Torcare Limited

Porte Rouge Care Home

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

The inspection took place on December 10 and 11 2018 and was unannounced.

Porte Rouge 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.

Porte Rouge Care Home is registered to provide residential care and accommodation for up to 33 older people who may also be living with dementia. At the time of this inspection, 28 people were living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People received person-centred care which was responsive to their specific needs and wishes. Each person had an up to date, personalised care plan, which set out how their care and support needs should be met by staff. Assessments were regularly undertaken to review people's needs and any changes in the support they required. Any needs in relation to the Equality Act 2010 were specified in care plans and if required, assessments detailed any support people required in relation to the Accessible Information Standard (AIS). The Accessible Information Standard aims to make sure that people who have a sensory loss, disability or impairment get information they can access and understand.

People had access to a wide range of group and individual activities and events they could choose to participate in, for example, baking, cultural awareness events, singing and dancing. These were tailored to meet their specific social needs and interests and enabled people to live an active and fulfilling life. People regularly participated in outings and activities in the local community for example the memory clinic and the local pub. The service also had strong links with local community groups and institutions for example the local primary school and local colleges. People who preferred or needed to stay in their bedroom were also protected from social isolation.

When people were nearing the end of their life, they received compassionate and supportive care. People's end of life wishes were sensitively discussed and recorded.
Staff were aware of people's communication methods and provided them with any support they required to communicate in order to ensure their wishes were identified and they were enabled to make informed decisions and choices about the care and support they received.

The service had appropriate arrangements in place for dealing with people's complaints if they were unhappy with any aspect of the support provided at the home. People and their relatives said they were confident any concerns they might have about the home would be appropriately dealt with by the

registered manager and provider.

People were kept safe at the home, cared for by staff that were appropriately recruited and knew how to highlight any potential safeguarding concerns. Risks to people were clearly identified, and ongoing action taken to ensure that risks were managed well.

People's medicines were managed safely and the provider ensured that incidents and accidents were fully investigated. The home was well kept and hygienic.
Staff were well supported through training, supervision and appraisal. Staff worked effectively together to ensure people's needs were communicated and supported them to access healthcare professionals when they needed them. Professional feedback was positive.

People enjoyed the meals available to them and were appropriately supported with eating and drinking. There was a Nutrition "Champion" at the service to support people's health in this area. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home was dementia friendly and met the needs of the people living there. A dementia "Champion" kept up to date with best practice. Staff could demonstrate how well they knew people. People and their relatives were very positive about the care provided.

People were treated with privacy and dignity and supported to be as independent as possible whilst any differences or cultural needs were respected.
The service had a robust management structure in place, and quality assurance systems were effective in driving improvements across the home. Feedback about the leadership at the service was very good. The provider and registered manager knew people well. Regular feedback was sought from people and their relatives to ensure they were involved in the development of the service.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Porte Rouge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on December 10 and 11 2018 and was unannounced. The inspection was carried out by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who lives with dementia.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with 12 people and seven relatives / friends of people. We reviewed four people's records in detail. We also spoke with 8 staff and reviewed personnel records and the training records for staff. Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and policies and procedures.

During the inspection period we received feedback from three health care professionals.

Good

Is the service safe?

Our findings

The service continues to be safe.

People felt safe at Porte Rouge. People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. Visitors also felt it was a safe place for their family member to live. A relative shared, "I have no concerns as to the safety of my father. He initially came here for respite but settled in so well and stayed here. If there was a problem he would tell me. He is mobile and goes out for walks on his own. He lets staff know where he is going and writes on a board where he is going, when he left and when he will be back. If he was late I am sure staff would look for him. Usually he goes home or to one of his friends."

People were protected by staff who had an awareness and understanding of signs of possible abuse. Information was visible around the service highlighting the importance of safeguarding people. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police. Staff gave examples of where they had raised concerns about people's welfare with the local authority.

The service had a proactive approach to respecting people's human rights and diversity and this helped prevent discrimination that may lead to psychological harm. Information about equality and diversity was visible at the service, and discussed in resident's meetings and staff meetings. The registered manager challenged discrimination through education and explanations of people's different needs and lifestyle choices.

Occasionally people became upset, anxious or emotional. Staff knew people well and knew how to reduce their anxiety and support them. People were complimentary of staff understanding their emotional needs. For example one person's well-being was maintained through one to one staff support and staff understood they preferred to spend time in their room and avoid situations which made them anxious. A relative told us, "X is 100% safe here. I cannot praise this home enough. The progress he has made in the 4 to 5 weeks he has been here is remarkable. Here, people enjoy themselves. At first when he came here he thought they were trying to poison him and he refused to eat and drink so I brought in lots of cans of drink etc; to encourage him to drink. He eats and drinks well now."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. We saw incidents such as falls were recorded. Body maps were used to document where bruises had been sustained or skin tears. Walk arounds occurred to ensure the environment was safe and free of trip hazards, regular checks of bedrooms took place to ensure their safety. Emergency call bells were located in bathrooms and water temperatures were checked before people bathed to reduce the likelihood of scalding.

People were supported to take risks to retain their independence whilst any known hazards were minimised

to prevent harm. For example, some people enjoyed going to the local shops and pubs. If required, people carried information about where they lived and a mobile phone. The local community knew people well and would call the service if people needed support whilst out.

Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. For example, some people at risk of falls liked to use their bathroom at night without staff support. They had a plan whereby the bathroom light was left on so they could see their way. During the day, staff prompted people to wear their pendant alarms and checked on people frequently to ensure their mobility equipment was close by. One person told us, "I never have to wait long for them to answer my bell. It is always close by and I have one around my neck as well. This is useful as I like to go to the dining room to eat."

Plans were afoot to improve safety for people at risk of falls. The PIR the provider submitted told us, "Review falls management within 12 months with a falls prevention project. Carry out a comprehensive assessment using NICE guidelines of all service users who have a history of falls and are at risk. This will identify specific hazards that might account for any individual's falling or that put them at risk. Undertake assessments with the support of health professionals from GP surgery for gait, balance, mobility, muscle weaknesses, osteoporosis, health issues together with their personal anxieties about falling. Each individual having a personal falls prevention plan which will form part of their person-centred care plan. The prevention strategies will include invitations to take part in gait, balance, mobility strengthening activities designed with the help of the local community therapist. Everyone will be invited to take part in these activities, which will form part of our current daily activity programme."

There were arrangements in place to keep people safe in an emergency. For example, information about what to do in the event of a utility failure, fire, or bomb threat which was accessible to staff and people. People had personal evacuation plans detailing the support they would require in the event of a fire.

People and staff had confidence the registered manager would listen to their concerns and these would be received openly and dealt with appropriately. The registered manager had an open-door policy at all times. There were also specific times in the week where people could come and see them, and staff were also able to access another member of senior management if they wished to support their health, safety and well-being.

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager or provider, and were confident they would act on them appropriately.

People were supported by suitable staff. Robust, values based recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. The service undertook a risk assessment if staff were transferring with a disclosure and barring certificate from a recent post.

There were sufficient staff to meet people's needs safely. The registered manager had systems which were flexible to ensure staffing levels were maintained at a safe level in line with people's needs. People told us there were enough staff. Staff told us there were enough staff for them to meet people's needs safely.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged. We noted the temperature in the medicines room at times went above the recommended amount and we were advised this was in hand with the maintenance man now able to control the room temperature remotely so it would stay within recommended guidelines. Staff were knowledgeable with regards to people's individual needs related to medicines. People understood the reason and purpose of the medicines they were given. Comments received included, "I have a skin problem and they do monitor it. Charts on en-suite wall depicting problem areas"; "The staff do my medication but tell me exactly what they are giving me" and "I do my own medication but (name given of carer) checks up on what I have taken and requests a repeat prescription from GP."

People were protected from the spread of infection by staff who had received infection control and food hygiene training. Hand washing posters were in place to remind staff, people and visitors about good hand hygiene. Staff confirmed there was ample protective equipment such as gloves and aprons. One relative shared, "We knew right away this was the place where mum would be looked after properly. It is so clean and there are no bad odours unlike other homes we visited. It was worth us moving to Torpoint."

People were kept safe by staff who learned from incidents / or practice issues. These were reflected upon and discussed in resident and staff meetings. A new medicine buddy system had been introduced to ensure everyone received their medicines and they had been signed for following audits in this area.

Good

Is the service effective?

Our findings

The service remained effective.

Staff knew the people they cared for. They were able to tell us about individual's needs, likes and dislikes, which matched what people told us and what was recorded in individuals care records. Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. People and their relatives spoke positively about staff. Comments included, "Very professional, I am very happy here. I'm getting better and have been able to reduce my pills already."

New members of staff completed a thorough induction programme, which included being taken through all of the home's policies and procedures, and training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Staff told us this gave them confidence and helped enable them to follow best practice and effectively meet people's needs.

Staff received training in equality and diversity. The PIR confirmed, "We continue to develop staff training during staff induction and in designing bespoke training workshops in caring for LGBT people. We discuss at staff meetings how our service can promote and develop awareness of care provision for people with protected characteristics and minutes are recorded. Reviewed current policies to ensure they meet the needs of people with protected characteristics. In recruitment and selection, our care service does not reject people because of their perceived or known sexuality or sexual orientation. We have highly visible posters around the care home that address all sexually-based bullying and harassment and encourage the reporting of incidents so that appropriate action can be taken. This is also discussed at staff meetings and at resident and family meetings."

On-going training was planned to support staffs' continued learning and was updated when required. This included core training required by the service as well as specific training to meet people's individual needs. Staff told us they had the training and skills they needed to meet people's needs. Staff were encouraged to undertake qualifications appropriate to their role and some staff held "Champion" roles in nutrition, skin care and well-being to promote people's health in these areas.

Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had.

Health and social care professionals confirmed the management were open and called for advice whenever appropriate. A health care professional shared, "I have personally witnessed a huge improvement in the health and wellbeing of some of the people I have supported to move into Porte Rouge. I have also known several residents who have come to Porte Rouge for respite and enjoyed it so much they have requested to move in permanently. This has been due to the effectiveness and responsiveness of staff and managers." Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

People were very complimentary about the food, "The food here is marvellous! He eats well now but before coming here he wouldn't eat or drink; "The food is very good here but too much of it. I can have drinks or snacks at any time and evenings, we can have a glass of wine or beer. I don't always feel like eating and then they will put something aside for me to have later" and "I think there is a good choice of food here. They always offer me a drink and when mum's friends came to see her we pre-booked them a meal. They were very impressed."

People were encouraged to say what foods they wished to have made available to them and when and where they would like to eat and drink. Residents' meetings were used to discuss people's meal preferences so they could be incorporated within the menu. Kitchen staff met with people regularly, satisfaction questionnaires were completed, and people's feedback was acted upon. For example, some people had found the crumpets were too hard so adjustments were made to the toaster setting. People had been involved in designing the Christmas menu.

The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs and any risks, for example choking. The food people disliked or enjoyed and what the service could do to help each person maintain a healthy balanced diet were also clearly recorded in their care plans.

Staff regularly monitored food intake to ensure all residents received enough nutrients in the day. Some people were on restricted fluid intake and this was also closely monitored.

People were referred appropriately to the dietitian and speech and language therapists if staff had concerns about their wellbeing. With people's consent, regular weight checks occurred where necessary.

We observed the dining experience. Tables were laid and condiments available for people. People were asked if they wanted clothing protection. Some people used adaptive cutlery and plate protectors to support them to eat independently. Some people had commented they found lunchtimes busy with one sitting and the provider had tried two sittings but this had not been successful. Ways to improve this were still be considered. To make mealtimes a more pleasant experience and support people's nutrition, mealtimes were protected and external noise from music and staff discussion were kept to a minimum.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals for example district nurses, chiropody or mental health professionals. People told us, "Staff will call the GP if I am unwell. I have seen the GP a couple of times for my low blood pressure" and "The other day the staff noticed this lump on my head and called GP in to look at it. I have also seen GP when I got flu and for my dodgy thumb."

People benefitted from living in a home that was regularly adapted and changed to meet their diverse needs. The home was spacious and light, with wheelchair access and good signage in place.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff gave examples of how a patient's best interests were taken into account if a patient lacked capacity to make a decision.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of people however, many of these were awaiting review by the local authority designated officer.

People told us staff always asked for their consent before commencing any care tasks. We observed staff always asked for people's consent and gave them time to respond at their own pace. This included administering medicines and personal care. Staff offered to come back later if the person did not want the care at the time. People had been asked to sign consent forms to confirm they consented to the care they received, as described in their care plan.

Good

Is the service caring?

Our findings

The service remained caring.

People felt well cared for, they spoke highly of the staff and the quality of the care they received. People told us, "Very nice, friendly staff"; "I like beer and they bring me a can now and again"; "They come and see me regularly, I have everything I want"; "Wonderful…lovely place… comfortable…no hassle." Friends and family told us, "Cannot praise staff at this home enough. The progress my friend has made in the short time he has been here is marvellous and all down to the staff supporting and encouraging him. The staff interact with him and stimulate him they have been the catalyst to bring him out of himself" and, "I can't praise the staff highly enough, it is the best home we have ever seen."

People were treated with kindness and compassion in their day-to-day care, "9/10 here, I want for nothing, the girls (staff) are wonderful." Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. A well-being champion supported people's emotional needs and were aware of factors which effected people's emotional health such as loneliness and isolation.

Healthcare professionals also confirmed the staff were kind, "The staff and managers at Porte Rouge are most certainly caring towards residents and other people locally in the community and those accessing day service. An example of this is with a gentleman who has a cognitive impairment and attended day service once a week. The gentleman kept arriving at Porte Rouge on the wrong days but staff welcomed him in, supported with a bath and provided hot meals and fluids throughout the day." Another healthcare professional told us, "I use the 'my mother test'...would I be happy to put my Mum in their care? Yes!"

Information about advocacy services was available to people and we saw advocates had supported people in decisions where they had requested this.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times.

People told us they were able to maintain relationships with those who mattered to them. Family and friends visited throughout the inspection and were welcomed warmly. A visitor shared, "I am always made to feel welcome, I come at all sorts of times as I work various shift patterns and have to build in between these visits with my father. If I am with him in the dining room they will offer me a drink but not if I am in his room. They are approachable and place no restrictions on the time I spend here" and a relative told us, "I am always made to feel welcome here and I am encouraged to attend the resident's meetings with mum."

People's bedrooms were personalised and decorated to their taste. People told us their privacy and dignity was respected. Staff informed us of various ways people were supported to have the privacy they needed. People told us, "Staff always knock on the door and wait for you to invite them in. When helping me with personal care they always cover my bottom parts when doing my top" and another, "They always knock on my door before entering and in the beginning used to ask for my preferences before they did anything, now

they know them. They are always compassionate as well as respectful. We have one male carer on at night and he is good. I appreciate what staff do for me, they are hardworking and conscientious."

People were cared for by staff who understood equality and diversity. Staff knew, understand and respond to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. The PIR confirmed, "We have a Dignity Champion whose role it is to stand up and challenge disrespectful behaviour rather than tolerate it. The Dignity Champion supports the Registered Manager and acts as a role model by treating other people with respect, particularly, those who are less able to stand up for themselves. Our service has policies and procedures in place which identify human rights principles."

People told us, staff listened to them and took appropriate action to respect their wishes. For example, one person had requested a bedroom change as the light was affecting their worsening eyesight. This was arranged for them.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people's views and opinions were heard. If people required equipment to support them to hear or see information, staff were aware and arranged this. Staff adapted their communication methods dependent upon people's needs, for example using simple questions and information for people with cognitive difficulties and information about the service was available in larger print for those people with visual impairments.

Staff told us that people were encouraged to be as independent as possible. People were supported to stay mobile and participate in the care they were able to, for example washing areas they could reach, using the bathroom with staff discreetly on hand if required. A relative told us, "My father can be awkward and likes to be independent so he makes his own bed and does as much as he can for himself and staff recognise this and encourage it."

Care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed support with. Staff members told us they gained satisfaction from supporting people to maintain or regain their independence. Some people had been able to move from the company's nursing home to residential care due to their recovery.

Staff understood how to protect people's confidentiality. Personal records were stored securely and staff ensured conversations involving people's personal information were held in private. Information about data protection was visible and confidentiality was discussed in resident and staff meetings.

Good

Is the service responsive?

Our findings

The service remained responsive.

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. The PIR told us how people's needs were assessed in a holistic way, "We ensure people receive person-centred care that respects their privacy and dignity and understands the needs of all protected characteristics through detailed assessments which places the person at the heart of the assessment. We firstly ensure that service users must feel confident that they will not be stigmatised for their sexuality during an assessment of their needs. We ensure that our staff are trained in how to undertake assessments and do not make assumptions about the care needs of an LGBT user without reference to the individual person's own views, feelings and without checking the facts. We understand and promote a person-centred service which is based on the idea that care needs should never be presumed, but are unique to the individual person concerned."

People were involved in planning their own care and making decisions about how their needs were met. People had care plans that clearly explained how they would like to receive their care, treatment and support. People and where appropriate, those who mattered to them, were actively involved in the process to help ensure their views and preferences were recorded, known and respected by all staff.

Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. Staff told us they involved people in developing their care plans so care and support could be provided in line with their wishes. Support plans were reviewed and updated regularly to help ensure people's and wishes were being met. A healthcare professional confirmed, "I have had occasion to visit the above home on a few occasions and have always found them to be caring and responsive to any management plans that I suggest."

The service had good links with the local community. For example, people attended local pubs, visited shops and some enjoyed the memory café which also held meetings at the service. Staff were proactive and made sure that people were able to maintain relationships that mattered to them. In addition, the service had links with the local primary school and local colleges. One person we spoke with was a "Silver Listener". They had children telephone them at the service and listened to their reading. They greatly enjoyed this and the residents had been invited to a special lunch with the children and were due to be filmed by the local news and share the success of this idea.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. A large font activities timetable was available for people and those with cognitive difficulties were reminded of events happening. We saw many photographs of people enjoying special occasions such as the royal wedding, England football matches, Remembrance Day. In addition, external musicians visited the home, communion was

held frequently, animals visited and in the weeks leading up to Christmas many social events were planned. Comments from people included, "[X] loves to sing, he is a good singer and they love him here. He joins in the activities including dancing. We go out together once a week to his wife's grave and then to our social club" and "I join in the activities here. I like the singers and the dancing classes. They also bring rabbits in which I like, but I was out the day the Llamas came. I am not bothered with the resident cat, he doesn't like much fuss. I also go to the memory club."

People were supported to follow their interests. Individual preferences and disabilities were taken into account to provide personalised, meaningful activities. For example, one person liked art and they were supported to engage in this. Others enjoyed reading, watching television and one person we met enjoyed listening to their radio in their room. People with individual physical needs for example, people who were registered blind, also attended a local group with others with eyesight needs.

People's faith needs were met. People were able to access external religious services and / or be a part of a service at the home. In addition, staff discussed with us how they met the individual needs of people with a range of religious beliefs, for example relating to individual spiritual support, dietary requirements and personal care.

Policies and procedures across the service had been developed to ensure information was given to people in accessible formats when required. Staff were aware of the need to record, highlight and meet any needs in relation to people's communication. (The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.)

The provider was looking at how technology could improve people's service. People had access to WIFI to enable them to connect with family who lived away.

People were empowered to make choices and have as much control and independence as possible. People's voice was central to life at Porte Rouge. There was a "Community" Champion, who was a resident and they undertook regular walk arounds with the health and safety manager to identify areas for improvement within the service.

The service had a policy and procedure in place for dealing with any concerns or complaints. This was available in different formats if required. The policy was clearly displayed in areas of the home. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. People's concerns and complaints were encouraged, investigated and responded to in good time. People told us, "No we haven't complained but I am sure if we did the manager would sort it out" and "I can't praise the staff enough, nothing to complain about. I would recommend to it anyone. We looked at several homes before settling for this one and their loyalty is fantastic."

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed.

Good

Is the service well-led?

Our findings

The service remained Well-Led.

People we spoke with told us the service exceeded their expectations, "The manager here is absolutely brilliant. This is a very happy place thanks to this manager." People and relatives spoke very positively about the registered manager, "The registered manager is very interactive. She listens to you and takes action. She seems to know what to do when caring for my dad. He chose to stay here permanently having originally come here for respite care"; "The manager is so approachable as are all the staff and "I have known the manager and her family a long time. She is competent, listens to us, and has great energy."

The provider and registered manager role modelled the provider's values at Porte Rouge. They excelled at creating an environment where people felt at the heart of service development and able to share their views. The registered manager told us, "It is the attention to detail, I have great respect for the staff I work with; the greatest respect for senior managers. I love my job; the passion I had to become a registered manager has not gone. I have a strong work ethic and high standards – I work alongside kitchen staff, cleaning staff and I think that is why there is so much respect for me from families, residents and staff. I value my staff greatly – praise and thank them; they have individualised support; cards on special occasions. I can't do this job without my brilliant staff team; they see what needs to be done; it is the first impression from the minute you walk in from eyes, nose and ears. I always think, would I want a relative of mine here?" The PIR confirmed how the positive culture was maintained, "Culture of our care service is essential to the provision, delivery, quality care and achievement of positive outcomes to people who use our services. This is crucial and of paramount importance to a well led service. Culture of our service affects practically all aspects of our service. We involve service users, families in planning and evaluation of care provided. We promote and ensure staff are trained for a positive contribution to our service."

The organisational culture was open. People from different backgrounds and religions were welcomed. Diversity was celebrated and cultural awareness events held. For example, people would select a country as a theme. The cook would create food and wine based on the country and one person researched information for a quiz which was held.

The registered manager kept up to date with best practice and networked with others in the health and social care field, "I attend the local provider forums, for example the outstanding managers forum – I link in with other registered managers, share ideas and guidance. For example, we improved our medicine process following one of these meetings and now have a buddy system in place to check medicines."

The leadership team were committed to ongoing learning to improve the service. The registered manager and deputy had recently completed leadership awards. The registered manager shared, "The Level 5 is an amazing award, really makes you reflect on what you are doing and why. I'm really chuffed I have done it and am mentoring another manager within the group home. I have also supported the deputy to do hers." As a result of this training I have run bespoke training courses here, and preparation workshops for a CQC inspection." This supported staff to feel relaxed about the inspection process.

The registered manager was part of the local Dementia Alliance group. They told us it was important to liaise with the community and increase their understanding of dementia. This increased community awareness supported people living at the service to access the community with confidence. Local shops were aware of dementia and many held the "dementia friends" symbol.

Community links were evident with a local Infant and nursery school. The children would read stories to people living at Porte Rouge to improve their literacy skills and confidence on the telephone. People told us they loved their calls from the children and looked forward to them. Local college students also undertook placements at the service, for example working alongside the chef to obtain independent living skills and qualifications. Three of these students had gained employment as a result of this. We were told people liked the younger adults working at the home and this helped reduce the stigma associated with residential homes. The PIR shared current and future development ideas in this area, "We encourage volunteers to befriend residents by increasing the community link within Torpoint. We already have strong community links with Oakwood Court College and Torpoint Nursery and Infant School as part of Silver Listeners programme. We would like to increase our network of volunteers so we could provide a gardening club. We continue to develop volunteer links with the WRVS and are looking at involving a local farmer and his children in the rehabilitation of battery hens, who are no longer of use on farms. The plan is to have a retreat at Porte Rouge where our residents can nurse battery hens back to full plumage within the next 12 months. The farmer and his children are already involved in bringing in animals for the enjoyment and sharing their experiences with our residents."

There was a clear management structure at Porte Rouge with senior staff hold designated areas of responsibility. The provider knew people at the service well and was supportive of the registered manager. They visited frequently to undertake their own checks of the service and people's satisfaction and received a regular audit on compliance from the registered manager. Health professionals were positive about the management of the service also, "I can confirm that I have absolute confidence in the manager and deputy manager at Porte Rouge. During reviews and assessments it is clear they know and understand the needs of each and every resident. They are welcoming and passionate about their roles and the high standard of care they provide."

The registered manager said part of the recruitment process was to ensure any new staff would fit in and understand the values of the service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care, "We are listened to and our wishes are taken into account. Improvements are made where possible and implemented soonest."

Staff had clearly adopted the same ethos and enthusiasm as the leadership team this showed in the way they cared for people. Staff talked about personalised care and promoting independence and had a clear aim about improving people's lives and opportunities. The PIR told us, "Our ethos is one of empowerment, inclusion and person-centred care. Training for staff in these areas instils in them the responsibility to question practice and report concerns about the care offered by colleagues, carers and other professionals. Via supervisions and day to day observations, we are confident that staff understand their role, appreciate what is expected of them, are happy in their work, are motivated and have confidence in the way in which the service is managed."

The service inspired staff to provide a quality service. Champion roles were encouraged and staff undertook research into their areas of interest to improve people's health and well-being, for example skin integrity and nutrition roles. The nutrition role had improved the dining experience at Porte Rouge by minimising excess noise and distraction so people ate well.

People's opinions on the service were sought to drive improvement. People told us, "We are invited to the residents meeting once a month. The minutes are sent out every Wednesday following the meeting and if you need anything brought to the manager's attention you can always make an appointment with her." As a result of feedback people now had 24 hour access to their own fridge where they could store juice and yoghurts. The service had set up a Care Standards Committee to drive change and act as external critics of quality assurances processes, feedback and also look at how the service could be further developed.

People and relatives all knew who was in charge and who to talk to if they had any concerns. All had confidence in the management and staff team. People repeatedly told us how good the manager was, "The reason this home is so good is because of the manager. She listens to us and will take account of our wishes and where ever possible will implement them." We were told the management team were approachable and included them in discussions about their care and the running of the service. On wednesday afternoons the registered manager held an official "open door", but was always accessible at other times.

Staff told us they felt empowered to have a voice and share their opinions and ideas they had.
Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice and action had been taken. For example, staff had suggested changes to the dining experience so there were two sittings to try and make it a quieter experience. One member of staff told us "Management are very supportive and we can be confident that they will get things done". Other members of staff said, "The manager is so caring and will always make time for us" , "I love it here" and "The manager will help you out". All the staff we spoke with told us the homewas a happy place to work.

The home worked in partnership with key organisations to support care provision. Health and Social care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support. The PIR confirmed this, "We regard the establishment and maintaining of partnerships with key organisations to support care provision, service development and joined-up care as vital in ensuring that we deliver a good standard of care and also meet out legal obligations, including conditions of registration from CQC."

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The provider was aware of the importance of forward planning to ensure the quality of service they provided could continue to develop. Plans for the future included an extension to increase the living space at the service to include a second dining room, treatment room, hair salon and a move to a safer and more efficient medicine system. The service planned to improve staff skills so they were able to delegate staff supervision and appraisal across the senior care team.

Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.