

Portelet Cottage Limited

Portelet Cottage

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Portelet Cottage is a residential care home providing personal care to up to 16 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 16 people using the service.

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

Care plans and risk assessments were person centred. People and relatives told us staff knew them well. Staff supported people in a kind and compassionate way, considering their dignity and with respect. Medicines were managed, stored, and administered safely.

People, relatives and visiting health and social care professionals spoke highly of the leadership and positive culture at Portelet Cottage. People and relatives described the staff team as "like family". Comments included: "They have become like an extended family and treat my [loved one] like they are part of a big family. They always keep me updated if there are any worries and concerns" and, "They are very good to me here."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had been observed to uphold the rights of people using the service. A visiting health and social care professional stated, "Care staff offer support and respect if this is not accepted at that time, I always see staff return later to try again."

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection

The last rating for this service was good (published 6 October 2018).

Why we inspected

We received concerns in relation to fire safety and people's rights being respected. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

We found people's rights were being respected. However, the service was working on improvements to the fire safety within the home to ensure they met the fire safety regulations. The provider was working with the fire service and had a schedule of building improvement works in progress.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Portelet Cottage on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Portelet Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors.

Service and service type

Portelet Cottage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Portelet Cottage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority and emergency services. We used this information to plan our inspection.

During the inspection

We spoke with 7 people and 8 relatives about their experience of the care provided. We heard feedback from 6 members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We received responses from 9 health and social care professionals. We reviewed a range of records. This included 4 people's care and support records and 4 people's medicine administration records. We looked at 3 staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records, safeguarding records, and quality assurance reports.

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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

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

- Improvements to the property to ensure fire safety had been identified prior to our inspection. Some actions, such as installation of firefighting equipment, had been completed, with further improvements planned.
- Staff understood when people required support to reduce the risk of avoidable harm. Identified risks to people included those associated with mobility needs, eating and drinking, skin damage and risks linked to health conditions.
- Risks to people's safety were assessed and reviewed. The provider used an electronic care plan system. The care plans had individual risk assessments which guided staff to provide safe care. All care plans viewed contained basic explanations of the control measures for staff to follow to keep people safe.
- Accident and incidents had been recorded and lessons had been learnt when things went wrong. The registered manager told us lessons learnt were shared in the staff team meeting with any additional training and support given.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at Portelet Cottage. Comments included: "I've got no concerns about the care here", "I can sleep knowing that [my loved one] is safe", "I just feel [relative's name] is in safe hands there", "I would like to make specific mention of the way they treated [my loved ones] bedsores upon admission to the home. The registered manager made sure they were always sat in the right positions, was turned very regularly and within 4-6 weeks had got them to heal and dressings off."
- Staff had received training and understood how to report safeguarding concerns. Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally.
- The registered manager had reported all relevant safeguarding concerns.

Staffing and recruitment

- There were enough staff on duty to meet people's needs.
- Staff were visible, and we observed staff responding quickly to requests for support. A visiting health and social care professional told us, "I like visiting this home, you always see residents up and out of bed and don't have to wait at the door for staff to let you in."
- People were supported by staff that had been recruited safely. Safe recruitment requires staff to follow an application process including assessment of their history, character, and qualifications to ensure they are suitable to work with people.
- All staff files viewed contained a valid DBS check. Disclosure and Barring Service (DBS) checks provide

information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely and administered by trained staff. Staff followed safe procedures when giving people their medicines. A health and social care professional stated, "The registered manager is very good with ordering medications and sending me appropriate referrals for me to follow up for residents with swallowing difficulties and residents who need additional support with their medication."
- Medication records were complete and matched stock balances. People had medicines guidance in place for as and when required medication.
- Medicines that required stricter controls by law were stored in a separate cupboard and a stock record book, audited by the registered manager, was completed accurately.
- Medicines were stored safely. Room and fridge temperature checks had been completed correctly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- At the time of the inspection there were no restrictions for relatives and loved ones to visit people living at Portelet Cottage.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were involved in assessments of their care needs. Assessments were carried out for each person before they moved into the home. Further changes to care plans were made with the person ensuring their involvement in the process.
- People's outcomes were identified during the care planning process; guidance for staff on how to meet these were detailed on the electronic care planning system. One relative stated, "I have been impressed with all the staff, who all work well together and go the extra mile, as far as I have seen. They let me know my [loved one] is happy and not in any pain."
- Specialist healthcare professionals had been involved in assessments and planning of care. This included district nurses and advocates. One health and social care professional informed us, "The registered manager liaises with all appropriate parties to make better quality of life for the client." Another professional fed back, "Portelet Cottage staff go out of their way to carry out assessments quickly."

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

- People's care plans outlined their food and drink preferences. Care plans identified the level of support people needed from staff to prevent malnutrition and dehydration and this information was available to the staff working in the kitchen.
- There was guidance in place to support people to eat safely when they were at risk of choking or needed their food to be a certain consistency. Staff demonstrated they understood how to support people with this.
- Upon admission to Portelet Cottage, people's food and fluid intake were monitored for a short period to ensure their nutritional needs met, and if not, their care plan updated with any identified support needs.
- Feedback about the mealtime experience from people and their relatives included comments such as, "Yes I like the food. I suppose it be nice if there was more of it!", "I have been many times when staff have given her lunch or tea and they have been very patient as [my relative] cannot feed themselves now." And, "They offer me a dinner and I'm only visiting, I get to have a meal with my partner even though they are in care now."

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

- People had access to health care and specialist support when needed.
- Records showed input from a range of health and social care professionals such as doctors, nurses and specialist nurses for tissue viability.
- Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers, daily meetings and in emails to staff. This meant people were receiving the most up to

date support to meet their health needs with clear direction of who to contact should the person's health deteriorate.

Staff support: induction, training, skills, and experience

- Staff had the correct level of skills and training to undertake the responsibilities of their role effectively.
- There was an induction programme in place which included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The registered manager spoke positively about the induction and training they had received in their new role, confirmed they felt supported by the nominated individual and had the autonomy to arrange any identified training for staff.

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

- People and their relatives were able to personalise their bedrooms.
- People's needs were considered as and when rooms became available, should a person require a larger room or request an alternative floor.
- The home was clean and well lit. The garden was accessible with use of a mobile ramp.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's consent to care and treatment was obtained and recorded.
- The registered manager knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. Staff received training in the principles of the MCA.
- Individual assessments included consideration of any advanced decisions or known wishes. The management team asked people and their relatives to provide evidence of lasting power of attorney and had contacted health and social care professionals when their input was needed.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture within the home. Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. One relative told us, "Every time I visit [relative's name] always has their hair brushed and seems comfortable with pillows to aide their position." Another stated, "I cannot fault the staff for the care [my relative] is receiving." And, "When I have visited without warning [my relative] is clean and well turned out, and they let me know they are happy."
- Without exception, people, their relatives, professionals and staff gave us positive feedback about the registered manager at Portelet Cottage. Comments included: "The registered manager is one of the most responsive managers I have met in my time in practice", "The registered manager wants to talk to you and share with you about your loved one", "Their approach is to encourage co-operation and they appear to know the service users well", "The registered manager is an advocate", "The registered manager's approach to residents and staff was positive and reflected a manager who did not just spend their time hidden away in an office."
- Staff told us they feel proud to work at Portelet Cottage. A staff member stated, "Very culturally friendly, they welcome diversity and we get treated fairly. We are all the same and respect everyone's beliefs and differences. There is an atmosphere where we work together as a team even under pressure, no one puts more stress onto others and staff members are like a close family. It is a privilege to work here."

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; Continuous learning and improving care

- The management team of Portelet Cottage understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood the legal requirements to notify the Care Quality Commission, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were operating effectively. Auditing and monitoring systems were robust. This gave the registered manager and the provider oversight of the home.
- The registered manager undertook a series of audits to ensure the home was safe and responsive to

people's needs. These included care planning, safeguarding, falls, and medication.

- The registered manager told us actions from the audits were included on an overall service improvement plan, used to drive improvements within the home. These improvements were shared with the nominated individual and other stakeholders in a regular electronic report.
- Staff understood their roles and responsibilities.

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

- The registered manager completed a daily walk around and directly received feedback from people in the home.
- People were consulted in the running of the home The home regularly asked for feedback from people and their relatives on the service provided; the results were used to make improvements.
- The home worked well with visiting health and social care professionals, the registered manager and staff felt comfortable to access their support when needed. Comments about the registered manager and care staff working in partnership with other services included: "The outcome for the service user has meant they are more engaged during the day. This in turn has supported a reduction in behaviours which challenge and an immense improvement in their sleep pattern, so that they now sleeping in bed rather than a chair", "I met with the manager who made all requested information readily available, and it was clear that she knew the client very well.", "I have found the registered manager very professional, approachable, caring and collaborative in her approach."
- The registered manager told us they attend the local care provider forum and access the registered manager network, where they had the opportunity to obtain most recent guidance and learn from the experiences of others to help develop the service.