

Isle of Wight Homecare Ltd

Portland Lodge

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Portland Lodge is a care home providing accommodation for up to 19 people, some of whom are living with dementia or a mental health need. At the time of our inspection, there were 19 people living in the service. Portland Lodge is an extended property providing all single bedrooms and suitable communal facilities.

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

People told us they were happy living at Portland Lodge and felt supported to live their lives in the way they wished to do so. Staff were observed to treat people with kindness and compassion.

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

Staff supported people and showed an understanding of equality and diversity and people were treated with dignity, and their privacy was respected. People were supported to be as independent as possible.

External health and social care professionals were very positive about the care and support provided by the staff and registered manager. The registered manager and staff worked with other external professionals to ensure people received effective care.

Staff knew how to keep people safe from harm. People told us they felt safe. Infection prevention and control measures were in place and followed by staff.

Staff were recruited safely, and sufficient numbers were employed to ensure people's care and social needs were met. Staff had received appropriate training and support to enable them to carry out their role effectively.

Risk assessments and management plans were completed for people and the home environment to ensure safety.

People received their medicines safely and as prescribed.

People and staff were positive about the management of the service and told us the registered manager was very supportive and approachable. Any concerns or worries were listened to, addressed and used as opportunities to make improvements to the service.

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 10/10/2018 and this is the first inspection.

The last rating for the service under the previous provider (Isle of Wight Care Limited) was Good, published on 13 February 2019.

Why we inspected

This was a planned inspection based on the length of time since registration.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Portland Lodge

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 completed by one inspector.

Service and service type

Portland Lodge 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

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before inspection

Before the inspection we reviewed the information we had about the service, including registration reports and notifications. Notifications are information about specific important events the service is legally required to send to us. 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 nine people who lived at Portland Lodge about their experience of the care provided. We carried out observations of people's experiences throughout the inspection. We viewed the homes environment, looked at medicines management systems and records, recruitment records for two newer staff members and also assessed how the home was managing infection prevention and control.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed additional information sent to us by the registered manager. This included four people's care plans and related records of care they had received. Additionally, a variety of records relating to the management of the service, including accident and incident records and policies and procedures, audits and information about staff training and support were reviewed.

We spoke with five care staff as well as housekeeping and maintenance staff. We received written feedback from five health or social care professionals. We spoke with the providers nominated individual and clarified further information with the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- One person was receiving a medicine four times a day that should be given at least four hours apart. There was not a system in place to record the exact time this medicine was administered. This meant there was a risk this medicine could be given without the necessary time gap between doses placing the person at risk of harm. The staff member responsible for medicines arranged to introduce a process to accurately record the time this person received this medicine.
- For people who were prescribed medicines to be administered on an 'as required' [PRN] basis, there was guidance to help staff understand when to give specific medicines and in what dose. However, there was no system to record the outcome of PRN medicines meaning the effectiveness of administration could not be monitored. The registered manager informed us prompt action had been taken to ensure the outcome of the administration of PRN medicines was recorded.
- Arrangements were in place for obtaining, storing and disposing of medicines safely. A weekly audit of medicines records and stock levels was undertaken meaning any issues would be promptly identified. Staff monitored fridge and room temperatures where medicines were kept to ensure that medicines were stored within safe temperature ranges. There were effective systems to ensure prescribed topical creams were managed safely and applied as required.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. Systems were in place to update training and competency assessments as required.
- Medication administration records [MARs] confirmed people had received all their medicines as prescribed. Where additions or amendments had been made to MARs appropriate systems were in place to ensure these were managed safely. Two staff had initialled all amendments to MARs as per requirements.
- People were supported to continue to manage their own medicines where able. Individual risk assessments had been completed and people had been provided with secure storage for their medicines.
- People confirmed that they received their medicines as prescribed and that they could request PRN medicines when needed. One person said, "I just need to ask and they [staff] give me something [for a headache]."

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place and were followed to protect people from the risk of abuse.
- People said they felt safe using the service. A person said, "Yes I feel safe here." Another person told us, "The staff are always here, I feel safe with them." A relative told us they had, "no concerns at all" about their relatives' safety.
- The registered manager and staff had completed training in safeguarding adults and were aware of the action they should take if they identified a safeguarding concern. This included keeping the person safe and

reporting concerns to the local authority safeguarding team. An external professional told us, "I have found the management and the care staff raise safeguarding concerns in a timely manner. With appropriate concerns they have always been proactive with working with the safeguarding team and followed advice given."

- Staff were confident if they raised a safeguarding concern with the management team, it would be taken seriously. One member of staff told us, "I'd tell [the registered manager] and I'm sure they would do the right thing but if they didn't, I know how to contact the [local authority] safeguarding team."
- When safeguarding concerns had been identified staff and the registered manager had acted promptly to ensure the person's safety. This had included discussions with external professionals, assessment of the risk posed to the person and a plan was put in place to minimise the risk without unnecessary restrictions being put in place.

Assessing risk, safety monitoring and management

- Systems were in place to identify and manage risks within the service.
- Risks to people's personal safety had been assessed and plans were in place to minimise them. These were linked to the individual person and covered areas such as their support needs, individual behaviours and health conditions. Care plans provided staff with guidance about how to reduce risks for people without restricting their rights and independence. Our observations and discussions with people and staff showed that risks posed to/by some people were managed safely, following external professional guidance.
- Staff supported people who choose to take positive risks, such as making their own hot drinks or going out independently into the local community.
- Staff were knowledgeable about the risks associated with people's needs and could tell us what action was needed to promote people's safety and ensure their needs were met. Their responses indicated that risks would be managed without compromising people's rights and freedoms.
- Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Staff and people were aware of the actions they should take if the fire alarms sounded. Fire evacuation drills had been completed to ensure staff and more independent people knew and followed correct procedures in the event of fire alarms sounding.
- Fire safety risks had been assessed by an external fire safety specialist and detection systems were checked weekly by an external contractor. Gas, water and electrical systems were checked and serviced regularly. Where a need for improvements was identified, such as replacing bedroom and other doors to meet fire regulations, action had been taken.

Staffing and recruitment

- People were supported by appropriate numbers of consistent, permanent staff.
- People told us they felt there were enough staff who knew how to support them. One person said, "There is always someone [staff] if I need them."
- Care staff told us they felt there were enough staff. One staff member told us, "We have time to do everything we need to do". They also confirmed that two staff were always available when required to support people who required a higher level of support such as with moving and repositioning. An additional care staff member was provided between four and seven pm to help cover this busier time. Staff were seen to have the time they required to provide people with responsive and effective care in a relaxed and unhurried way.
- Staffing levels were determined by the number of people using the service and the level of care they required. Short term staff absences were covered by existing staff members or the registered manager, this helped ensure continuity of care for people.

- Recruitment procedures were robust, to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Preventing and controlling infection

- Appropriate arrangements were in place to control the risk of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections. An external professional told us, "They always ensured Personal Protective Equipment (PPE such as masks, gloves and aprons) were worn and temperature taken before allowing me access."
- We were assured that the provider was using PPE effectively and safely. Staff had been trained in infection control techniques and had access to personal protective equipment, including disposable masks, gloves and aprons, which we saw they used whenever needed.
- We were assured that the provider was accessing testing for people using the service and staff. A person told us, "They (staff) check our temperatures every morning and evening to make sure we are ok." People also told us staff supported them to complete regular tests for COVID – 19. Staff told us they were tested twice a week and had their temperatures checked at the start of each shift.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People said they felt the home was clean. One person told us, "The staff do the cleaning, it seems clean to me." The home was clean and housekeeping or care staff completed regular cleaning in accordance with set schedules. Staff confirmed this and told us they had time to complete all necessary cleaning.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Discussions with the registered manager showed they were aware of recent changes in government guidelines in relation to the management of risks relating to COVID -19.
- We were assured that the provider was meeting shielding and social distancing rules. Independent people told us they were provided with face masks when they left the home and that staff ensured they washed their hands when they returned.
- We were assured that the provider was admitting people safely to the service and systems were in place to enable visitors to be received in a safe way.
- We were assured that the provider's infection prevention and control policy was up to date.
- The local environmental health team had awarded the home five stars [the maximum] for food hygiene.

Learning lessons when things go wrong

- Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents.
- The registered manager told us the action they had taken when a person developed a skin integrity injury following a brief period of ill-health. The actions taken would help ensure that, should a similar situation occur people would be safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been completed which identified the choices people had made about the care and support they required. Care plans had then been developed to inform care staff as to how to meet people's identified needs.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Their diverse needs were detailed in their care plans which included their needs in relation to culture, religion, diet and sexuality.
- Staff followed best practice, which led to good outcomes for people. An external health professional said, "They adopt a flexible approach to meeting complex patients care needs." A social care professional said, "Portland Lodge have worked well with their residents and have some great outcomes with the support they undertake."
- The registered manager was aware of the guidance, issued by the National Institute for Health and Care Excellence, about supporting people with their oral care. Care plans included information to guide staff as to how people should be supported with oral care.
- Staff made appropriate use of technology to support people. An electronic call bell system allowed people to call for assistance when needed and specialist beds and mattresses were used correctly to reduce the risk of skin damage. Discussions with the registered manager showed they understood how to access any necessary equipment people may need.

Staff support: induction, training, skills and experience

- People, relatives and external professionals told us staff were knowledgeable and competent. One person said, "They (staff) seem to know what they are doing." A relative told us, "I have confidence in the manager and staff. They all seem pretty good to me."
- New staff had a basic induction provided by the registered manager and completed 'shadow shifts' to become familiar with the needs and ways to support each person. Staff new to working in care completed the Care Certificate which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care.
- Staff had received regular and appropriate training and were able to demonstrate they were knowledgeable and skilled. The registered manager had identified a need to find alternative training and shortly before the inspection had contracted with an online training provider. This would enable staff to complete a wide range of training courses. Some face to face training would continue in respect of fire awareness, hoist and first aid.
- Staff had regular individual meetings and monitored practice supervision, which had enabled the registered manager to monitor and support them in their role and to identify any training requirements.

Annual appraisals were also completed by the registered manager.

- Staff told us they felt supported in their roles by the management team. One said, "We can always contact her when she is not here, if necessary, they will come in [to the home]."

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered a choice of food and drink and were positive about the meals they received. One person said, "The food is very good and if I want something different, they [staff] will make it for me."
- People's nutritional needs were met. Care plans included information about each person's nutritional needs and preferences. Records were maintained of the drinks and food people had received where required. These showed people received a range of foods and drinks to meet their individual needs.
- Staff knew people's preferences and were able to describe and meet individual needs. Following risk assessment people had free access to the kitchen, meaning they could make themselves hot or cold drinks as and when they wanted these. Several people told us they had facilities to make drinks in their own bedrooms. One person said, "I've got a kettle in my room I'm just getting some more milk." Staff always had access to the main kitchen, meaning that people could receive snacks throughout the evening and night should they require these.
- People were encouraged to eat healthy meals and fresh fruit was freely available in the main communal room.
- People were encouraged to be as independent as possible but where people needed support to eat and drink, we saw this was provided in a patient, dignified way, on an individual basis.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to access local healthcare services, such as doctors or community nurses. This was confirmed in care files viewed which showed that health care professionals were consulted when required.
- People's health needs were recorded in their care plans and contained information from health care professionals. A health professional said that staff, "Managed some specific health needs well." Another said, "Treatment plans are collaborative and they [Portland Lodge] do follow what we suggest." A social care professional told us, "I have been impressed with how (persons' name) has been supported to engage with mental health services again."
- Staff worked together to ensure that people received consistent, timely, coordinated, person-centred care and support. At the start of each shift staff told us they received a comprehensive handover of all necessary information and could access care plans, should they wish to confirm any information.
- If a person was admitted to hospital, staff described how they ensured key information about the person was sent with them. This helped ensure the person's needs continued to be understood and met.

Adapting service, design, decoration to meet people's needs

- The environment was suitable for the people living at Portland Lodge. Some areas of the home required updating or redecorating. A maintenance plan was in place to ensure more urgent work identified following fire risk assessment or electrical systems review were completed.
- All bedrooms were for single occupancy and equipped with a wash hand basin. People were encouraged to have their own possessions and to display these within their bedrooms. Several people showed us their bedrooms which were individual to the person.
- One person told us, "I like my room; it's got everything I need." Another person said, "I can decide how I want things in here [bedroom] this is all my things."
- Communal areas [lounge/dining room] allowed people the choice and freedom of where to spend their time. This provided a range of seating to suit people's needs and preferences. In addition, there were

bathroom and toilet facilities.

- People had access the garden and confirmed they were able to use this as they wished.
- Adaptations had been made to the home to meet the needs of people living there. For example, some corridors had handrails fitted to provide extra support.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's legal rights were upheld, and the service was working within the principles of the MCA.
- People told us they were always asked before care was provided. One person said, "The staff ask me first, if I say no, they don't make me do anything I don't want to do." Another person told us, "I can come and go as I please. I go for walks or to the shops if I want to."
- Where people did not have capacity to make decisions, the registered manager had consulted with those close to the person and made decisions in the best interests of the person.
- Staff were clear about the need to seek verbal consent from people before providing care or support and we heard them doing this throughout the inspection. People's right to decline care was respected.
- The registered manager was aware of how to access advocates when required to help people make decisions they were unable to make on their own.
- Appropriate applications had been made in respect of deprivation of liberty safeguards and the registered manager kept these under review and liaised with the local authority when needed. They were aware of any specific individual conditions which may be in place for each person. A system was in place to ensure these were reviewed as required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and visitors told us staff were kind and caring. One person said, "They [staff] are all really nice – all of them are ok with me." Another person told us, "The staff are great, I get on ok with all of them and sometimes I'm not easy to get on with."
- External health and social care professionals told us they thought the staff were caring. One social care professional said, "The [registered] manager and her team have shown amazing resilience and been able to provide clear boundaries, positive reinforcement and lots of warmth and care. [Person's name] has responded to this."
- Information about people's life history and preferences was recorded, which staff used to build positive relationships. Staff promoted care that was tailored to the individual, considering their preferences.
- Staff received training on equality and diversity and they worked to ensure people were not discriminated against in relation to any protected characteristics, in line with the Equality Act 2010. A social care professional said, "I am extremely impressed with the non-judgemental and inclusive way Portland Lodge have worked with my clients who have previously been very hard to place. They appear to feel at home there."
- People were relaxed in the company of the registered manager and staff. We saw positive interactions with staff seeking people's opinions and listening to their responses.

Supporting people to express their views and be involved in making decisions about their care

- People received personalised care and had the opportunity to be in control of their lives. People told us they were consulted, respected, listened to, and their views sought.
- The management team and staff actively encouraged people to express their thoughts so that their views, wishes and choices were known and could therefore be met. People said they were involved in planning their care and the level of support they required. One person said, "They [staff] don't make me do anything, they ask, and I have a choice." Similar comments were made by others we spoke with.
- Staff respected people's choices and preferences. For example, in relation to, the clothes they wanted to wear, food and drink preferences, and what they wanted to do during the day. Staff described how they offered visual choices to some people such as showing them various clothing options to choose from.
- People were regularly involved in discussing their views and kept informed about any planned events at the home. Discussions were held informally and covered topics such as changes to home, menus and activities.
- People were supported to maintain and develop relationships with those close to them. One relative said, "They [staff] keep me informed. Obviously, I've not visited due to COVID – 19 but [registered manager]"

phones and lets me know how everything's going."

- The registered manager was aware of how to request the services of independent advocates, if needed. Advocates can be used when people have been assessed to lack capacity under the Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. We saw people were very relaxed with staff with whom they had warm, positive relationships.
- People had their own private spaces and staff demonstrated that they understood when people wished to be on their own and respected this. We saw staff knocked on people's bedroom doors before entering and they kept people's information confidential.
- Staff demonstrated a good awareness of people's diverse needs and how these were met, and care plans included people's needs related to their protected equality characteristics. People were supported to meet any spiritual or religious needs and the registered manager showed a good understanding of how supporting people's lifestyle choices, values and beliefs contributed to their improved wellbeing.
- People were supported to maintain their independence. Staff told us they would encourage people to complete tasks for themselves as much as they were able to. For example, people were supported to make their own drinks and snacks and to tidy their bedrooms.
- People told us how they were able to go out to the local shops on their own. Within care plans risk assessments identified the actions staff should take to help ensure people's safety such as having information cards with the homes name address and contact details.

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 registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People were supported to live their lives in accordance with their own choices.
- One external health professional told us, "They (Portland Lodge) adopt a flexible approach to meeting complex patients care needs." Similar comments were made by other external professionals including one who said, "They are flexible in how they support clients."
- Care plans were sufficiently detailed, personalised and focused on what people could do as well as the support they required. Records showed people had received support as detailed in their care plans.
- People's likes, dislikes and what was important to them were recorded. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People were able to make their own decisions and choices. People told us they could choose when they got up and went to bed, where they took their meals and how they spent their day. Where people were making unwise choices, staff supported them to do so as safely as possible.

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.

- People told us staff listened to them. One person said, "I can always talk to the staff, they do listen to me."
- We observed the registered manager and staff interacting with people. It was evident that staff understood the best way to present information or choices to people, so that they could understand and respond appropriately.
- The registered manager was aware of how to access support for people in respect of communication should this be required. They confirmed written information could be provided in different formats such as larger print, easy read and in a pictorial format if needed. The registered manager described how they had arranged audio books for one person. They also told us about another person who had been provided with a range of picture cards including, food, activities, areas of the home and clothing to help them make choices or to say what they wanted.

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 were provided with opportunities to participate in a range of activities of their choice. One person said, "I'm never bored here."
- Staff had time to spend with people encouraging them to participate in individual and small group

activities. Care plans included information about activities people regularly attended and their leisure and hobbies interests.

- People were supported to maintain relationships with families and friends. The registered manager described how they supported people to maintain contact with family members or friends throughout the COVID -19 pandemic. Where appropriate technology was used. Window and compassionate [end of life] visits had been arranged and, with a relaxation in government restrictions on care home visits, garden and in-house visits could now be facilitated. Suitable safety measures were in place.
- The home had free Wi-Fi available. This meant people could keep in contact with family or friends and access games and entertainment of their choice.

Improving care quality in response to complaints or concerns

- People's views about the service were welcomed by the registered manager.
- People were given information about how to complain or make comments about the service. This information was available for people along with other relevant information in the entrance hall of the home. The registered manager was aware of how to access advocacy support services should people require help to make a complaint or have their views heard.
- People and relatives told us they had not had reason to complain but knew how to if necessary. They said they would not hesitate to speak to the staff or the registered manager.
- Should complaints be received, there was a process in place which would ensure these were recorded, fully investigated and a response provided to the person who made the complaint.

End of life care and support

- At the time of the inspection, no one living at Portland Lodge was receiving end of life care. Some people were diagnosed with conditions which would lead to a deterioration in their health and result in their needing increasing care as they approached the end of their lives.
- The registered manager assured us that, should it be required, people would be supported to receive appropriate care. Furthermore, they told us they would work closely with relevant healthcare professionals and family members. Specific end of life wishes had not been formally recorded, although the registered manager had a relevant assessment document from the local hospice should this be required.
- Family members would be supported to visit and remain with people at the end of their lives. The registered manager described how this had been done safely within COVID – 19 restrictions.
- Discussions with staff and the registered manager showed that they would also support other people at the home should a person require end of life care and pass away.

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 registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Registered persons are required to notify CQC of a range of events which occur within services. Whilst we had been notified of most events we had not been notified all events. The service had appropriately informed the local authority safeguarding team and taken reasonable action to reduce the risk of recurrence. During the inspection the registered manager took action to amend their systems to ensure that all necessary notifications would now be submitted.
- The registered manager was aware of their responsibilities under the duty of candour which requires the service to apologise, including in writing when adverse incidents have occurred.

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

- The service had a registered manager in post. They had detailed knowledge about people living at the service and made sure they kept staff updated about any changes to people's needs.
- There was a system and process to assess and monitor the quality of the care people received. Where we identified areas for improvement the registered manager took immediate action to address these.
- Quality monitoring processes included, checks and audits completed by the management team. These covered areas such as staff observations, medicines audits, health and safety checks, house maintenance, care planning and risk assessments. The provider's nominated individual [legal representative of provider company] told us they had, prior to COVID restrictions on travel, visited the home at least once each month and reviewed the service people received. This had included talking with people and staff as well as checking various records. They stated they now had regular contact "every couple of days" with the registered manager to enable them to be aware of how the home was running.
- Due to COVID – 19 staff meetings were not being regularly held. Instead the registered manager provided staff with a memo of topics/information which needed discussing. Staff were required to sign to confirm they had read this. For example, one memo provided staff with updates or changes about the home and reminded them of the importance of vigilance in the use of PPE.
- The registered manager had high expectations about standards of care the service provided. People, relatives and staff confirmed this was achieved. Staff were motivated and committed to providing a person focused service.
- Staff told us they enjoyed working at the service and could seek support from the registered manager. One staff member said, "[The registered manager] is always available, any problems, work or not work, I can go to them."

- There was a consistent staff team and staff worked well together. Staff understood their roles and communicated well between themselves to help ensure people's needs were met. One staff member said, "We all get on well and work as a team."

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

- People and their relatives were extremely happy with the service provided at Portland Lodge and felt it was well managed. A person said, "[The registered manager] asks us if we are ok and I can talk to her whenever I want." Relatives also confirmed they knew who the registered manager was. A relative said, "She really understands and cares about the people there. [My relative] is not the easiest person but she has stuck with him when I think other places would have had enough." An external professional said, "The staff, in particular home manager, is actively involved in people's care and reviews and alerts us if she or her team have any concerns." People and relatives all said they would recommend the home as a place to live.
- People, relatives and external professionals felt able to approach and speak with the registered manager or other staff and were confident any issues would be sorted out.
- The registered manager explained they had an open-door policy and an inclusive culture to ensure staff or people/relatives could raise concerns or make suggestions. Throughout the inspection they demonstrated a good knowledge of the people living at Portland Lodge showing they had taken time to get to know them all individually.
- Staff were proud of the service. All said they would recommend the home as a place to work and would be happy if a family member received care there.
- External professionals were all clear that Portland Lodge achieved good outcomes for people. One wrote to the registered manager stating, "I've always admired how you support some of the more complex and challenging people we work with, if only we had more people like you willing to go the extra mile." Another told us, "The (registered) manager is approachable for comment and feedback."
- The registered manager ensured all people and staff were treated fairly and were not discriminated against due to any protected characteristics.
- The registered manager said their goal was to, "Do the best we can for everyone who lives here." Our observations demonstrated that these values were embedded in the culture of the service and were adhered to by staff.

Working in partnership with others

- The management team worked with other organisations and professionals for the benefit of people.
- They and staff had links to resources in the community to support people's needs and preferences. This included links with local voluntary groups and local statutory services. These were accessed where appropriate, to meet people's individual needs.
- All social and health care professionals were positive about their working relationship with the service. One said "Staff do contact me about my patients when they are concerned. They are usually sensible in their contacts."
- The registered manager was clear about who and how they could access support from should they require this. This included from social services or health providers. They demonstrated an "open" attitude to seeking support. An external health professional told us they were contacted appropriately and that the management team and staff followed their guidance and suggestions.
- The registered manager was part of a local care homes group forum, which they identified helped keep them up to date about changes affecting social care. They had attended relevant training and developed supportive networks with other registered managers and local care providers.

