

Tapton Care Limited

The Porterbrook

Inspection report

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Sheffield
South Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Porterbrook is a care home providing accommodation and personal care to older people, some of whom are living with dementia. The service can support up to 44 people in one adapted building. At the time of this inspection there were 18 people living at The Porterbrook.

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

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. We have made a recommendation about increasing care staff knowledge regarding The Mental Capacity Act 2005.

Staff were supported in their jobs through regular supervisions and an annual appraisals. Most staff received regular training. There were some gaps on the training matrix. Plans were in place to address this.

Safe procedures were in place to make sure people received their medicines as prescribed. There were enough staff available to ensure people's care and support needs were met in a timely way. The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

People told us they enjoyed the food served at The Porterbrook, which took into account their dietary needs and preferences. People were supported to access relevant health and social care professionals to ensure they were getting the care and support they needed to best meet their needs.

Positive and supportive relationships had been developed between people and staff. People were treated with dignity and respect. People's care records reflected the person's current health and social care needs. There was a range of activities available to people. Staff had time to spend socialising with people.

Effective systems were now in place to monitor and improve the quality of the service provided. However, we need to see these improvements developed and sustained.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 14 May 2019) and there were six breaches of regulations. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since the last inspection. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or

in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will work alongside the provider and local authority to monitor progress. 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Porterbrook

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Porterbrook is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

What we did

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

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.

During the inspection

We spoke with eight people who lived at The Porterbrook and four of their relatives about their experience of the care provided. We met with the registered manager and deputy manager. We spoke with nine members of staff. We also spoke with a visiting social care professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around the building to check environmental safety and cleanliness. We looked at written records, which included three people's care records and five staff files. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found safe recruitment procedures had not been established and operated effectively. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment practices were safe. We looked at five staff files. They all contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have.
- We saw evidence staff recruitment files had been audited since our last inspection and missing information added, where appropriate.

At our last inspection we found the registered manager was unable to evidence sufficient numbers of staff were deployed to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff employed to meet people's care and support needs in a timely way. Comments from people included, "I am safe here, oh yes there are plenty of staff" and "There are enough staff on duty day and night. They pop their heads around my door on a regular basis."
- Staff told us they found staffing levels were acceptable for them to be able to meet people's needs. One member of care staff told us, "I have enough time to sit [with people] and just chat."
- During the day of this inspection we saw staff had time to fully engage with people. Call bells were answered promptly. Staff did not appear to be rushed.
- The registered manager used a staffing dependency tool to calculate staffing levels. The tool was based on current occupancy levels and the needs of each person living at the service. The dependency assessments we looked at accurately reflected people's care and support needs.

Using medicines safely

At our last inspection we found the provider had failed to do all that is reasonably practicable to mitigate risks to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were stored securely and within safe temperature ranges.
- Senior care staff took responsibility for dispensing medicines. They had received training in medicines management and we saw their competency in this area was checked.
- Medicines audits were undertaken by the registered manager.
- We observed part of a medicines round. We saw the senior care worker stayed with the people until their medicines had been taken. They were encouraging and patient with people.
- Each person had a medication administration record (MAR). This should be signed and dated every time a person is supported to take their medicines. Most of the MAR charts we looked at had been fully completed, however we did find some gaps in topical MAR charts, which are used to record when creams have been applied. We spoke with the registered manager about this and they agreed to follow this up with the staff concerned.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at The Porterbrook. A relative told us, "It's a relief knowing [name of relative] is safe here."
- Staff knew how to protect people from the risk of abuse. Staff confirmed they had received training in safeguarding adults. Staff were confident any concerns they raised would be taken seriously by the registered manager and acted upon appropriately.
- The registered manager had a system in place to record safeguarding concerns raised with the local authority and the outcome.
- Staff were aware of how to report any unsafe practice. We saw the provider had safeguarding and whistleblowing policies and procedures. Staff told us they were aware of these procedures.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were systems in place to help keep people safe. Incidents and accidents were recorded at the time and action was taken to reduce the risk of repeat events, where appropriate.
- People's care records contained risk assessments. The level of risk to a person was identified and evaluated monthly. We saw these assessments contained information and guidance for staff on how to reduce any identified risks.
- Risks to people in the event of a fire had been addressed. There were regular checks of firefighting equipment. Staff took part in fire drills.

Preventing and controlling infection

- The premises were clean, fresh and well maintained.
- There were systems in place to reduce the risk of the spread of infections. Personal protective equipment, such as plastic gloves and aprons were available to staff and we saw these were worn appropriately throughout the day of this inspection.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we found care and treatment was not always provided with the consent of the relevant person. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Staff told us they had received recent training in understanding the MCA and DoLS. Training records showed most staff, but not all had received this training. Some of the care staff we spoke with were not aware of which people were subject to a DoLS. They told us they would like to gain more knowledge in this area.

We recommend the registered manager consider providing additional training and promote information sharing on the MCA and DoLS.

- During this inspection we found the service was working within the principles of the MCA. The registered manager had made appropriate applications to the local authority for DoLS authorisations and kept a record of each application. They had also started to keep a summary of each application, so they could keep track of which stage of the process it was at.
- People's care records contained consent to care documents. Where people did not have capacity to

consent to their care we saw their relatives or advocate had been consulted, as appropriate. We saw records of best interest meetings taking place when significant decisions needed to be made for a person lacking capacity. For example, a best interest decision had been recorded for a person at high risks of falls to have a sensor mat in their bedroom.

- We saw assessments were completed with the person and/or their family prior to moving to The Porterbrook to ensure their care and support needs could be met.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had not ensured staff received appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us they felt supported in their jobs. Comments from staff included, "They [managers] are all supportive and approachable. [Name of registered manager's] door is always open, same for [Name of deputy manager]" and "Yes, I feel supported. If I have a problem I can tell [Name of registered manager] and they will sort it." Staff confirmed they received ongoing support through regular supervision and yearly appraisals.
- Staff told us they had completed an induction which included mandatory training and shadowing more experienced members of staff.
- Staff had access to regular training. This was a mix of classroom based and completing electronic learning modules. Staff told us they had received a lot of training since the last inspection and they had found this useful.
- The registered manager kept an up to date training matrix. We saw some staff were overdue for some training. We spoke with the registered manager about this who told us they were working with their training provider to ensure all training was up to date for all staff. They were in the process of developing their training schedule for next year.

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

- People told us they enjoyed the food served at The Porterbrook. One person told us, "The food here is amazing."
- People were offered drinks and snacks throughout the day of this inspection. We observed the lunchtime service in both dining rooms. People were supported to come and sit at the dining tables without being rushed. Tables were set out nicely with place mats and condiments. The food served looked appetizing to us. Staff told us people were asked in the morning what they wanted to eat for lunch, but they could always change their mind and this would be accommodated.
- Some people required support from staff to eat. Although this support was given appropriately with staff sitting next to people and describing what they were doing, it was also chaotic at times. For example, upstairs we saw a person supported by two members of staff, while another person was left waiting and they became increasingly frustrated they could not start eating their meal. We spoke with the registered manager about this. They agreed there were enough staff to support people, however on occasion this needed to be better coordinated. We saw the subject of improving people's dining experience had been discussed at a recent staff meeting.
- Some people were on specific diets for health reasons. The kitchen staff were knowledgeable about

people's dietary needs and were able to cater for them.

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

- The premises were suitable for people living with dementia. There was clear signage of communal areas, such as bathrooms and dining rooms. People's bedroom doors had their name on them, if they wanted this.
- On the walls there was a range of dementia friendly pictures and displays to aid reminiscence.

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

- The care records we looked at confirmed people were supported to access a range of health and social care professionals. One person told us, "They will get a GP if I need to see one, I go to the Dentist in the car."
- Any advice or guidance from visiting health and social care professionals was recorded in people's care records and shared at staff handover meetings between shifts.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were treated well by all the staff. People told us, "I am well looked after, you couldn't wish for a better place. It has all the facilities. It is a good environment" and "I am comfortable with all the staff. They treat me okay and respect my privacy and listen to me."
- Relatives told us the staff were kind and caring. Comments from relatives included, "The best thing is the kindness of staff and how they care, I don't feel I need to come here every day [to check on my relative]" and "I am left reassured that the care that my [relative] gets is very good. It reassures me."
- People's relatives told us of incidents when staff had gone out of their way to ensure they were well supported. For example, one relative told us they went away for a couple of weeks and as staff were unaware they were persistent in their efforts to make contact to check they were safe and well. This relative told us, "That is real compassion."
- Staff welcomed visitors to the home in a warm and friendly manner. It was clear they knew people and their relatives well.
- Staff told us they enjoyed working at The Porterbrook. They told us they would be happy for a loved one to live at the home if they needed the type of care and support on offer. A member of staff told us, "I would recommend this place to a loved one. I wouldn't hesitate."
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under the legislation, such as age and gender.

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

- People told us they were involved in decisions about their care.
- The registered manager told us since the last inspection they had now started involving families when reviewing people's care records.

Respecting and promoting people's privacy, dignity and independence

- We saw people were treated with dignity and their privacy was respected. Staff knocked on doors before entering people's bedrooms. Staff spoke respectfully about the people they supported.
- We saw dignified and caring interactions between people and staff throughout the day of this inspection. For example, staff were patient and encouraging when they were assisting people to mobilise.
- We did not see or hear staff discussing any personal information openly or compromising people's privacy. Staff we spoke with understood the need to respect people's confidentiality and we saw confidential records were locked away. Electronic devices were password protected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; End of life care and support

- The care records we looked at were person centred and contained information about the person's social history and what mattered to them. This included clear information for staff on how best to support the person to meet these needs.
- Care records were split into sections covering all aspects of need, including communication and skin integrity. We saw each section was evaluated monthly.
- We saw electronic daily notes were regularly completed by care staff every day and night for each person. Information was also recorded and shared between staff at shift handover meetings.
- Care records included a section on people's needs and preferences for the end of their life. This was called, 'my wishes for the future, end of life and palliative care plan.'
- The registered manager told us staff worked well with district nurses when caring for a person at the end of their life.

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

- There were meaningful activities and social opportunities available to people living at The Porterbrook. The registered manager was in the process of recruiting an additional activity coordinator. One person told us, "I would recommend living here, I enjoy doing sugar craft."
- We saw there was a range of activities and events advertised for people to get involved with. These included gardening, singing and themed evenings, such as Bollywood. There were lots of photographs in the reception area of people enjoying pony therapy with Leo the pony.
- A person told us the activities on offer met their needs. They told us community transport was provided with trips out to local parks, Bridlington and Cleethorpes. A relative told us, "They [staff] have helped my [relative] maintain a relationship with their guitar tutor who visits and provides lessons."
- The provider had recently purchased a large interactive touchscreen for people to use. We saw one person enjoying being taught how to play chess on the screen.
- Church services were given at The Porterbrook and links had been developed with local schools. We were told school children were going to perform a Christmas pantomime for people and their relatives.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and they would inform the registered manager and staff if they were unhappy with their care. One person told us, "If you raise a concern or complaint, they [staff] really listen and take action."

- The provider had a complaints policy and procedure. It gave addresses and telephone numbers of who to contact to make a complaint and who to contact if people were unhappy with the original response. We saw this information was displayed in the reception area.
- We saw five complaints had been raised about the service since our last inspection. The registered manager had kept a record of these. In all cases they had been investigated and responded to.

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 told us information would be made available to people in a format they could understand, if required.
- People's care records contained information about their communication needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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.

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

At our last inspection the provider had failed to ensure notifications of significant incidents had been sent to the Care Quality Commission (CQC). This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Evidence gathered prior to this inspection confirmed that a number of notifications had been received. However, we found CQC had not been notified of all allegations of abuse. The registered manager agreed CQC needed to be notified of all safeguarding concerns referred to the local authority, not just those the local authority investigates. These notifications were submitted immediately after this inspection.
- The provider had ensured the ratings from their last inspection were clearly displayed in the home. However, they had not updated their website with their latest rating. We spoke with the registered manager about this and the website was amended straight away.
- People and their relatives told us they thought The Porterbrook was well managed. Comments included, "They [all the staff] continually try and improve [the home]" and "They [managers] needed support in March but things have really improved now."
- Staff told us they were committed to providing person-centred care. One member of staff told us, "Staff get on well together and we work as a team."

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

At the last inspection we found systems were not established and operated effectively to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. These were available to staff in the registered manager's office and the reception area. However, they were not all dated so it was not clear whether they reflected current legislation and good practice guidance. We spoke with the registered manager about this who agreed to rectify this issue.
- The registered manager and provider had implemented effective quality assurance systems since our last inspection. We saw any issues identified were recorded and acted upon.
- Maintenance checks of the premises were regularly undertaken with satisfactory outcomes. For example, equipment servicing records were up to date.

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

- People and staff were given opportunities to give feedback about the service during meetings. A relative had just started organising a relatives meeting. They had met once and were planning to meet again before Christmas.
- The service produced a monthly newsletter which included information about upcoming events. It was available to people and any visitors in the reception area.
- People living at The Porterbrook were asked to complete a satisfaction survey. We saw the outcomes from the previous survey in February had now been analysed and were positive.

Working in partnership with others

- The registered manager worked well with Sheffield local authority and Sheffield Clinical Commissioning Group. They told us they had received a lot of support from both organisations to improve since the last inspection.
- Staff told us they worked well with visiting health and social care professionals.