

T&K Stevenson Limited

Portland House

Inspection report

Portland Road
Kirby Muxloe
Leicester
Leicestershire
LE9 2EH

Date of inspection visit:
23 October 2018

Date of publication:
13 November 2018

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

What life is like for people using this service:

People felt safe living at Portland House and with the staff team who supported them. They told us the staff team were kind and caring and they treated them in a considerate and respectful manner.

People's thought varied on the numbers of staff deployed to work on each shift. Whilst most felt there were enough staff members to meet people's care and support needs, some did not. Observations identified times when there were no staff members available in the lounges and limited interactions between the people using the service and the staff team was seen. Limited activities were being offered due to no formal replacement for the planned absence of the activities coordinator. It was recommended that staffing levels be revisited to ensure appropriate numbers of staff were deployed on each shift to effectively meet people's needs.

Most areas of the service were clean and tidy. The staff team had received training in infection control and personal protective equipment such as gloves and aprons were readily available and used by the staff team throughout our visit.

The risks associated with people's care and support had been assessed. People's care and support needs had been identified and plans of care had been developed. The staff team knew the needs of the people they were supporting well.

People were supported to access healthcare services when they needed them and they were supported to eat and drink well. They were involved in making decisions about their care and support and their consent was always obtained.

People were supported with their medicines in a safe way though we identified one occasion when one person did not receive their medicines. Protocols were in place and followed with regards to medicines prescribed 'as and when required'.

Appropriate checks had been carried out on new members of staff to make sure they were suitable to work at the service and relevant training and support had been provided. The staff team felt supported by the management team and involved in how the service was run.

There were systems in place to monitor the quality and safety of the service being provided. People's views of the service were sought. This was through regular meetings, surveys and informal chats. A complaints procedure was in place and people knew what to do if they had a concern of any kind.

The registered manager and the management team worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

More information can be found in the detailed findings below

Rating at last inspection: Good (report published 14 April 2016)

About the service: Portland House is a residential care home that provides personal care and support to up to 19 older people including people living with dementia. At the time of the inspection 13 people were using the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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 findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our findings below.

Portland House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: 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 uses this type of care service. Their area of expertise was people with dementia.

Service and service type: Portland House 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 registered with the Care Quality Commission. This means 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: The Inspection was unannounced

What we did: Before the inspection we reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We viewed information the provider is required to send us at least annually that provides some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority who monitor the care and support people receive and Healthwatch Leicestershire, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

During the inspection we spoke with four people living there and one visitor. We also spoke with one of the directors of the service, the registered manager, the deputy manager, two support workers, two senior support workers and the head cook. A visiting healthcare professional was also spoken with during our visit.

We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included three people's care records. We also looked at associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for three support workers. A sample of the providers policies and procedures and the quality assurance audits the management team had completed were also checked.

After the inspection the registered manager provided us with a selection of documents including, copies of staff rotas and policies and a copy of their business plan and updated emergency plans.

Is the service safe?

Our findings

People were safe and protected from avoidable harm.

Staffing levels.

- The registered manager explained due to having fewer people using the service at the time of our visit, staffing levels had been reduced to one support worker and one senior support worker on each shift with support from the management team. However, since our visit this had been increased back to two support workers and one senior support worker. Rotas seen confirmed this.
- A housekeeper was employed to provide housekeeping support for four days a week one week and three days a week the next week. When the housekeeper was not on duty, cleaning tasks were carried out by the care staff team, primarily at night. Laundry tasks were also carried out by the care staff team. A full-time activities coordinator had been employed since our last visit however, at the time of our visit they were not at work and not expected back until the end of November 2018. No formal cover had been arranged for them so the staff team were required to provide activities during their shift. We were informed following our visit that additional hours had been made available to enable a staff member to provide activities during both the morning and the afternoon shifts. Rotas seen confirmed this.
- People told us that on the whole there were enough staff on duty. One person told us, "There's always plenty of staff on." Another explained, "Could do with more put it like that, the evenings probably."
- Staff members spoken with felt there were currently sufficient numbers of staff to enable them to support people in a way they preferred. A visiting professional stated, "There always seems to be enough staff and they know the people they are supporting."
- Observations during our visit showed people were at times left to their own devices because staff were busy providing personal care. There were limited interactions between the people using the service and the staff team, particularly in the afternoon of our visit. This resulted in people spending time alone in one of the lounges. We discussed our observations with the director of the service and the registered manager. We recommended staffing levels be revisited to ensure appropriate numbers of staff were deployed on each shift to effectively meet people's needs. We were informed following our visit that the registered manager and director of the service had sourced a dependency tool and were working through this to ensure sufficient staff were deployed.

Preventing and controlling infection.

- Some areas of the service needed cleaning. This included the downstairs corridor carpet which was stained and the downstairs toilet floor which was sticky under foot. This was addressed during our visit.
- The hot water taps in the downstairs toilet and staff toilet were not working properly resulting in there being no initial flow of hot water. The provider acknowledged this and arranged for a plumber to visit the day following our visit. We also noted hand towels were being used in these toilets. We were told following our visit that paper towel dispensers had since been fitted to eliminate the need to use hand towels.
- The staff team had received training in infection control and were provided with personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Safeguarding systems and processes.

- People felt safe with the staff team who supported them. One person explained, "Yes, [I feel safe], the fact that I can wonder around and there's someone not far from you and there's a bell you can push."
- The management team had systems and processes in place to safeguard people using the service. The staff team had been provided with safeguarding training and they knew their responsibilities for keeping people safe. One staff member explained, "I would go straight to management."

Assessing risk, safety monitoring and management.

- People were provided with a safe place to live. Regular safety checks had been carried out on the environment and on the equipment used. Whilst emergency plans were in place to ensure people were supported appropriately in the event of a fire or untoward event, not all of those seen were up to date. This was addressed following our visit with up to date copies seen.
- Risks associated with people's care and support had been assessed when they had first moved into the service and the majority of those seen had been reviewed on a monthly basis thereafter.

Using medicines safely.

- People were provided with their medicines in a safe way. We saw the staff member allocated to administer medicines, did so consistently and methodically. Antibacterial gel was used between each administration. Medicine records were clearly maintained. Good practice standards were adhered to and records were made at the time indicating that medicines had been administered. We did note the signing for certain medicines was somewhat confusing as these were being signed for in several different documents. We also noted in one person's records that on one occasion, it had been signed to state the person had received their medicines however, we found the medicine was still within the medicine pack. The registered manager told us they would look into this. Some people were prescribed medicines to be taken as and when required such as for pain relief. We saw the staff member clearly enquiring as to whether the people needed this medicine and documented in the medicine records when this had been provided.

Learning lessons when things go wrong.

- The staff team were encouraged to report incidents that happened at the service and the registered manager ensured lessons were learned and improvements were made when things went wrong. For example, during our inspection we identified issues within the signing for certain medicines. This was immediately taken on board by the registered manager and improvements to the documentation used were made.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence.

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

- People's individual and diverse needs had been assessed prior to them moving into the service to ensure their needs could be met by the staff team.
- People using the service were supported to make choices about their care and support on a daily basis.
- Care and support was provided in line with national guidance and best practice guidelines. For example, for a person who lived with a specific health condition, the signs and symptoms to look out for were included in their plan of care. The actions to take to support the person appropriately with the health condition were also identified and included.

Effectiveness of care, treatment and support.

- People were provided with consistent care and support. One person told us, "They [staff team] are always on the ball."
- Changes in people's health was quickly recognised by the staff team and prompt and appropriate referrals were made to healthcare professionals when required.

Staff skills, knowledge and experience.

- People received care from a staff team that had the skills and knowledge to meet their individual needs.
- Staff members had received an induction when they had first started working at the service and relevant training and regular updates had been received.
- The staff team received support through regular supervisions, and an annual appraisal of their performance was carried out.

Eating, drinking, providing a balanced diet

- People were supported to eat and drink well and maintain a healthy balanced diet. One person told us, "On the whole the food is very good."
- Choices were offered at each mealtime and drinks and snacks were offered throughout the day. One person explained, "There's quite a good choice."
- For people identified at risk of not having enough to eat or drink, monitoring charts were used to document their food and drink intake. Whilst these had been completed, it was noted the amount of food taken had not always been identified, therefore it was not a true reflection of what people had been provided with. We shared this with the registered manager for their attention.

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

- The premises were adapted to meet people's needs. There were a variety of communal areas of differing sizes to allow people to be with a large group of people and to facilitate group activities or quieter areas where people could be alone.
- The ground floor had been decorated to resemble a street and a library alcove where people could spend

some quiet time had been created. Some areas of the service were still in need of attention and the registered manager was aware of this.

- There were visual prompts around the service to remind people the time of day, which day it was and what the weather was like. A menu board also displayed the menu of the day in the dining room. Whilst these prompts were in place the print was small and at times difficult to read. We also noted some of the clocks had stopped which could be confusing to some. We shared our findings with the registered manager for their information and action.
- A multi-sensory system had been installed throughout the service and this provided people with both sound and visual stimulation including bird song and visions of fish swimming in aquariums.

Ensuring consent to care and treatment is 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. The manager and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care. 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 manager was working within the principles of the MCA. The staff team had received training in the MCA and DoLS and they understood their responsibilities within this.
- Where people did not have capacity to make decisions, they 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.

Is the service caring?

Our findings

The service involved and treated people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported.

- People experienced positive caring relationships with the staff team. One person told us, "The staff are very kind to me, very helpful." Another explained, "Yes, they [staff team] are very friendly. You can talk to them." A visiting professional told us, "They know and really care about the people here."
- The staff team had the information they needed to provide individualised care and support. They were knowledgeable about people's history. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences including what they liked to be called. They spoke to people in a kind way and offered support in a relaxed and caring manner.

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

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. During our visit we saw members of the staff team supporting people to make choices with regard to how they spent their day, whether to be involved in an activity and what to eat and drink.
- For people who were unable to make decisions regarding their care and support, either by themselves or with the help of a family member, advocacy services were made available. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Respecting and promoting people's privacy, dignity and independence.

- People told us the staff team treated them with dignity and respect. One person told us, "Yes I must say they do, [treat them with dignity and respect] very much so."
- The staff team were aware of their responsibilities for maintaining people's privacy and dignity when supporting them. One staff member explained, "It's about communicating, explaining to people what you are doing, closing the curtains and doors and covering them with a towel."
- People were encouraged and supported to maintain their independence whenever possible. For example, one person loved to go out walking prior to their arrival at the service, though had lost their confidence to do this. The management team had worked with them and with the use of technology, were once again able to visit the local shops and library independently.
- People were supported to maintain relationships with people who were important to them. People could visit at any time and told us they were made welcome by the staff team.
- The staff team understood their responsibilities for keeping people's personal information confidential and people's personal information was stored and held in line with the provider's confidentiality policy.

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

Personalised care.

- People received care and support based on their individual needs. Their needs had been identified, including those related to the protected characteristics under the Equality Act. Plans of care had been developed for each person using information supplied by them and/or their relatives at the time of admission and from information that was known to the staff team. Those seen were comprehensive and included personalised information in them. A document entitled 'this is me' had either been completed or was in the process of being completed and provided the staff team with information on people's life histories and what was most important to them.
- People's plans of care had been regularly reviewed and the frequency of reviews increased when people were unwell or experiencing changes to their daily lives and well-being. We did note one person had lost a large amount of weight and although this had been identified, had not been followed up. This was immediately addressed by the deputy manager.
- The registered manager understood their responsibility to comply with the Accessible Information Standard and was able to access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.
- People were supported to enjoy a range of activities though due to the activities coordinator currently being off work, these were offered as and when the support workers had time during their shift. A session of the game hangman was provided on the morning of the visit, which seven people attended and enjoyed. Nothing was offered during the afternoon of our visit so people were left to chat or watch the television. We were informed following our visit that additional hours had been made available and activities were being offered during both the morning and the afternoon shifts.

Improving care quality in response to complaints or concerns.

- People knew who to talk to if they had a concern or complaint of any kind. A formal complaints process was in place and this was displayed for people's information. We asked people what they would do if they had a complaint or concern of any kind, they told us, "Well I've never made one [complaint] but I know I could find out how to make one because there's plenty of information."
- When complaints had been received, these had been responded to, investigated and resolved to the satisfaction of the complainant. The management team used the complaints received as an opportunity to improve the service.

End of life care and support.

- People were supported to make decisions about their preferences for end of life care and professionals were involved as appropriate. The staff team had received training in how to support people at the end of their life and had a good understanding how to support people during this time. One told us. "It's about providing the best one to one care we can. To help them to die with dignity and without pain."
- A comment received from a relative of a person who had recently passed away stated, "We would like to extend our most sincere gratitude, appreciation and love to you all for the excellent care [person] received

from you. As their dementia and general health deteriorated the level of care and attention they received was truly excellent."

Is the service well-led?

Our findings

Leadership and management assured person-centred quality care and a fair and open culture.

Leadership and management.

- People using the service spoke positively about the registered manager and management team and they knew who to speak with if they had any issues. They felt the service was well managed and the registered manager and the staff team were friendly and approachable. One person told us, "Yes, everything seems to be running smoothly."
- Staff members felt supported by the management team. One explained, "[Registered manager] and the management team have gone out of their way to accommodate me. If I need anything they are there for me." Another told us, "[Registered manager] gives you so much encouragement and thanks you for what you have done."
- There were procedures in place, which enabled and supported the staff team to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equality and diversity and human rights. The supervision process and training programme in place ensured the staff team received the level of support they needed and kept their knowledge and skills up to date.

Promotion of person-centred, high-quality care and good outcomes for people.

- The staff team were aware of people's individual needs. They provided care and support that ensured good outcomes for people.
- The service was focussed on the people using it with clear recognition given to the fact that it was their home.

Engaging and involving people using the service, the public and staff.

- Staff members were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions and day to day conversations with the management team.
- People and their relatives/friends had been given the opportunity to share their thoughts on the service being provided. This was through informal chats and regular meetings. During these meetings people were reminded of how to make a complaint, of what to do if there was a fire and what to do if they didn't feel safe.
- Surveys had also been used to gather people's thought and results from surveys had been displayed for people's information.

Working in partnership with others.

- The registered manager and management team worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals to ensure people received care that was consistent with their assessed needs.
- The service had received the gold Quality Assessment Framework (QAF) award from the local authority. The QAF is a tool used by the local authority to measure the quality of services being delivered and ensures

providers deliver services to an acceptable standard and accordance with their contractual expectations. The registered manager had also worked with the local authority's quality improvement team to look for ways to continually improve the service being provided.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements. There is continuous learning and improving care.

- The service was well led. Staff at all levels understood their roles and responsibilities and the registered manager was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required.
- The registered manager had systems in place to monitor the quality and safety of the service and were using these to check the service on a regular basis. Regular audits on the paperwork held had been carried out. These included looking at the medicines held and corresponding records, people's plans of care and records of people's weights, falls and accidents and incidents. Records showed where issues had been identified, the appropriate action had been taken. The issues within the documentation identified during our visit were immediately addressed.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service.