

# The Regard Partnership Limited

# Portland Street

## Inspection report

12-14 Portland Street  
Kings Lynn  
Norfolk  
PE30 1PB

Tel: 01553769091  
Website: [www.regard.co.uk](http://www.regard.co.uk)

Date of inspection visit:  
28 February 2019

Date of publication:  
18 March 2019

## 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 Street is a residential care home registered to provide accommodation and personal care for people with mental health support needs. It is registered to provide support for a maximum of 13 people. At the time of our inspection, six people were using the service. The accommodation is split into two adjoining houses, half of the bedrooms and were vacant and undergoing refurbishment along with communal spaces and bathrooms.

People's experience of using this service: People continued to receive care that was safe, effective, caring, responsive to their needs and well-led. People told us they felt safe and were happy living at Portland Street. People were supported to take their medicines in a safe way. Staff had received appropriate training and support to enable them to carry out their role safely. Peoples health was well managed and staff had positive links with professionals, which promoted well-being for them.

Staff were kind and caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this. People were observed to have good relationships with the staff team. Staff actively ensured people maintained links with their friends and family.

People's records clearly identified their preferences. Staff provided effective care for people, which met their needs through person-centred care planning. People enjoyed an extensive programme of activities both in the service and the local community. Complaints were managed within the providers stated process.

Rating at last inspection: Good (Published May 2016)

Why we inspected: This was a scheduled inspection based on our previous rating.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 Street

## 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:

One inspector out this inspection.

#### Service and service type:

Portland Street is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager who had applied to register with the Care Quality Commission. The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced. Inspection site visit activity took place on Thursday 28 February 2019.

#### What we did:

- ☐ We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service. We used all this information to plan our inspection.
- ☐ We spoke with three people who used the service.
- ☐ We also spoke with three members of staff including the manager, a support worker and the providers locality manager. We also spoke with a visiting health professional.
- ☐ We observed how people received their care in communal areas of the service.
- ☐ We looked at records in relation to two people who used the service.
- ☐ We also looked at records relating to the management of the service, recruitment, policies and systems

for monitoring quality.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Portland Street. One person told us, "Absolutely I feel safe, I've made friends here." A community professional we spoke with told us that the people were kept safe because staff knew them well, and when to seek additional support for them.
- People were protected from the risk of abuse and avoidable harm. Staff attended safeguarding training and demonstrated understanding of how to keep people safe and who they should report concerns to. A member of staff said, "I would go to the manager if I had any concerns or the Care Quality Commission." The manager was aware of their responsibility to report any concerns to the local authority safeguarding team. Information about how to do this was displayed for people and staff to see.
- People and staff we spoke with told us they found challenging others who they were not comfortable with to be difficult. We spoke to the manager about this, they had already identified this area as one needing development and support. The manager told us she had already started working with people and staff in 1:1 meetings about how they could approach this and build their confidence and seek support to do this constructively.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm. We found risks such as those associated with people's complex mental health, medical needs and the environment had been assessed and were being managed safely. For example, each person had in place a comprehensive risk management plan which was linked to their support plan. Risk management plans described what needed to happen to keep people safe and were regularly reviewed. Staff were aware of people's individual risks, potential triggers, signs that might show the person was becoming unwell and how to support the person to manage/minimise these risks.
- Risk assessments allowed for positive risk taking and enabled people to stay independent. People were frequently used facilities in the local and wider community, systems were in place for people to call for support if they needed it. Staff knew what to do and when they should do it if a person did not return.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEPs) in place so that staff knew how to assist people in an evacuation.

Staffing and recruitment

- People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely, and were suitable to be supporting people who might potentially be vulnerable.
- Staffing levels were organised around each person's specific support needs and records showed where people had been identified as needing or had asked for one to one support this was being provided.
- Current staffing ratios were lower than usual because of vacancies in occupancy due to the refurbishment works. These works were coming to an end and the more accommodation would be available for people to

move in to. The manager and provider had plans in place for the recruitment and training of additional staff as numbers of service users increased.

#### Using medicines safely

- People continued to receive their medicines safely.
- There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Staff had received training in the safe administration of medicines and were having their competency regularly assessed.

#### Preventing and controlling infection

- There were infection control procedures in place and regular cleaning took place. The service was clean and there were no lingering malodours. People were encouraged to help keep communal areas, as well as their own personal spaces clean.

#### Learning lessons when things go wrong

- Staff told us there were lessons learned when things went wrong. The registered manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

# 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

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

- Care needs assessments identified people's needs and provided staff with guidance about how best to meet these needs in line with best practice guidance and people's preferences.
- People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. Referrals were made to GPs and community nursing services when needed and people had opportunities to see a dentist or optician regularly. Staff acted quickly when the need for clinical support was urgent. A visiting health professional told us that staff were prompt in arranging specialist support, and provided the necessary information for them with clarity.
- Staff working at the service were long standing and knew people well. Staff could promptly identify when people's needs changed and seek professional advice.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people's best interest.

Staff support: induction, training, skills and experience

- People told us that staff were competent well trained and knew how to support them. One person said, "The staff are good at their jobs."
- Staff had opportunities for regular supervision and appraisal of their work performance. The manager had systems in place to monitor which staff needed their training to be refreshed and who required supervision. Staff told us they felt supported by the manager.
- The services training matrix showed staff had received training in a variety of subjects. For example, safeguarding adults, physical intervention, medication administration, first aid, health and safety and infection control. They also undertook training in supporting the needs of people with long term mental health conditions. The manager had extensive higher education qualifications in this field. Staff were supported to complete national vocational qualifications.
- Staff who were new to their role undertook comprehensive training and received support from experienced members of staff before working on their own. Staff completed the Care Certificate, a nationally recognised qualification for staff new to working in care.

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

- People were supported to maintain a balanced healthy diet and were encouraged to be involved in choosing, planning and preparing their own meals. People told us they could make decisions about what they ate and drank and when.
- Staff knew people's food preferences well, were knowledgeable and sensitive about the extra support that



some people might need, and understood how this might affect a person's physical health. For example, staff had supported one person to lose weight by giving advice on healthier options.

- People could help themselves freely to food, and snacks including fruit throughout the day and night and we saw the kitchen was well stocked with tea, coffee, and soft drinks.

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

- The service was undergoing extensive refurbishment and redecoration. This included adding small kitchenettes and dining spaces to people's rooms to encourage independence. This also afforded people more privacy and personal space should they choose. One person told us, "I'm really happy with my flat, I prefer to prepare my own food. It's my space."
- People told us that they had been involved in choosing colour schemes or wall paints and new furniture. They told us the services communal spaces were now more calming and relaxing for people as a result.

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 with appropriate legal authority. In care homes, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a good understanding of the MCA and DoLS. People living at the service did not require any restrictions placed on them and were able to come and go as they pleased. All people had the capacity to consent to the care and support they received.
- We saw staff asking for people's consent before providing them with support. People were offered choices and encouraged to express their wishes.

# 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

Good: ☐ 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

- Support plans contained information about people past, cultural and religious beliefs as well as their future aspirations. Staff used this information get to know and build positive relationships with people.
- Staff knew how to communicate with people effectively. Staff knew how to understand a person's mood by observing body language or behaviours.
- People were supported by staff who were skilled in delivering care and support and had a good understanding of people's individual needs. A community health professional told us, "The staff are really good, all really knowledgeable, they look at all aspects of people, like social inclusion, activities, and are all really approachable and responsive. They will always contact us if needed which is reassuring."

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

- People told us that they were offered choices and felt in control of the care they received.
- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. Staff followed guidance and understood people's rights to make unwise choices.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. Staff we spoke with told us that it was important to ensure they respected people and gave us examples of how they promoted people's privacy. People we spoke with confirmed this.
- People were supported to maintain their independence. Staff took a positive approach in encouraging and supporting people to increase their independence whilst recognising when people needed additional support. For example, when preparing meals or planning trips.
- People had control over their lives and enjoyed varying levels of independence. People's goals were central to the care and support provided. People were encouraged to play a part in the planning of their care and the running of the home. Staff described how they supported and encouraged people to develop their daily living skills by helping them to take part in household tasks such as shopping, meal preparation, washing their clothes or tidying up.
- People's personal records were kept secured and confidential and staff understood the need to respect people's privacy including information held about them.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual needs and preferences were central to the delivery of care and support. Care plans provided detailed and personalised information with clear guidance for staff to support people in important aspects of their lives.
- Daily records reflected people's individual needs and evidenced that staff were aware, monitoring and responding to people's daily needs.
- People's needs were reviewed on a regular basis with external professionals and any changes in people's needs or support was recorded accordingly. People were involved in reviews and could express their views about the care and support provided.
- People's support plans guided staff on how to support people in managing their mental health in a way which caused the least amount of distress to the person and others, should they deteriorate or suffer a relapse. Risk management plans contained information on the signs and triggers that might indicate the person was becoming unwell and guided staff as to the action they should take. We observed that staff were skilled in delivering care and support which demonstrated a good understanding of people's individual needs.
- People were encouraged and supported to lead full and active lifestyles, follow their interests, and take part in social activities. Each person's support plan included a list of their known interests and staff supported people daily to take part in things they liked to do. For example, going to the gym, cinema, church group activities or to a local bar for a coffee. One person said, "Staff have recently helped me join the gym as I need to get fit and lose some weight."

Improving care quality in response to complaints or concerns

- People were aware of how to make a complaint and felt able to raise concerns if something was not right.
- The provider's complaints procedure was freely available and the home maintained a record of any complaints received. These showed people's complaints were taken seriously and the manager acted upon these to resolve issues.

End of life care and support

- At the time of the inspection, there was no one receiving end of life care. Care plans had a section for people to record their end of life wishes if they wished.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People we spoke with told us that the home was well managed now. People and staff told us the home had not run as well in the last year until the arrival of the new manager in January 2019. There had been two changes in previous managers which had led to uncertainty and inconsistency in the running of the home on occasions.
- People and staff were very enthusiastic about the skills of the new manager and the impact they had on the service. People told us they found her warm, approachable and kind. People told us they felt she had their best interests at the fore front of her work. Staff told us they gave them confidence due to her extensive experience, and enjoyed working with her.
- The manager had a development plan in place for short and medium-term projects to make improvements at the home. This included further enhancements of the environment and developing the staff's skills set.
- The manager was aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

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

- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the manager and the providers quality team. The manager had an overarching governance system to ensure that good quality care and support was provided.
- There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities to effectively manage all aspects of the service.
- Staff told us they felt valued and listened to by the new manager We saw that staff had one to one support appropriate for their job roles.
- Accidents and incidents were used as an opportunity for learning and improving.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided.
- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.

