T&K Stevenson Limited

Portland House

Inspection report

Portland Road
Kirby Muxloe
Leicester
Leicestershire
LE9 2EH

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09 March 2016

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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

This inspection took place on the 8 and 9 March 2016. The first day of our visit was unannounced.

Portland House provides accommodation for up to 19 older people, including people living with dementia, who require personal care. There were 19 people using the service at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Portland House. Their friends and relatives agreed with them.

The management team were aware of their responsibilities around the safeguarding of people and the staff team had received training on how to keep people safe from harm. Staff members we spoke with were all aware of the actions to take if they were presented with a safeguarding concern.

People's needs had been assessed before they moved into the service to ensure that they could be met. From these initial assessments plans of care had been developed.

Risks associated with people's care and support had been assessed to enable the staff team to provide the safest possible support. Where risks had been identified these had, where ever possible, been minimised to better protect people's health and welfare.

People received their medicines as prescribed by their doctor. Medicines were being appropriately stored and the necessary records were being kept.

Checks had been carried out when new staff members had been employed to make sure they were suitable to work at the service. An induction into the service had been provided for all new staff members and ongoing training was being delivered. This enabled the staff team to provide the care and support that people needed.

People felt there were currently enough members of staff on duty each day because their care and support needs were being met. Their relatives and friends agreed.

People told us the meals served at Portland House were good. People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was being provided. For people assessed to be at risk of not getting the food and fluids they needed to keep them well, records had been kept showing their food and fluid intake.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

People had been involved in making day to day decisions about their care and support. Where people lacked the capacity to make their own decisions, evidence was seen to demonstrate that decisions had been made for them in their best interest and in consultation with others.

Staff meetings and meetings for the people using the service were being held. This provided people with the opportunity to be involved in how the service was run.

The staff team felt very much supported by the registered manager and the management team and felt able to speak with them if they had a concern of any kind.

The people using the service and their relatives and friends knew what to do if they had a concern of any kind. They were confident that any concern raised would be dealt with properly.

There were systems in place to regularly check the quality and safety of the service being provided and regular checks had been carried out on the environment and on the equipment used to maintain people's safety.

Throughout our visit we observed the staff team treating people with kindness and they supported them in a caring and considerate way. They involved people in making choices about their care and support and when choices were made, these were respected by the staff team.

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.

The staff team were aware of their responsibilities for keeping people safe from harm.

Appropriate recruitment procedures were in place and staff were deployed appropriately to meet people's care and support needs.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff members had the skills and knowledge they needed to meet people's needs.

The staff team understood the principles of the Mental Capacity Act 2005.

People were supported with their nutritional and healthcare needs.

Is the service caring?

Good

The service was caring.

People told us that the staff team were caring, kind and considerate.

People were encouraged and supported on a daily basis to make choices about their care and support.

People's privacy and dignity was maintained at all times.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed before they moved in to the service.

People had plans of care in place that reflected their personal needs.

People knew how to raise concerns and they were confident that any concern would be dealt with appropriately.

Is the service well-led?

Good

The service was well led.

People were given the opportunity to have a say on how the service was run.

The service was well managed and the management team were open and approachable.

Effective monitoring systems were in place to monitor the quality of the service being provided.

Portland House

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.

This inspection took place on 8 and 9 March. The first day of our visit was unannounced.

The inspection team consisted of one inspector 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.

Before the inspection we reviewed the information we held about the service. This included statutory notifications. Notifications tell us about important events which the service is required to tell us by law. We also contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service.

At the time of our inspection there were 19 people using the service. We were able to speak with seven people living at Portland House. We also spoke with a visiting health professional, four relatives, eight members of the staff team, the registered manager and one of the directors of the service.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not people were comfortable with the support they were provided with. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care, two of which we looked at in detail. We also looked at associated documents including risk assessments. We looked at three staff recruitment and training files and the quality assurance audits that the management team completed.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Portland House and they felt safe with the staff team who supported them. One person told us, "I have absolutely nothing to worry about here." Another explained, "I have been frightened by another residents behaviour in the past, but I just sat perfectly still and said nothing… the staff soon appeared."

Relatives we spoke with agreed that their loved ones were safe and well cared for. One relative told us, "When I leave here I know perfectly well that [their relative] is in good hands. Another explained, "I am in no doubt that [their relative] is safe, they couldn't be in a better place." A third told us, "In the three years that [their relative] has been here, and even after the change of ownership, I have never seen anything that has troubled me. In fact I have booked my place here!"

People using the service were kept safe from harm because the staff team knew their responsibilities for safeguarding people. They were aware of the signs to look out for if they were concerned that someone might be at risk of harm and they knew the process to follow to report any issues of concern. One staff member told us, "There are different types of abuse. Mental, verbal, physical and sexual, also neglect is abuse. You look for the signs, for instance if they [people using the service] weren't being themselves. I would report anything to [the registered manager] straight they way or higher, or to the police if necessary."

The risks associated with people's care and support had been assessed and reviewed on a monthly basis. These included the risks associated with the moving and handling of people, the risks connected with supporting people to have a bath or shower and the risks linked to people's nutrition and hydration. People were monitored closely to reduce risks. This showed us that the risks associated with people's health and welfare were minimised because they were effectively managed.

Checks had been carried out on both the environment and on the equipment used to maintain people's safety. Fire safety checks had been carried out and the staff team were aware of the procedure to follow in the event of a fire. There were personal emergency evacuation plans in place in people's plans of care. These showed how each individual must be assisted in the event of an emergency and an emergency plan was in place in case of foreseeable emergencies.

We did note that there was no protection for the stairwells within the home. We found the stairs down to the conservatory to be rather steep and this could pose a risk to the people using the service, primarily the risk of falling. The management team had already identified this concern. A risk assessment had been completed and this risk was being monitored on a regular basis.

We also noted a lack of call bells within the communal areas of the service. Although there were staff about most of the time, people could be at risk of not getting prompt support when they needed it. We discussed this with the registered manager and the director of the service who had already identified this. We were told that quotes for a new call system were being sourced to enable them to address this shortfall.

People using the service told us that they felt there were enough staff on duty to meet their care and support needs. One person told us, "I really do think there are enough staff, and it's not often that you can say that these days." A relative told us, "There always seems to be enough staff on, I have never noted [their relative] wanting for anything."

The provider's recruitment procedures had been followed. Required checks had been carried out prior to a new member of staff commencing work. This included obtaining suitable references and a check with the Disclosure and Barring Scheme (DBS). A DBS check provides information as to whether someone is suitable to work at this service.

We looked at the way people's medicines had been managed to see if people had received these as prescribed. We saw that they had. The medication trolley was safely stored and secured when not in use. The temperature of the fridge used for storing medicines was recorded daily and was within required limits.

We looked at a sample of Medication Administration Records (MAR) and checked medicines in stock with the records we saw. The amounts matched. We looked at controlled drugs (CD's) that were separately stored and signed by two staff when given. The amounts in stock for three medicines we looked at matched that in the CD register.

Protocols were in place for medicines prescribed 'as and when required'. This included pain killers for when a person was in pain. These protocols informed the reader what these medicines were for and how often they should be offered. During our visit we observed the staff member in charge of the medicines ask a person if they wanted any tablets for their pain. They acted on the person's wishes.

Creams and liquid medicines had been dated when opened. This was to make sure that they were not used for longer than the recommended guide lines.

Good

Is the service effective?

Our findings

People using the service told us the staff team who looked after them knew them well and had the skills and knowledge they needed to look after them properly. One person told us, "The staff are really caring and know us all really well." Another person explained, "They know what help I need and nothing is too much trouble."

Visitors we spoke with also told us that the staff team were knowledgeable about their relatives needs and these were more than met on a daily basis. One relative told us, "The care has been fabulous and the attention to detail has been second to none." Another relative explained, "They [the staff team] have been amazing looking after [their relative]. Couldn't be anywhere better."

The staff members we spoke with told us that the registered manager and the management team were supportive and very much available if they needed any help or advice. One staff member told us, "I feel 100% supported and I know I can always talk to [the registered manager]. She is always available and 100% approachable." Another staff member explained, "I have worked here for a year and I have never worked anywhere so nice. We are a great team, support each other and I am being helped to identify training that might help in my career as I have gone as far as I can with my NVQ 2. I look forward to coming to work each day. We are like a big family."

The registered manager explained that all new members of staff had been provided with an induction into the service and training suitable to their roles had been completed. Staff members we spoke with and the training records we looked at confirmed this. We saw that safeguarding training, health and safety training and moving and handling training had been completed in the last year.

The staff team were in the process of completing training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and those we spoke with during our visit understood the principles of the MCA and DoLS. One staff member told us, "It is about people having the capacity to make safe decisions about their care and when people can't, it is about making decisions for them in their best interests."

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. At the time of

our visit there was one person using the service who had an authorised DoLS in place and the conditions of this authorisation were being met.

Capacity assessments were included in the records we looked at and it was evident that when people had been unable to make decisions for themselves, these had been made in their best interests with someone who knew them well.

People told us they had been involved in making day to day decisions about their care and support and the staff team gave examples of how they obtained people's consent on a daily basis. One person told us, "They ask me what time I want to get up and what I want at meal times." A staff member told us, "I always ask if they [the people using the service] are happy for me to help them, I always make sure I have their consent. If they don't want me to do something I won't do it, it is their choice."

We asked people what they thought about the meals served at Portland Place. One person told us, "I really like the food here; I would give it 8/10." We asked what would make it a 10/10 and they told us "I don't give anyone 10/10. I never got it." Another person explained, "There is almost too much food here. You never go hungry, but I just don't eat as much now." Another told us, "I would give the food 9/10 here. The cook is lovely."

During meal times people were offered a choice of where to sit. We saw the tables were set with serviettes and salt and pepper was available. A variety of drinks were available including water and juice. We did note that these were already placed on the tables prior to people arriving for their meal, reducing the chance of offering people a daily choice. Opportunities to offer choices during the meal time were also missed. For example meals were pre plated and rather than offering people gravy once they had their meal in front of them, this was already added prior to the meals leaving the kitchen. People were gently encouraged to eat and enjoy their meals.

The time of the lunchtime meal had recently been brought forward due to people sharing that they were hungry before the lunchtime meal was due. This was working well and people told us that they preferred the new meal time. The registered manager had introduced a 5-a-day food plan which meant people were eating more vegetables and fruit. People told us they liked the extra vegetables and fruit served, particularly the kiwi fruit and bananas.

The meals we saw being served on the days of our visit looked well presented and appealing. Assessments had been completed for people's dietary needs and this information was included in people's plans of care. Where people were on a diabetic diet they were given items with reduced sugar. The cook told us that where people required fortified meals, they would use cream and butter to increase the calories which was in line with nutritional advice. Soft and pureed diets were also available for people who had difficulty swallowing.

People using the service had access to the relevant health professionals such as doctors, chiropodists and community nurses. A community nurse visiting at the time of our inspection told us, "The staff work well with us all the time and communicate with us. The care provided here is more than good." Where a person using the service had developed swallowing difficulties, the local speech and language team had been involved in their care. This showed us that where concerns had been raised regarding people's health care needs, these had been acted on.

Good

Is the service caring?

Our findings

People we spoke with were very happy with the care and support they received. One person told us, "The carers are excellent, every single one of them." Another explained, "Nothing is too much trouble, they are all very caring."

Relatives we spoke with spoke very highly of the staff team. One relative told us, "The carers are fabulous, very kind, very caring and very attentive." Another explained, "The care [their relative] has received has been excellent, there is a friendly atmosphere in the home and we have always be made welcome."

We observed a level of caring amongst the staff team that was consistent throughout the inspection. They knew the people using the service well and were very encouraging when someone was hesitant or unsure of something. They worked well as a team and supported each other without question.

We observed the staff team assisting people to move using a hoist. One person was assisted from their bed into a wheelchair. The staff members were careful and considerate and spoke throughout the process in gentle terms. This person's dignity was preserved at all times.

Interactions between the people using the service and the staff team were observed. We saw that positive caring relationships had been developed and good interactions were evident. People were treated with kindness and support was provided in a calm and considerate manner.

The staff team gave us examples of how they ensured people's privacy and dignity was respected. One staff member told us, (When providing personal care) "I make sure the curtains aren't left open and the door is closed, it is the little things that are important." Another staff member explained, "When the doctor comes we take them [people using the service] to their bedrooms. I wouldn't shout across the room but talk discreetly to them, I just make sure people are treated with dignity." Our observations throughout our visit confirmed that people's privacy and dignity were respected.

We looked at people's plans of care to see if they included details about their personal history, their personal preferences and their likes or dislikes within daily living. We found that they did. The staff team knew what people liked and disliked. For example what people preferred to be called and what they liked to eat and drink and they ensured that personal preferences were upheld. One staff member explained, "We are told to read the care plans because they show us what people like. We also talk with them and get to know them that way." When we discussed people's preferences it was obvious that the staff team knew people's likes and dislikes well.

For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were made available. Details of local advocacy groups were displayed in the homes reception area and the registered manager explained that they would support people to access these services.

Good

Is the service responsive?

Our findings

Relatives told us they and their family member had been involved in deciding what care and support they needed. One relative told us, "My wife was involved in developing [the persons using the service] care plan." Another relative explained, "[The person using the service] visited for around eight days so that they [the staff team] could see what help he needed and he could see if he liked the place and if it was for him. He's never looked back."

The registered manager explained that people's care and support needs were always assessed prior to anyone moving into the service. This made sure that the staff team had the skills and abilities to meet those needs appropriately. Relatives we spoke with and records we checked confirmed this. From the original assessment a plan of care had been developed for everyone using the service.

We looked at three people's plans of care, two of which we looked at in detail. This was to determine whether the plans of care accurately reflected the care and support that people were receiving. We found that they did. They included the needs of the person and how they wanted their needs to be met. Relatives were asked to support the people using the service to complete a 'This is me' section within the plan of care. This provided the reader with an insight into the person's past history and included information on their likes and dislikes. The registered manager explained that when it was not possible to get relatives to support people with this task, a member of the staff team would assist. The plans of care we looked at included a 'This is me' section. We were able to read about the person's history and what they liked and didn't like. It was evident when talking to the staff team that they too were aware of this information. This knowledge and understanding of the people they were supporting enabled the staff team to provide more person centred care.

People's plans of care had been reviewed every month or sooner if changes to their health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken. This included for one person who had been having difficulties swallowing their food and drink, contacting their doctor and the local Speech and Language Team. A relative told us, "They always include me in any care planning for [their relative] and if they have to call the GP, which they have done, they call me straight away in case I want to come. I only live a few minutes away but I have every faith in their judgement."

Relatives and friends were encouraged to visit and they told us they could visit at any time. One relative told us, "I am so glad that I can visit whenever I want, it makes all the difference." Another relative explained, "Our family has been made most welcome, there is a very homely environment and I cannot fault the home one bit."

During our visit we observed the staff team supporting people. It was evident that people were getting all the care and support they required and this was provided with a lot of compassion and caring. However, there seemed little time available in between the staff team providing people's physical support, for them to interact and socialise further. On speaking with three of the people using the service they told us that they had enjoyed our chat and missed this sometimes. On the morning of our visit we carried out a short

observation in the dining room /lounge area. This was over a period of 40 minutes. We saw that apart from the registered manager interacting with a group of people whilst painting a person's nails, the only other interactions were task led. We shared this with the management team for their information and consideration.

People were supported to follow their interests and take part in social activities though activities were being provided by the staff members on shift and were fitted in around their other tasks. One staff member told us, "99% of the time we have time to fit in activities."

The things people liked to do had been explored when they had first moved into the service and the support workers offered the things that people enjoyed. One person told us, "There is a part-time gardener here and in the summer he helps us to plant the raised beds which is nice. I miss my garden." Another person explained, "The activities are ok, I do join in, but I could do with more exercise in my chair, ones to keep me from seizing up." When we asked them what activity they had done that day they replied "Dominoes."

A monthly church service was organised and outings and outside entertainers had also been arranged. One person using the service told us "I love the trips out. We go on canal trips, to garden centres for the café and we have entertainers who come into the home." A relative told us, "They encourage me to bring my dog as they [people using the service] love petting him and he can take any amount of that. I know other families bring their dogs here too and they have a visiting zoo which they love."

'Family boxes' were displayed outside people's bedroom doors. The majority of these were filled and included photographs of people and things that were important to them. The people we spoke with talked about them and made reference to them several times which showed us that this boxes were valued.

People told us they felt comfortable raising any issues of concern and were confident these would be dealt with to their satisfaction. One person told us, "I would go straight to the manager if I had a complaint; she always listens and gets things done." Another told us, "I am more than happy to complain if I had anything to complain about." A relative explained, "I know I can talk to the Manager about anything and she will do her best to make sure it's sorted."

Good

Is the service well-led?

Our findings

People using the service told us they felt the service was well managed and the registered manager and the management team were open and approachable. One person told us, "The Manager is so lovely. She always smiles and always has time to talk to you. She's a Gem." Another person told us, "[The registered manager] is very approachable, she is lovely." A third person explained, "I chose this home myself. I knew it had an excellent reputation and I haven't found it any different living here. I am well looked after."

Relatives we spoke with told us that they had a good relationship with the management team and they felt able to discuss any issues or concerns with them. One relative told us, "There appears to be a very open way of communicating here. No hidden agendas, so it works really well." Another told us. "We did worry when the home was taken over, but our fears have been unfounded and the transition has been smooth."

Staff members we spoke with told us they felt very much supported by the registered manager and the management team and they felt able to speak to them if they had any concerns or suggestions of any kind. One staff member told us, "This is the best place I have worked in. I feel I am a valued member of the team. Your input means a lot to them [the management team] and if you suggest something they will act on it." Another explained, "I love working here. We are just one big family. It's not like coming to work at all and if I have a problem, I only have to speak to a member of the team and it's sorted. They are even helping me to gain further qualifications."

We saw that staff meetings had taken place providing the staff team with the opportunity to be involved in how the service was led.

People using the service were encouraged to share their thoughts of the service they received. 'Coffee mornings' were held every week with the registered manager. This provided people with the opportunity to discuss any thoughts or concerns regarding the service. One person told us, "We discuss things with [the registered manager] and she listens to what we say." Another person explained, "I don't bother going to the residents meetings as I know I only have to say if there is something I need help with." For people who were unable to share their views, their relatives and friends were encouraged to speak up on their behalf.

Surveys had also been used to gather people's views of the service provided. These had been made available to the people using the service, their relatives and friends, members of staff and health care professionals. Surveys were being sent out every six months and the comments returned in the surveys distributed in September 2015 were seen. They included, "We are extremely satisfied with the level of care for my father." And, "The staff are very welcoming and very helpful with whatever we ask." And, "The staff are excellent and show tremendous patience, thought and empathy."

Following the coffee morning meetings and the return of the most recent surveys, a 'You Said….We Did' action plan had been developed and this was displayed on the service's information board. One of the comments in the 'You said' section read, "We are finding that items of clothing are going missing." In the 'We did' section we saw that a new laundry policy and process had been introduced. The registered manager

hoped this would reduce the issues around missing laundry. This showed us that people's comments about the service had been taken seriously and actions had been taken to address people's concerns and requests.

There were systems in place to regularly check the quality and safety of the service being provided. Monthly checks had been carried out on the paperwork held including people's plans of care, medication records and incidents and accident records. The registered manager had carried out regular audits to monitor falls, pressure sores and infection control and regular checks had been carried out on the environment and on the equipment used to maintain people's safety. Where issues had been identified within this auditing process, action plans had been developed to address these.

The registered manager was aware of and understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service.