff were attentive and made sure people were regularly offered support.

Although there was a high number of agency staff working at the home they were able to use the same staff which provided consistency for people. One person said "I know some of them come from an agency but they are lovely and I've got to know them and they know my little ways." At the time of the inspection there were two agency members of staff working in the part of the home which cares for people living with dementia, Rose Garden. Both staff had a good knowledge of the people they were caring for and provided personalised care to them. People were comfortable with the staff from the agency and they spent time laughing and chatting together.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Records seen showed that new staff had not commenced work until all checks had been received by the registered manager.

Staff told us they had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where incidents had occurred in the home the registered manager had worked in partnership with the local safeguarding team to make sure people were protected.



There were risk assessments in place to minimise risks to people. These included risks associated with the building such as slips and trips and the use of cleaning chemicals. There were individual risk assessments to enable people to maintain their independence. For example one person had a risk assessment which said they had chosen not to have checks throughout the night. They had the capacity to understand the implications of this decision and were able to summon help using their call bell if they required it.

People's medicines were administered by staff who had received specific training and supervision to carry out the task. The home used an electronic administering system which had a hand held device which recorded when medicines were required and when they were administered or refused. At the time of the inspection the administration of prescribed creams and lotions was not clearly recorded. Care staff were responsible for assisting people to apply creams and recorded in daily records when these had been applied. However the specific cream was not always recorded which meant it would be difficult to monitor the effectiveness of these prescribed medicines. People told us they got their medicines at the right time. One person said "They always do the medicines on time."

One person was receiving their medicines covertly (without their knowledge.) There was clear documentation stating the person lacked the capacity to understand the implications of not taking their medicines and who had been involved in the decision to administer medicines in this way.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. During our inspection staff asked people if they required this medicine and gave assurances to people it could be made available at any time they were in pain or discomfort.

## Is the service effective?

### Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very complimentary about the staff at the home and thought they had the skills required to support them. One person said "They have a very well trained workforce. They definitely know what they are doing." A visitor told us "The staff are well trained, they notice things and do the right thing."

The home arranged for people to see health care professionals according to their individual needs. We were told by a healthcare professional that staff had significant skills and experience in the management of difficult situations to enable them to problem solve effectively to make sure people's needs were met. They also told us, when needed, staff sought advice from other professionals and acted upon advice given. Another healthcare professional told us staff were very attentive to people's physical and mental health needs and sought advice and support to make sure people received the treatment they required.

During the inspection we attended a handover meeting between senior staff working in the morning and those working in the afternoon. Discussions between staff showed they monitored people's health and arranged for them to see healthcare professionals when they had concerns. Staff had observed that one person was not their 'usual self' and arranged for them to see a GP. This resulted in them being admitted to hospital to make sure they received effective treatment. One person told us "They take every care and always get a nurse or doctor if you're under the weather."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. There was a four week menu which offered a choice at every meal and specialist diets, such as diabetic and vegetarian, were provided. One person told us "I'm a very fussy eater so the cook comes to see me regularly and they have made a menu just for me. They worry about my weight but it doesn't concern me."

At lunch time people were able to make choices about the food they ate and portion sizes. Where people were unable to make a verbal choice they were shown the selection of meals to help them to choose. There were vegetable dishes on tables for people to help themselves to and staff assisted people where needed.

People received the help they needed to eat their meal. Staff discreetly encouraged people and offered physical assistance if people were seen to be struggling. Where people required their food to be provided at a specific consistency to minimise the risk of choking this was provided. People were complimentary about the food at the home. One person commented "Food here is wonderful." Another person said "It's very good food and there's always plenty of it."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home such as caring for people with dementia. Many staff had nationally recognised qualifications in care which ensured they were competent in their roles. One healthcare professional told us they found staff to be knowledgeable and insightful to people's needs and strengths.

In the part of the home known as Rose Garden staff had the specialist skills required to effectively support people living with dementia. At one point in the day a person became unsettled and staff gently reassured them which resulted in them becoming calm and smiling at the member of staff.

People were always asked for their consent before staff assisted them with any tasks. One person said "At the end of the day everything is your choice." Staff asked people if they wanted to be assisted but respected their decision if they declined the offer of help.

Some people who lived at the home did not have the mental capacity to make decisions for themselves and in these situations staff worked in accordance with relevant legislation. 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. A member of staff told us "We talk to people about what they want. People have a choice about things. If someone really can't make a decision we have to act in their best interests. You have to know the person and what they would have done in the past. Families help us out if it's a big decision." This showed staff were working in line with the principles of the act.

Where someone needed equipment, that may be considered restrictive, to keep them safe best interests checklists were completed. Records showed that the views of other professionals and family members had been sought to make sure the measures being put in place were the least restrictive and in the person's best interests.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made to the Local Authority to ensure people's rights were protected.

## Is the service caring?

### Our findings

People said they were supported by kind and caring staff. Everyone we spoke with told us staff were always attentive to their needs and treated them in a respectful and caring way. Comments included; "Staff are lovely and helpful," "All of them [staff] are kind and understanding. In fact they are marvellous" and "They go out of their way to be kind. Little things like doing a bit of shopping in their own time. I wouldn't want to be anywhere else."

One healthcare professional told us they found the staff to be caring, compassionate and passionate about their jobs. A visitor said "The staff here are so understanding and kind." The staff had received a number of thank you cards which complimented them on their kindness. One card said "Thank you for your kind care." Another said "Staff showed sympathy and understanding."

In 2014 the home won the Somerset Care Limited 'Best Care Home' award in recognition of staff commitment during the heavy flooding in the area. Many local roads were closed and staff walked and drove considerable distances to arrive at Portcullis House. This was regardless of the fact that some staff had had their own homes flooded. Staff's commitment ensured people continued to receive care and support through this extremely difficult time.

People had built relationships with staff and other people who lived at the home. We saw people sitting together chatting and socialising. A visitor told us they felt the home had a friendly family type atmosphere. One person said "We all look out for each other. It's the little things like always saying good night to each other." Another person said "There is no them and us here. Carers tell you about their families and you feel part of things." In Rose Garden we saw a member of staff had bought in photographs of a personal family occasion which they showed to people. This led to conversations about people's families and reminiscing about special occasions.

Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. People had been able to personalise their rooms which gave them an individual homely feel. One person said "You can do what you want in your room. It's up to you." Staff respected people's privacy and always knocked on doors and waited to be invited in.

People were enabled to maintain contact with people who were important to them. Some people had private telephone lines in their rooms or mobile phones which helped them to keep in touch with friends and family. There was a computer with skype facility available for people to use and WiFi was available in the communal areas and some rooms. People were able to have visitors at any time and people told us their visitors were always made welcome.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. A visitor told us they were involved in reviewing their relative's care plan and were always kept informed about their health and well-being. One person told us "They [staff] may suggest things but I

have the final say about what I want. Everything they suggest is out of kindness and they want you to be happy."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

## Is the service responsive?

### Our findings

Improvements were needed to make sure people's care plans were fully reflective of their up to date care needs. Although the staff responded to changes in people's needs, and information about changes was shared with staff at handover meetings, care plans were not always up dated to reflect people's changing needs. For example one person was unwell and being cared for in bed. Staff were helping them to change position every two hours to minimise the risk of pressure damage. This was recorded on a chart in their room but not mentioned in their care plan. Staff were also recording the person's food and fluid intake. The care plan did not contain information regarding the person's required intake and therefore there was no information to state if they had received sufficient food and drink. This could possibly place people at risk of not receiving care that met their up to date needs.

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Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. The home also offered respite care which enabled people to spend time at the home before deciding to move in on a permanent basis. One person said "This is a home from home for me." Another person told us "When I needed full time care this was where I wanted to come because I knew it. [Registered manager's name] came to see me and we talked about things to help me decide."

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Care plans we read were very personal and gave information about people's routines and preferences as well as their needs. This was to make sure staff were aware of how people wished to live. One member of staff said "Care plans tell you everything you need to know and we have handovers as well." One person said "They ask you about what you like and stuff and then they fit in around you."

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said they were able to maintain their independence and decide what they did each day. One person said "You're not fussed over but they are always willing to help you when you need it." Another person told us "There are no real restrictions. You can live your own life."

In Rose Garden staff were attentive towards people but allowed them to decide what they did. It was apparent that staff knew people well and offered support but respected people's decisions about what they wanted to do. Some people liked to spend time chatting and drinking tea in the dining room with staff whilst others preferred their own company or chose to watch television in the lounge.

People said there were lots of activities for them to join in with but there was no pressure to take part. One person said "There's a lot going on. Crafts and games and loads of other things." Another person told us "I go to some activities. Sometimes I just go up to the lounge because I like the company." At the time of the inspection there was a vacancy for an activity worker and care staff were supporting people with activities. There was a full programme of entertainment for Christmas which was advertised on a large notice board. Several people commented how much they were enjoying the Christmas programme. One person said "The band that came yesterday were superb." Another person said "There's so much going on at the moment I'm feeling quite festive."

The registered manager sought people's feedback and took action to address issues raised. The provider operated a 'You Said, We did' system. This ensured people who raised issues or made suggestions had a response to show if they had been acted upon. One person had raised an issue about the loudness of call bells and adjustments had been made to reduce the volume. Another person had said that because vegetables were put on tables at the beginning of the main meal sometimes they had gone cold by the time their main course was served. In response to this practice had been changed to make sure vegetables were only put on tables once people had been served. This was happening at the time of the inspection.

People told us they would be comfortable to make a complaint or share any worries with a member of staff or the registered manager. One person said "If I wasn't happy I'd see [registered manager's name] she'd listen and sort it out." Another person told us they had raised a concern with the registered manager. They said "It only happened once. After I mentioned it, it never happened again."

The provider had a complaints policy and records showed complaints made were handled in line with the policy. Full investigations had been undertaken and action, such as providing further training and supervision to a member of staff, had taken place to prevent a repeat of the issue raised.

## Is the service well-led?

### Our findings

The registered manager was qualified and experienced to manage the home. They were well respected by people, staff and other professionals. One healthcare professional told us they found the management to be open, approachable and friendly. They said they communicated well with them and other health and social care colleagues. People said they knew who the registered manager was and would be happy to talk to them about any aspect of their care.

The registered manager had a clear vision for the home which was to provide a safe and comfortable home for people where they could build relationships and feel at home. Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Comments from people showed the values were put into practice. One person said "I was apprehensive when I moved in but I feel very much at home now. I couldn't ask for anything better." Another person said "It's my home now. After lunch I like to have a nap in front of the telly. It's so comfortable and relaxed you can do that here."

The registered manager's office was centrally located which made them easily accessible to people, staff and visitors. They were very visible in the home and people were very open and relaxed with them. One person said "She's always about." A visitor said they would not hesitate to speak with the registered manager if they had any concerns. They said "They treat us all like family. Everything is very open."

The registered manager kept their practice up to date by on-going training and reading. The home was a member of the Registered Care Providers Association (RCPA) which provides up to date guidance and information for care providers in Somerset. The registered manager attended conferences and meetings held by the RCPA and the provider. These helped to keep them up to date with current developments and share good practice with other managers in the area.

There was a staffing structure which provided clear lines of accountability and responsibility. There was always a senior member of staff on duty to oversee less experienced staff and monitor the quality of care provided to people. People told us they had confidence in the staff who supported them and felt there was always someone to go to if they had questions about anything. One person said "There's always someone in charge to go to if you need to."

Although the home had difficulty recruiting staff and used a high number of agency staff this was well managed to make sure it did not negatively affect people's care. Despite the difficulties staff were positive about their jobs which created a happy atmosphere. One member of staff said "It can be difficult but we are a good team. It's people's home so we all muck in when we need to." Another member of staff said "We need more permanent staff but we all work as a team to make sure people get the time they need. The manager is really supportive of us as staff but it is made clear the residents come first in everything."

There were quality assurance systems to monitor care and plan ongoing improvements. There were audits and checks to monitor safety and quality of care. There were regular health and safety checks to make sure the building and equipment were well maintained and safe. Where shortfalls in the service had been



identified action had been taken to improve practice. A medication audit had highlighted some errors and this was discussed with the senior staff team to improve practice.

The registered manager and provider met regularly to discuss recruitment and had put an action plan in place to attract more staff to the home. This had included leafleting the local area and offering introductory bonuses to new staff. The provider was also in the process of setting up a peripatetic staff team who could respond to staff difficulties in homes around the county.

The registered manager and provider carried out observational audits and held themed conversations with people and staff to monitor practice and seek people's views. One of these audits identified that staff were unsure who to contact if they suspected someone was being abused and the registered manager was unavailable. In response to this additional training was made available and posters with contact numbers on were put up. We asked one member of the ancillary team what they would do if they had concerns and they told us there was a poster in the staff room and there was a number for them to phone.

All accidents and incidents which occurred in the home were recorded and analysed. Where people had a high number of falls the staff looked at ways to minimise risks. The analysis showed a number of falls occurred in people's bedrooms and the registered manager had looked at ways to reduce this. Action taken had included removing hanging bed linen which people could trip on and placing pressure mats by some people's beds. The pressure mats were linked to the call bell system and alerted staff when someone was moving around their room. This enabled staff to quickly attend to the person and minimise risks.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.