Review of compliance

Portelet Care Limited Portelet House Care Home	
Region:	South West
Location address:	22 Grand Avenue Southbourne Bournemouth Dorset BH6 3SY
Type of service:	Care home service without nursing
Date of Publication:	November 2011
Overview of the service:	Portelet House is a care home service without nursing and it is registered to accommodate up to 14 people. The home provides a service for older people with enduring mental health problems including dementia. The location is registered to provide the regulated activity, "accommodation for persons who require nursing or personal care".

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Portelet House Care Home was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 7 October 2011.

What people told us

We were unable to obtain comprehensive views from anyone living at Portelet House because everyone accommodated at the home had enduring mental health problems such as dementia. We could not speak to anyone who was able to express opinions about the outcome groups we were assessing. Consequently many of the experiences of people living in the home that we refer to in our report were based on our observations of the support that we saw staff providing for individuals. They were also based on the views about the service that we were able to obtain from four visitors who were visiting their respective relatives living at the home.

We observed some of the day to day routines in the home and we were able to conclude from demeanour and behaviour of people living and working in Portelet House the nature and quality of the various interactions that we witnessed. We saw that relationships between staff and people living in the home were friendly, relaxed and informal. We staff helping and supporting individuals' in a number of different situations. These included, using hoists to transfer people from wheelchairs, helping people to eat at meal-times, supporting them to take medicines that they required and enabling them to participate in social activities. In all these situations we saw that staff were polite, sensitive, and when supporting people doing it in ways that promoted and respected their choices and promoted their dignity, privacy and independence.

Visiting relatives said that the care that Portelet House provided was "fantastic", "outstanding" and "second to none" and that the staff were "excellent". They told us that they were involved in decisions about the care their relatives received and regularly sent questionnaires to obtain their views about the quality of care that the home provided.

What we found about the standards we reviewed and how well Portelet House Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People living at Portelet House can be sure that their relatives are involved in decisions about the care and support they receive as well as the quality of the service and that their rights, privacy, dignity and independence are promoted.

Overall we found that Portelet House was meeting this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People living at Portelet House can be sure that their individual needs are met and that they receive effective, safe and appropriate, care treatment and support.

Overall we found that Portelet House was meeting this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People living at Portelet House can be sure that there are systems and procedures in place to protect them from harm.

Overall we found that Portelet House was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People living at Portelet house can be sure that the staff working in the home are supported to develop the skills and knowledge necessary to meet their specific needs.

Overall we found that Portelet House was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People living at Portelet House can be sure that the quality of service that they receive is monitored and checked to ensure that if the need to improve it is identified this will be implemented.

Overall we found that Portelet House was meeting this essential standard.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People living in Portelet House who we spoke to were unable to express opinions about this outcome.

Visitors to the home told us that they knew about the Mental Capacity Act and were involved in making important decisions concerning their relatives' care such as the use of bed rails and the administration of influenza inoculations. They said that the home contacted them if they had any concerns about their relatives' or the care needs of their relatives' had changed. They told us that they were able to look at notes such as turning charts that were kept about their relatives in order to see if the staff were doing things according to the care plans that they had signed on behalf of their relatives'. They said that they were sent questionnaires every year and could make suggestion about how to improve the service. They told us that they saw activities organised in which people living in the home participated and saw clergy visiting the home to give communion to some people and that they had seen evidence of the home promoting peoples' dignity.

One relative said, "They use the screen to provide privacy for her even when the hairdresser visits and they always ask us to wait outside if they are going to do anything to her. They value everyone's privacy".

Another relative said, "I spent a whole day with her because they were doing a continuous care assessment … I saw how she was spoken to. I saw them ask her what she wants to wear even though she will give no response …I am involved in all important decisions about Mum … they always contact me and if there is a problem they are on to it straight away … she shares her room and they always use a screen if anything needs to be done and staff always knock on bedroom doors and they don't go straight in … If someone has an accident they are changed straightaway … I have made suggestions and they have listened to them … the staff are very observant if someone gets up to go anywhere they notice, they are really on the ball … they have outside entertainment and they always organise games and things in the afternoon, playing board games and doing one to one things …I have been involved here taking people to tea dances at The Pavilion".

Other evidence

We pathway tracked three of the people living at Portelet House. As we were unable to have meaningful conversations with the individuals concerned because of their mental frailty this involved observing them and their behaviour at different times during the day. We noted how staff interacted with the individuals particularly when providing them with the help and support they required. We also looked at their records and other relevant documents that the home kept about them in order to establish whether the help they received was in accordance with their care plans.

We saw that the home used a document called "Get to Know Me" which set out an individual's life history. This information included details of a person's likes and dislikes, interests and routines to help staff understand the behaviour of individuals who were unable to communicate their needs and concerns. We noted that care plans included details about individuals' personal preferences, indicating that the home was promoting person centred care. We also saw evidence in care plans that relatives had been consulted and involved in decisions about the care of the people who we were pathway tracking. These included the use of bed rails, pressure mats, non-resuscitation and the administration of influenza inoculations.

We saw that all but two bedrooms in the home were single rooms which promoted the privacy and dignity of the occupants. The two rooms that were each shared by two people were both provided with screens and visiting relatives assured us that screens were not only used in those bedrooms but also in communal areas when privacy was required.

We observed staff taking time to ensure that people were able to exercise choice about a range of things over the course of the day such as where they wanted to sit in communal areas and what activities they wanted to pursue. We particularly noted people being encouraged to exercise choice when drinks and snacks were being provided. We saw staff assisting individuals who needed help at meal times and this was done in a way that was unhurried and at the pace of the person concerned. We saw that staff ensured that people's clothing was protected from the possibility of spilled drink or food.

We saw staff explaining to individuals when helping them with their medication about what it was and why they needed to take it and we noted that they regularly checked if people were comfortable or needed any help.

Generally, people living in the home seemed relaxed with staff and their surroundings. We observed a group of three people in a lounge area for a period of one hour and they were all alert and on occasions either engaged with each other or staff who frequently entered the room for periods of time. We saw staff carrying out a reminiscence session with a small group of individuals using pictures and cards as prompts for discussion.

The person managing the home told us that because most people living in the home were only able to concentrate on something for a short period of time that staff were encouraged to do "little and often" when engaging people in stimulating activities. We saw from people's records that we examined that they had access to and participated in a range of activities, including exercise and skittles.

We noted that a number of information leaflets about the Mental Capacity Act were kept in the home's office and could be made readily available for staff and relatives. The legislation sets out the procedures that must be followed when important decisions have to be made on behalf of a person who lacks capacity to make the decision themselves. This is to ensure that any such decision is made in that person's best interests.

The person managing the home told us that to ensure individual's civil rights were upheld everyone living in the home was registered on the electoral roll.

Our judgement
People living at Portelet House can be sure that their relatives are involved in decisions about the care and support they receive as well as the quality of the service and that their rights, privacy, dignity and independence are promoted.

Overall we found that Portelet House was meeting this essential standard.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People living in Portelet House who we spoke to were unable to express opinions about this outcome.

Visitors told us that they had witnessed the care that their relatives received and they thought that it was "fantastic", "second to none" and "outstanding".
They said that the health care professionals who called at the home to see their relatives included, doctors, district nurses and podiatrists.

One visitor said, "I don't think Mum would have lasted so long without the care that she gets".

Another visitor said, "I am amazed at the amount of care she receives and the attention to detail … she developed a sore and they arranged for the district nurse to visit and treat her … I have been here when someone has fallen and they call the emergency service straight away, they don't mess around. They have procedures in place that they follow".

Other evidence
We looked at the care plans and other relevant documents of the three people who lived at Portelet House who we were pathway tracking. We saw that comprehensive assessments had been carried out in order to identify the help and support that the individuals concerned required. We noted that equally detailed care plans had been developed based on the assessments of the person's needs and choices as well as

identifying potential risks to people using nationally recognised assessment tools. These risk assessments included matters such as mobility, falls, nutrition and skin integrity

The plans set out what help a person needed and what actions care workers had to take in order to provide this. They included information about the best way to communicate with the person and how to understand the individual's actions and behaviours. They referred to any special equipment that was needed for an individual such as pressure relieving equipment,or a hoist, to ensure that the help a person needed could be provided safely. They also described how staff had to intervene where necessary in matters such as assisting a person at meal times and monitoring their food and fluid intake, turning them regularly in bed to prevent pressure sores developing or ensuring that they took prescribed medication.

We saw that where care plans stated that special equipment was required that it was in place or available. We also saw staff providing support or carrying out actions in accordance with plans of care and also records that confirmed staff had taken such action, such as medication administration records and turning and food and fluid charts.

We noted that staff were well aware of individuals' preferences and specific needs and anticipated the help required by people who were not always able to clearly articulate their needs. All staff that we spoke to demonstrated a good understanding of the specific needs of the three people we were pathway tracking as well as all of the other people living at Portelet House.

We saw that care plans and risk assessments were reviewed at least monthly or more frequently if a person's needs changed and that people's weights were recorded at least monthly as a means of monitoring their health. We noted other evidence indicating that the home promoted the healthcare of people living there. We saw records of arrangements made by the home for people living there to see health care professionals when necessary as well to receive routine foot care and regular checks by opticians and dentists.

Our judgement
People living at Portelet House can be sure that their individual needs are met and that they receive effective, safe and appropriate, care treatment and support.

Overall we found that Portelet House was meeting this essential standard.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People living in Portelet House who we spoke to were unable to express opinions about this outcome.

All the four visitors that we spoke during our inspection visit told us that they were able to call at the home at any time and that none of them had ever seen anything to cause them concern.

Other evidence
Staff told us that that they had received training about safeguarding vulnerable adults and we saw staff training records that confirmed this. They were also able to demonstrate a good understanding of what constituted abuse and knew what action to take if they suspected or knew that an individual living in the home was being harmed.

We saw that a number of written policies and procedures concerned with promoting the safeguarding of people living at Portelet House were available for staff guidance and reference. These Included "whistle blowing", "gifts and gratuities" and "restraint".

We looked at the staff records of four care workers who were on duty on the morning shift at the time of our inspection visit. It was apparent from the records that robust recruitment procedures had been implemented and that e appropriate checks had been made about the suitability of individuals' to work with vulnerable adults before they were allowed to work in the home.

We noted that the home's complaints procedure was prominently displayed in several points throughout the building.

The person managing the home told us that they did not look after money on behalf of anyone living in the home.

Our judgement
People living at Portelet House can be sure that there are systems and procedures in place to protect them from harm.

Overall we found that Portelet House was meeting this essential standard.

Outcome 14:
Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
People living at Portelet House who we spoke to were unable to express opinions about this outcome.

All the four visitors that we spoke to during our inspection visit told us that they knew that the staff working in the home attended training courses and described them as "efficient" and "well trained".

One visitor said, "It is the staff that make the place, they really care. I think it is down to their training …".

Other evidence
The person managing the home told us that the home's staff group was stable and long standing and there had been no new staff employed to work in the home for almost two years. She said that agency staff did not have to be used as any sickness or holidays were covered by staff working extra hours to help out and that this ensured continuity of care.

We spoke with three of the four staff who were on duty on the morning/early shift at the time of our inspection visit. They all told us that they had received comprehensive induction and subsequent training. Two of them had obtained a relevant National Vocational Qualification at level two and the third at level three. The former were both undertaking further training under the recently implemented Quality and Credit Framework.

From their respective staff records we noted that all the staff that we spoke to had attended a number of training courses arranged and provided by the local authority such as, "Dementia and Challenging Behaviour", "Supporting Carers with Medication", "Safeguarding Adults Awareness" and "Moving and Handling". Other training that they had attended that was particularly relevant because of the needs of the people living at the home included "Mental Health Awareness" and "Active Communication". We also saw from the records of the staff that we spoke to that they all attended regular refresher training courses in health and safety subjects such as fire safety and infection control.
We saw a training matrix on display in the home's office. It enabled the training requirements of a person to readily and quickly identified as well as highlighting the dates by which a person had to complete any refresher training.

The staff that we spoke to told us that they received one to one supervision every two months and also received an annual appraisal. This was confirmed by the records that we examined. We saw that topics discussed with individuals at their one to one meetings included, the Human Rights Act, privacy, dignity, risk assessments and short term medication care plans.

One of the care workers we spoke to about training and supervision said, "We have regular supervision and if we have any issues we can discuss them. It helps me do my job properly. The training we have is good because things change and it is also good to meet other people and hear their opinions".

Another said, "It gives me the confidence to feel that I am doing what I should be doing. I know that if I have problems I can talk to the manager. I know that I have a good awareness of people's rights and how they should be treated".

Our judgement
People living at Portelet house can be sure that the staff working in the home are supported to develop the skills and knowledge necessary to meet their specific needs.

Overall we found that Portelet House was meeting this essential standard.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
People living at Portelet House who we spoke to were unable to express opinions about this outcome.

Visitors told us that they were sent questionnaires every year in order to obtain their views about the quality of the service their relatives received. They told us that they believed that their suggestions were listened to and they felt that they were able to influence the service. They also said that the person managing the home routinely asked them if they had any concerns.

Other evidence
We saw documentary evidence that a satisfaction survey questionnaire for the year 2011 had been sent out to relatives and staff. At the time of our visit we noted that ten responses had been returned by relatives and five by members of staff. The person managing the home told us that the responses would be collated when they had all been returned and if necessary an improvement plan would be developed and acted upon.

We looked at documents of audits that were evidence that the person managing the home regularly assessed and checked whether home's policies and procedures and staff working practices were being carried out properly. These included medication and infection control audits and the latter included looking at the condition of the environment, furniture and equipment.

We noted that a detailed analysis had been completed for accidents and incidents that had occurred in the home between January and July 2011 to ensure that lessons were learnt from them.

Our judgement
People living at Portelet House can be sure that the quality of service that they receive is monitored and checked to ensure that if the need to improve it is identified this will be implemented.

Overall we found that Portelet House was meeting this essential standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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