

Somerset Care Limited

Portcullis House

Inspection report

The Embankment
Langport
Somerset
TA10 9RZ

Tel: 01458250800

Website: www.somersetcare.co.uk

Date of inspection visit:
12 March 2019

Date of publication:
25 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

Portcullis House is a residential care home which is registered to provide care and accommodation to up to 44 people. The home specialises in the care of older people, including people living with dementia. At the time of the inspection there were 31 people living at the home.

People's experience of using this service:

Since the last inspection the provider had made improvements to the care provided to people and the effectiveness of their quality monitoring systems.

Portcullis House provided a comfortable friendly environment for people to live in. Visitors were always made welcome and people told us they felt at home.

People felt safe at the home and with the staff who supported them. The risks of abuse to people were minimised because the provider had systems and processes in place to protect people. Staff treated people in a non-judgemental way and respected them as individuals. Any concerns regarding poor practice by staff was dealt with promptly to make sure people were not put at risk.

People were cared for by staff who had the skills and experience to meet their needs. Staff had received training to make sure they were able to meet people's specialist needs. In the area of the home which cared for people who were living with dementia, staff interacted well with people which created a relaxed and calm atmosphere.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us staff encouraged them to be independent where possible.

People told us staff were kind and patient and we saw this during the inspection. People were assisted in an unhurried manner and their dignity was respected.

People could choose to socialise with other people or remain in the privacy of their personal rooms. During the inspection we saw some people enjoyed laughter and friendly banter with staff. Staff respected people's choices.

People's nutritional needs were assessed and met. People told us there was always a choice of meals and they could request alternatives to the meals on the menu. People's specialist diets were catered for.

Each person had a care plan which identified their needs and gave staff guidance about how people wished to be cared for. This helped to make sure people received support in accordance with their needs, preferred

routines and lifestyle choices.

Staff had a good understanding and knowledge of the people who lived at the home. This enabled them to provide care and support which was person centred.

People lived in a home where the provider was committed to seeking their views and making on-going improvements in line with people's wishes.

Rating at last inspection: Requires improvement (published 29/03/2018)

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, safe and well led to at least good. An action plan was received by CQC and at this inspection we saw that actions planned had been put into practice.

Why we inspected: This was a planned inspection based on 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

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 caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Portcullis House

Detailed findings

Background to this 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.

The comprehensive inspection took place on 12 March 2019. The inspection was carried out by two 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.

Service and service type:

Portcullis House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The service did not have a manager registered with the Care Quality Commission. A registered manager 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. At the time of the inspection an experienced relief manager was managing the home with the support of the provider's operations manager.

Notice of inspection:

The inspection was unannounced

What we did:

Before the inspection we looked at notifications we had received about the service. A notification is the

means by which providers tell us important information that affects the running of the service and the care people receive.

The provider had completed a Provider Information Return (PIR) prior to our inspection. The PIR is information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with 22 people who lived at the home, two visiting relatives and one visiting healthcare professional. We also spoke with seven members of staff. We observed staff interactions with people in the communal areas. The manager and operations manager were available throughout the day.

We looked at a selection of records which included;

- Five care and support plans
- Records of staff training
- Records of staff and resident's meetings
- Medication administration records
- Three staff recruitment files

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 this section was rated requires improvement. This was because we identified concerns in relation to risk management particularly regarding pressure area care. At this inspection we found improvements had been made.

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

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

- Risks to people were assessed and control measures were in place to minimise risks. For example, where a person was assessed as being at high risk of pressure damage to their skin appropriate pressure relieving equipment, such as mattresses and cushions were provided. Since the last inspection the provider had implemented a new checking system to make sure equipment was correctly set to give maximum benefit to people.
- Staff recorded all accidents and incidents which occurred and these were reviewed by the management and the provider. The regular reviewing of accidents and incidents enabled the provider to learn from these and make changes where necessary. Staff were informed of changes by electronic memo and discussions at handover meetings. This helped to minimise further risks to people.

Systems and processes to safeguard people from the risk of abuse

- Risks of abuse to people were minimised because the provider made sure all staff received training and information about how to recognise and report suspicions of abuse.
- Staff spoken with knew what to do if they had concerns and all were confident action would be taken to keep people safe.
- People felt safe at the home and with the staff who supported them. People looked relaxed and comfortable. When staff approached people, they smiled and in some cases, used physical contact, such as hand holding, to show their affection. One person said, "Staff are always kind to you." Another person told us, "I'm never frightened. It's quiet and calm here."
- People were protected from discrimination and staff respected people's individuality and lifestyle choices.

Staffing and recruitment

- The provider operated a robust recruitment process which helped to minimise risks to people. All staff were checked before they began work to make sure they had the appropriate skills and character to work with vulnerable people.

- People were further protected because if issues of poor practice were raised, the provider used supervision, additional training and the disciplinary process to make sure staff were fully aware of the expected standards.
- Staff told us they felt there were usually enough staff to safely support people. Where staff shortages occurred, the provider used agency staff who were familiar with the home. The operations manager told us recruitment of permanent staff was a priority for the home.

Using medicines safely

- People received their medicines safely from senior staff who had been trained to carry out the task. One person said, "I always get my medicines."
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Staff made sure people received these medicines when needed, even when they could not verbally express their need. Staff told us they monitored pain by looking at body language, asking the person if they were in pain and observing any changes in behaviour such as withdrawal or signs of distress.

Preventing and controlling infection

- People lived in a home which was kept clean and fresh.
- Staff had access to personal protective equipment, such as disposable gloves and aprons which helped to minimise the spread of infection.

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.

Staff support: induction, training, skills and experience

- People received effective care and support because staff had the necessary skills and experience. New staff underwent an induction programme which included shadowing more experienced staff. This helped people to get to know new staff and supported new staff to learn how people liked to be cared for.
- Staff were happy with the support and training they received and people thought staff had the right attitude and skills. One member of staff told us, "We get lots of training, the training is good."

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

- People had their needs assessed before they moved to the home. This helped to make sure that Portcullis House would be able to meet their needs and expectations.
- From initial assessments care plans were created which gave staff clear guidance about how people wanted to be supported.
- Staff had a good knowledge of people and provided care in a way that met their individual needs. One visitor told us, "They understand [person's name] needs very well."
- Staff had received training about how to support people living with dementia and followed best practice guidance. This helped to create a happy relaxed environment for people.

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

- Food and drink was provided in accordance with people's preferences. There was always a choice of food, including a vegetarian option, at each meal. People told us if they did not want something from the menu, other options were offered. One person told us, "I don't have much of an appetite but I can have whatever I fancy at the time." Throughout the inspection we saw hot drinks were regularly offered to people and everyone had easy access to cold drinks. One person commented, "Someone always makes me coffee, I don't like tea."
- People had their nutritional needs assessed and met. Where people required a specialist diet this was provided. For example, some people required food and drink to be served at a specific consistency. At lunch time we saw people received meals in accordance with their assessed needs.
- People received the support and encouragement they required to eat their meals in a dignified manner.

Where a person required physical assistance to eat we saw staff sat with them and chatted whilst assisting them. At lunch time one person sat on their own and a member of staff sat with them to offer company and gentle encouragement.

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

- People had access to healthcare professionals according to their specific needs. This helped to support people to manage long term health conditions and respond to emergency situations. One person told us, "I could see the doctor if I want."
- Staff followed the advice and guidance provided by other professionals to make sure people received effective care and treatment. For example, where speech and language therapists had recommended specific food and drink this was provided.
- A visiting healthcare professional described the staff as 'Pro-active' and said they always looked out for any behavioural changes which could indicate people's healthcare needs were changing.

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

- People lived in a home which was well maintained and met their needs.
- Accommodation was arranged over two floors and there was a passenger lift to enable people to access all areas. There were adequate communal spaces to enable people to socialise or spend time quietly.
- Since the last inspection a number of areas had been redecorated to enhance the environment for people. This included the creation of an area which had been called a tranquillity area. The manager told us they hoped people would use this for quiet times and reflection to support people to fulfil their spiritual and religious needs.

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, 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training about the MCA and knew how to support people in a way that respected their rights.
- Staff always asked for people's consent before they supported them with care. Where people lacked the capacity to consent to specific areas of their support, best interests decisions were made and recorded. For

example, where people required specific equipment to help to maximise their safety.

- The provider had made appropriate applications to deprive people of their liberty where people required this level of protection to keep them safe. Staff were aware of, and working in accordance with, conditions imposed where DoLS applications had been authorised.

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

- The provider and manager promoted an ethos of kindness and caring within the home. People were comfortable with each other and there was a warm and caring atmosphere. In the area which cared for people living with dementia we saw people expressed friendliness and care towards each other. For example, one person gently rubbed another person's shoulders and another person reached out to hold someone's hand when they became unsettled.
- During the inspection we saw many examples of kindness by staff. We saw staff spoke to people in an affectionate way and there was good humoured friendly banter between staff and people. When people were assisted staff did not rush them and offered help in a discreet manner. One person told us staff had arranged a party for a special birthday. They said, "They gave me a lovely surprise party, there were 21 of us."
- People felt well treated and respected by staff. People told us, "Staff are very kind to you" and "It's nice and homely. I feel at home here." Staff respected people's lifestyle choices and cared for people in a way that was non-judgemental.
- People's religious and cultural beliefs were respected and people were able to take part in multi faith services if they wished to. For people who did not wish to take part in services religious representatives were welcomed into the home to meet with people in private.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and people were able choose where they spent their time. We saw some people chose to socialise in communal areas and other people liked the privacy of their rooms. One person told us, "I like to be left alone sometimes." Another person who preferred their own company said, "I like the door open but they still knock."
- People's independence was supported which helped people to maintain control of their day to day lives. One person commented, "They don't interfere with you too much. On the whole you are supported to be independent." Another person commented, "It's very nice for a home, the staff are very friendly. They support my efforts at independence."
- People were able to have visitors at any time and visitors said they were always made welcome. We saw staff greeted visitors in a friendly way and people were able to see their friends and family in communal areas or the privacy of their rooms.

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

- People were asked for their views about their care and the running of the home. Minutes of meetings showed people were kept up to date with changes and were able to make suggestions.
- Since the last inspection the staff had begun to review people's care plans with them to make sure they were reflective of people's wishes. Where people were unable to be fully involved in this, personal representatives had been invited to take part in reviews.
- People's wishes were recorded in their care plans and carried out by staff. For example, one person liked to stay in a darkened room. When we met with the person we saw staff had partly drawn their curtains so that the room was in accordance with their wishes.

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.

At our last inspection this section was rated requires improvement. This was because we found care plans were not up to date and did not reflect people's current needs. We also identified that activities were poor and not based on people's interests and people's personal faiths and beliefs were not always recognised and accommodated. At this inspection we found improvements had been made.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- Since the last inspection care plans had been reviewed and up dated to make sure they gave staff clear information about people's needs and wishes. A staff member told us, "We sent letters to all the family members asking if they wanted to be involved in care planning and we had a really good response. The families feel involved and can tell us things about the person that we did not know. They like the new format for the care plans and we have had a lot of positive comments" A visitor told us, "I feel part of [person's name] care now."
- The care people wished to receive at the end of their lives was incorporated into care plans where appropriate. This included information about treatment they would and would not like to receive and decisions on whether they wished resuscitation to be attempted.
- Care plans were very personal to people and staff were following the guidance. For example, one person's care plan said they liked sweets and chocolates. When we visited this person in their room we saw they had these items close by so they could reach them.
- Activities were being planned in line with people's wishes and interests. People had been asked for suggestions and these were being incorporated into the activity programme. One person had said they liked drinking gin and we saw a poster advertising a 'Gin cocktails evening.' Another person asked to feed a lamb and this had been arranged. We saw a photo of the person smiling with a lamb on their lap. Staff were encouraging one person, who was living with dementia, to help in the garden. Staff said they enjoyed this activity and it helped them to relax.
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified communication needs were met for individuals. For example, one person had visual problems and the care plan instructed staff to write down in capital letters anything that the person needed to know. When we visited their room, we observed a paper pad and pen for staff to use.

Improving care quality in response to complaints or concerns

- All complaints made were fully investigated and action was taken to ensure improvements were made when investigations highlighted shortfalls in the care provided. Action taken had included additional supervision for individual staff and memos to all staff.
- People and visitors said they felt able to raise concerns and were confident that action would be taken. One person told us, "I would say something if I wasn't happy." Another person said, "Staff listen to you." One visitor said, "Staff always ask me if I have any concerns."

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.

At our last inspection this section was rated requires improvement and we found there was a breach of the regulations. This was because internal audits were not effective in identifying and addressing shortfalls. At this inspection we found improvements had been made.

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

- The service did not have a manager registered with the Care Quality Commission. A registered manager 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. At the time of this inspection an experienced relief manager had been managing the home for two months and planned to continue until a new manager was appointed.
- There was a staff structure which made sure there were clear lines of responsibility and accountability. It also ensured people always had access to senior staff to monitor their well-being and address any concerns.
- The provider was now using audits, conversations, surveys, observations and monitoring to effectively highlight shortfalls and drive improvement. There was an action plan in place which demonstrated how the provider had met the regulatory requirements and what further improvements they were working towards. For example, making further improvements to the building and recruiting additional staff. One person told us, "It's much better now - we do more." A member of staff said, "Things are better now, we feel supported."

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 lived in a home where the management team were committed to meeting their needs in a person-centred way and providing a homely and comfortable environment.
- The manager and deputy manager were very visible in the home and people appeared very relaxed and comfortable with them. This helped to create an open and inclusive atmosphere. To make sure people had access to the manager, and to make sure they could informally monitor care, their office was being moved to the front of the building.
- The provider understood the requirements of 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. The provider told us they had an open culture and staff confirmed this.

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

- The provider used themed conversations, surveys and meetings to seek people's views and ensure changes were made in accordance with people's wishes. For example, following a survey about food some changes were made to the menu.
- The provider was working to ensure the home was part of the community. They held a weekly coffee morning where everyone was invited. The manager also attended a 'Talking café' in the town to give people information about the home.
- People could be confident they would receive appropriate care and treatment because the staff worked in partnership with other professionals to meet people's needs.