

Superior Care (Midlands) Limited

Portway House

Inspection report

Newbury Lane
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Date of inspection visit:
15 December 2020
14 January 2021

Date of publication:
25 March 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Portway House is a residential care home providing personal and nursing care and accommodation for up to 48 people. This includes both younger and older people with physical and sensory impairments. The service was supporting 24 people at the time of the inspection. Portway House has three floors. The ground floor is used for people with an acquired brain injury and for people who move into the home for a period of rehabilitation.

The service had been identified for use by the Local Authority as a designated care setting in response to the Winter Plan for people discharged from hospital with a positive Covid-19 status. The service has a separate floor which is used for this purpose.

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

During our inspection visit we found some infection control concerns such as, three staff were observed not wearing face masks in accordance with national guidance. This was addressed by the manager at the time of the inspection. The management of medicines needed improvement as some practices were not always safe. People were supported by staff who were trained and knowledgeable about how to identify and minimise risks to their safety and wellbeing.

Due to the current pandemic people missed their family visiting. Support was provided to enable people to have window visits and to talk with their loved ones using video and phone calls. People had access to a variety of inhouse activities to engage in. Although staff knew people well and how to meet their needs, this was not always supported by the records in place.

People and relatives knew how to raise concerns and felt confident any issues would be addressed. Staff felt supported in their role and described the management team as approachable, kind and open. The staff and management team worked together as a team to support one another during difficult times due to the current pandemic. The management team and provider had systems in place to monitor the quality and safety of care people needed. However, these needed improvements because they did not independently identify issues we found, for example with medication records and infection control.

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

Rating at last inspection: This service was registered with us on 28/01/2020 and this is the first inspection.

Why we inspected

We received concerns from the Local Authority and CCG in relation to infection control practices, staffing,

and the oversight and governance of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the safe, responsive and well led sections of this full report. The day after the inspection we sent a formal letter detailing our concerns around some infection control and medicine processes. The provider had taken action to mitigate the risks and this has been effective.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Portway House

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 Care Act 2014.

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

The inspection was undertaken by two inspectors and a specialist advisor. The specialist advisor was a nursing professional.

Service and service type

Portway House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 December and ended on 14 January 2021. We visited the service on 15 December 2020 and then remotely reviewed records that had been shared with us. Formal feedback was provided on 14 January 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with 10 people who used the service and four relatives about their experience of the care provided. We spoke with 12 staff, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider

We reviewed a range of documents and records including the care records for nine people, nine medicine records, one staff recruitment file and staff training records. We also looked at records that related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information, care plans and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection;

- On the day of the inspection we observed three staff members not wearing face masks in accordance with national guidance. This was addressed by the manager at the time of the inspection.
- The registered manager had management responsibility and oversight for both this service and another service located nearby. A risk assessment had been completed as the registered manager was accessing both services. This risk assessment was brief in detail to demonstrate how the risk of cross contamination in relation to Covid-19 had been considered and how the risk had been reduced.
- The provider took action to improve systems for visitors and using PPE effectively and safely
- Infection control systems were being considered and assessed when the provider was admitting people safely to the service. They also promoted safety through the layout and hygiene practices of the premises in line with their infection prevention and control policy.
- The provider was accessing testing for people using the service and staff. They could also demonstrate infection outbreaks could be effectively prevented or managed.

Using medicines safely

- We observed two medicines trolleys were left unattended and unlocked for a short period of time. We shared these concerns with the registered manager and nominated individual who took immediate action to address these concerns with the staff on duty.
- We reviewed the medicines for nine people. The electronic records confirmed medicines had been administered to people as prescribed. We found discrepancies for three people when we counted the balances of medicines in stock. These were not accurate with what medicines had been administered and signed for. This meant we could not be assured people had received the medicines when they needed them. A staff member told us, "We used to count the stock balance before we administered the medicines but due to time limitations this is not always possible."
- For one person we found two boxed prescribed creams which were located in their bedroom, that had not been dated when opened and we found 2 tablets in one of these boxes. The nominated individual advised us the creams had been opened the night before and the tablets had been brought in by their family. The provider told us both issues had been addressed and the tablets had been removed following our inspection visit.
- People we spoke with told us, "I receive my medicines when I need them."
- Staff confirmed they had received training to administer medicines which included an assessment of their competency to administer medicines safely.

Learning lessons when things go wrong

- Systems were in place to record individual accidents and incidents. However, the information shared with us did not include an analysis and overview of these to demonstrate they had been reviewed for any patterns and trends and to mitigate future risk.
- When asked the registered manager was able to share examples of action that had been taken following accidents such as sensory aids being implemented, but the records provided did not reflect this.

Assessing risk, safety monitoring and management

- People and relatives told us staff knew about any risks associated with providing support to their loved one. A person told us, "The staff know how to support me they know I need equipment to move and they use this safely and always explain what they are doing." A relative said, "The staff know the risks when supporting [person] their condition has improved because of this support."
- Discussions with staff demonstrated their knowledge of peoples' needs including any risks they needed to be aware of. Observations demonstrated people were being supported safely.
- The record of a body map we reviewed for one person indicated they had sore skin. A care plan was not in place for this. We shared this with a staff member who took immediate action and implemented a care plan for this.
- Risk assessments were in place for other people whose care we reviewed. These were applicable to individual needs and covered a variety of areas including malnutrition, skin integrity, falls, and moving and handling. Where risks were identified there was a corresponding care plan to manage this. For example, people at risk of falling had a mobility plan in place.
- Records we reviewed demonstrated checks were carried out on the facilities and equipment, to ensure they were safe. For example, fire safety checks were completed.

Staffing and recruitment

- We received mixed feedback from people about the staffing levels. Of the 10 people we spoke with six people told us about the impact Covid-19 had on them due to their loved ones not being able to visit because of the restrictions in place. Comments made by these people included, "I feel lonely", and "Staff do not always have time to come and have a chat with me." One person told us, "I had to wait until after lunch to have a shower today as the staff have been so busy." Four people told us their needs were met and staff responded in a timely manner when they used their call bell."
- The feedback was shared with the registered manager and nominated individual who told us staffing levels were monitored closely based on peoples assessed needs. The registered manager told us where needed staffing levels would be increased. For example, staffing was increased to support a person's moving and handling needs.
- We reviewed the recruitment file for one member of staff. The majority of the required recruitment checks had been completed before the staff member commenced working in the service. This included a disclosure and barring check which ensured potential staff were suitable to work with vulnerable people. We found there were gaps in the employment history that had not been fully explored and recorded. The nominated individual advised this would be addressed and the information updated.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us staff provided safe support and they had no concerns to share. One person said, "I feel very safe here the staff are golden." A relative told us, "[Person] is safe, they would tell me if there were any issues as we call them regularly."
- Staff we spoke with confirmed they had received training in relation to safeguarding people from abuse. One staff member told us, "Yes I have had the training and if I had any concerns I would go straight to the manager or provider or if necessary, to external agencies, I would always act."
- The management team were clear about their responsibilities to safeguard people and reported any

safeguarding concerns to the local authority and CQC.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People we spoke with told us their needs were met, and they made daily choices about their care. One person said, "Yes the staff meet my needs and they know the support I need, I make daily choices about my care." Another person said, "I came here for a period of rehabilitation and now I am ready to return home as my rehabilitation has gone well."
- Care plans were in place for people living at the service short term and permanently. Although these did not contain personalised information such as about people's social history, background to moving into the home, culture, and preferences staff knew people well enough to meet their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and nominated individual told us they have systems in place where they were able to produce information in alternative formats applicable to people needs. This includes for example large print, alternative languages, and easy read.
- Records we reviewed confirmed communication care plans were in place to enable staff to be aware of people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they have been supported where possible to maintain contact with their loved ones during the pandemic. This has included video, telephone calls and window and garden visits when possible. One person told us, "It is hard not seeing my family, but I have spoken with them on the phone and we have had short window visits, but it is not the same as being in the same room and having a hug from them it is hard." Another person said, "The staff are trying their best and there are things I could get involved with if I wanted to, but I do miss seeing my family." We saw people being supported to see their loved ones and having window visits during our inspection visit.
- The service has a designated activities staff member and a programme of activities was in place. We saw people participating in movement to music, bingo and some people had hand massages and their nails painted at the time of our visit. The activities staff member told us, "I try and facilitate group activities then go and spend some time with people in their rooms."
- The registered manager told us during the lockdown they have tried to continue with providing activities

by external entertainers. They had entertainer's play music in the garden for people to listen to.

- The registered manager told us they work closely with an organization called 'Kissing It Better' who have provided outdoor opera singers/musicians and more recently the opportunity for young people to speak with the older generation via zoom. 'Kissing it better' have asked the service to join in weekly zoom meetings with schools in the South of England, to give students the opportunity to talk and ask questions around various topics. This has given people an opportunity to engage with a younger generation and to have meaningful discussions which people have enjoyed.
- The service has an on-site physiotherapy room. A person told us, "I have been in the physio room and did some exercises with a physio that came in as part of my rehabilitation program."
- Other facilities provided in the home included a hairdressing salon, and snoozle/namaste room which can be used for relaxation and sensory sessions.

Improving care quality in response to complaints or concerns

- People told us they felt confident to raise any concerns they may have. People said they had confidence they would be listened to and their concerns would be addressed. One person said, "I have no complaints but if I did, I would soon speak up, and tell the staff or the big boss [manager] and make sure they are sorted out." A relative told us, "I am aware of the complaints procedure and I have raised concerns I have about the care of a [person] and the processes are being followed."
- We reviewed the concerns and complaints records and saw these had been investigated and responded to appropriately.

End of life care and support

- We were advised by the registered manager no-one was currently receiving end of life care.
- The registered manager told us end of life care plans were available on the electronic care planning system to use when needed. These considered people's preferences and wishes.
- The activities staff member told us they had supported some people to attend their loved one's funerals virtually. People had smart televisions both in their bedrooms and in the lounge area, so technology was used to support this. This technology could also be used to enable people to access spiritual support during this time.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Care records did not always contain detailed and personalised information about people such as social history, and culture. They also did not include information about the support people may need in relation to their foot care. For example, a person told us, and we observed, they required support with their foot care but there was no information in their care records relating to this or if there were any concerns and ongoing monitoring. This was discussed with the registered manager and action was taken to address this.
- Audits were completed by both the registered manager and nominated individual to maintain oversight of the service provided. These covered a variety of areas including care plans, medicines, staff files, and infection control management. Although audits had been completed these were not robust enough to identify the areas of improvements we identified at this inspection. For example, the medicine audits did not identify the shortfalls we found with the management of medicines.
- The registered manager advised they reviewed a sample of medicines and care files for people when they undertake their audit. Assurances were provided improvements would be made in the areas we had identified.
- The service has a floor that is used as a designated scheme for admissions for people from hospital who had tested positive for Covid-19. On the day of the inspection visit we observed three staff not following national guidance for infection control in relation to the wearing of face masks. Although the registered manager took immediate action to address this their internal systems did not identify these concerns.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood their roles and responsibilities. One staff member told us, "I love working here it is a great place and we all work together to keep people safe and meet their needs."
- The provider was aware of their legal responsibilities to report any notifiable incidents promptly to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Six of the 10 people we spoke with told us they had not been involved in the ongoing review of their care plan and four people could not remember. There was limited information in peoples care records of this

involvement or of people's choices to be involved. One person we spoke with told us they would have liked to administer their own medicines, but this choice had not been offered. Their care plan stated, 'although the person could manage their medicines independently, they were administered by staff due to the setting they were in'. Therefore, it was not clear from the records if this choice had been provided.

- Systems were in place to enable the provider to obtain feedback. A questionnaire had been developed which will be sent out to people, relatives, and professionals when the home has been opened for 12 months. The questionnaire is aligned with the fundamental standards and ratings used by CQC. Once the feedback has been received a full report of the findings will be completed.
- Some of the people we spoke with who had lived at the service for a short period of time for rehabilitation, told us their feedback has been obtained informally by staff. One person said, "The staff ask if I am okay and if I have any issues. I am happy with the support provided to me and I am looking forward to going home."
- Relatives told us staff have kept them informed about people's well-being and supported them to maintain contact with their love ones during the pandemic. One relative said, "It has been so difficult not being able to see [person] but the staff try their best to arrange calls and window visits so that we can see and speak to [person] and be involved as much as possible."
- Staff told us they felt supported in their role. One staff member told us, "It has been tough with the pandemic, but we have supported each other, and the management team have been good. We have been consulted about things such as caring for people who have tested positive for Covid -19 and our fears and concerns are listened to and taken on board." Another staff member said, "The manager and provider are approachable and check in with us to make sure we are okay I feel valued, supported and able to express any concerns I have. It has and continues to be a tough time for us, and this is acknowledged by management and the public now."

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 understood her responsibilities in relation to the duty of candour regulation and being open and honest and accepting responsibility when things went wrong.

Working in partnership with others

- The service worked in partnership with many agencies to ensure people's healthcare needs continued to be met, such as district nurses, GP, speech and language therapist.
- The service worked with the local CCG and local authority to arrange the discharge and admission of people from hospital for rehabilitation or to the designated scheme as part of the winter plan and to relieve pressure on the NHS.
- The registered manager and nominated individual have worked with all partner agencies including the local Public health England office to ensure feedback and recommendations for improvements have been addressed in a timely manner.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not robust enough to identify shortfalls in the service. Regulation 17 (1)