Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Portelet House Care Home

22 Grand Avenue, Southbourne, Bournemouth, BH6 3SY

Tel: 01202422005

Date of Inspection: 05 December 2012

Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Portelet Care Limited
Registered Managers	Mr. Jean Moocarme Mrs. Teresa Pearman
Overview of the service	Portelet House is a care home service that does not provide nursing care. The home can accommodate up to 14 people. It provides a service for older people with enduring and age related mental health problems such as dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

In this report the name of Mr. Jean Moocarme a registered manager appears. He was not in post or managing Portelet House at the time of the inspection. His name appears because it was still on our register at the time.

There were 10 people living at Portelet House at the time of our inspection. We were unable to obtain their views because of their mental and physical frailty. We gathered evidence of people's experiences of the service by reviewing relevant records, observing how care staff interacted with people and talking with visitors.

We saw that care staff encouraged people to retain their skills and independence and provided them with the support they needed.

Visiting relatives and a healthcare professional we spoke with were complimentary about the care people received.

The provider had arrangements in place that ensured that the building and equipment used to provide specialist care and treatment people required was safe and properly maintained.

We saw that the provider's recruitment procedures ensured people's suitability to work with vulnerable adults was checked before they started work at the home.

Care staff we spoke with told us there were always enough of them on duty to meet people's needs. They said they received regular training about health and safety matters.

There were arrangements in place to monitor the quality of the service provided and to

check that the provider's procedures were implemented properly.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spent some time observing the activities in the home's communal lounge/dining area. We noted that wherever possible care workers involved people in making decisions about their care needs. For example they asked people if they wanted assistance or refreshments.

We saw that where individuals were unable to communicate their needs that care staff anticipated the help they required. For example repositioning a person to ensure they were comfortable and providing them with a blanket.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

We pathway tracked three people. This meant that we looked at records the home kept about them including their plans of care.

We saw that individuals care plans all included references to the essential principles set out in the Mental Capacity Act 2005. They also set out the procedures to be followed for each person where they did not have capacity to make decisions for themselves. For example one plan stated the following:-

"Day to day decisions will be made by carer's in the best interests for X taking into account information from family. Medical decisions will be made in the best interests of X by the General Practitioner/district nurse … Any serious decisions to be taken will be discussed with next of kin and significant others …".

We spoke with four care workers and the home's manager during our inspection. They all told us they had received training about the Mental Capacity Act 2005. We looked at staff training records and they confirmed this.

Records we looked at showed that relatives had been involved in assessments of people's needs and plans put into place to meet them. They also showed that people's relatives or other relevant representatives had agreed with healthcare professionals' decisions about the resuscitation of individuals in the event of them suffering a serious life threatening illness.

We spoke with three visiting relatives. They all told us they had been fully involved in decisions about the support and care their relative received. One said, "They always contact me if my mother has been seen by her GP and her medication has been changed. We have discussed resuscitation and there are instructions in place".

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We pathway tracked three people. This meant that we looked at records the home kept about them including their plans of care. We also spoke with and where appropriate observed care workers as they assisted people. This was in order to see if people received the support they needed in accordance with their plans of care.

Records we looked at showed that people's needs had been identified before they moved into the home. This was done so that the home's manager could be sure people could be provided with the level and type of support they required.

The care and support plans we looked at set out the actions care workers had to take to provide the support people needed such as help with washing and getting dressed. Plans were also in place to manage risks to their welfare. For example, we saw that people's body weight was monitored so weight loss or gain could be quickly identified and its cause investigated and addressed. We also saw that the risk of developing pressure sores was assessed and where necessary preventative action taken. This action included the use of pressure relieving aids and repositioning or turning people in bed.

This meant that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We noted that a range of supporting records/documents were in place such as daily progress notes, contact with healthcare professionals, turning and positioning charts, food and fluid charts and medication administration records (MAR). This meant the home had systems in place to show that care staff had provided the support people needed and wanted in accordance with their care plans.

Where the care plans stated people needed support with some aspect of their personal care and where it was appropriate we saw that this happened. For example, we saw people assisted with with eating and drinking.

If we were unable to observe care being provided we looked at relevant records to check staff had taken the necessary actions to meet people's needs. We also spoke with care

workers in order to check with them what help they had given people.

We had the opportunity to speak with a healthcare professional who visited the home during our inspection as well as three visiting relatives. The healthcare professional said, "It is one of the best homes we go to. They communicate well with us. I can't fault them it is a very caring place. As soon as they identify a problem they contact us. The palliative care they provide is really superb".

One visiting relative said, "I am very impressed with the care she is getting. She is really well looked after".

Another visiting relative described the care their relative received as "excellent".

We saw that where the plans referred to need for special equipment or aids to meet people's needs these were in place or being used. These included Zimmer-frames, air-mattresses, hoists and wheelchairs.

We noted references in people's records to contact with and visits made to them by various healthcare professionals. They included GPs, district nurses, podiatrists, speech and language therapists. This showed that people's healthcare needs were promoted.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

Reasons for our judgement

Portelet House is a three story residential property that was converted for use as a care home.

The accommodation used by people living there at the time of our inspection consisted of 10 single bedrooms and two double/shared bedrooms. The bedrooms were located over three floors. A passenger lift provided access to all three floors. Eight of the single bedrooms and both double bedrooms had en-suite toilets.

Communal facilities included a toilet on the third floor and bathrooms with a toilet on the first and ground floors. There was also a lounge/dining room and a large conservatory on the ground floor. To the rear of the property there was an enclosed garden which was paved and provided with garden furniture.

At the time of the inspection visit the ground floor bathroom was not fully used. This was because there was no assisted bathing equipment in place. The home's manager told us it was the provider's intention within the next six months to convert the room into a wet room with a level access shower.

We saw that a former office on the third floor had been converted to a single bedroom with an en-suite toilet. The home's manager told us the provider had submitted an application to increase the number of people accommodated at the home to 15 people.

We also saw that several bedrooms had been redecorated and newly furnished with matching items. The home's manager told us the use of colour contrasting for doorways and also fittings in the en-suite facilities had been based on advice from a psychologist who specialised in dementia care.

This showed that the provider had put in measures in place in order to promote the independence of people with dementia and also people with visual impairments.

We looked at records and documents. They showed the provider had arrangements in place with contractors for regular checks and servicing of installations and equipment in the home. These ensured they worked effectively and safely.

The installations and equipment included central heating, electrical installations, portable electrical equipment and a passenger lift.

We saw records that showed potential hazards in the bedrooms of people had been identified. These included radiators and windows. The records showed how these risks were managed and we saw that they were reviewed every month.

We asked the home's manager about health and safety checks of the entire premises. They said that although there was no formal system in place the building was checked regularly in order to identify and take steps to eliminate potential hazards to people's welfare. They told us a system for recording such checks would be implemented.

Similarly the manager told us that the temperature of water was always checked with a thermometer before a person was bathed to ensure it was safe to do so. They said no record was kept to show this was done but a record would also be implemented to record these checks.

During our tour of the premises we saw that fire safety instructions were prominently displayed throughout the building. They set out the action people should take if they discovered a fire or if a fire alarm was activated.

We spoke with four staff who told us they received regular training about fire safety.

Records showed that annual fire risk assessments of the home had been carried out and contractors had regularly serviced and tested fire safety systems and equipment in the home. They also showed that the home's staff had received regular training about fire safety, taken part in fire drills and regularly tested fire alarms and emergency lighting.

We saw that there were personal evacuation plans in place for all people living at the home and information was available about "non-ambulant residents". This meant that if people had to be assisted from the premises in the event of an emergency there was information readily available about how this should be done and what support individuals needed.

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment. This was because the provider had arrangements in place that ensured equipment was checked, serviced and if necessary repaired or replaced.

We looked at records and documents that showed the provider had arrangements in place with contractors for regular checks and servicing of equipment. These ensured equipment was safe to use and worked effectively.

The equipment included mobile hoists and slings, wheel chairs, air mattresses, profile beds and an emergency/nurse call system.

Records also showed that the home's staff carried out frequent and regular checks to be sure equipment worked properly and safely. For example, daily checks were made to ensure that air mattresses were on their correct settings and worked properly.

There was enough equipment to promote the independence and comfort of people who used the service. For example, we saw that there was one hoist available for use on each of the three floors of the home. We noted that people who needed to be transferred or helped to mobilise with the use of a hoist had been provided with their own personal slings.

We also saw that grab rails, frames and a raised seat had been installed in some toilets.

We saw that the home's emergency/nurse call system was wireless and staff carried pagers. We noted that a call box was available in all rooms used by people who lived there. We heard the system in use several times during our inspection.

The provider may find it useful to note the home's manager mistakenly believed that a bath hoist installed in the first floor bathroom was checked and serviced as with all other lifting equipment in use at the home. There was however no documentary evidence to support this. The manager told us they would make arrangements to have the hoist checked and serviced without delay.

We telephoned the home's manager two days after our inspection visit. They told us that arrangements had been made to have the bath hoist checked on 10 December 2012 and also to have it serviced regularly.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work.

We looked at the records kept about the one person who had started work at Portelet House in the previous 12 months.

We saw that they had completed an application form and health declaration. They had also provided evidence of their identity and right to work in the United Kingdom.

We noted that references from the person's two previous employers had been obtained. We also noted that statutory required checks into the person's background had been completed. Records showed that this information had all been obtained before the person started work at the home.

Records also showed that person was subject to a six month probationary period.

We noted that within a matter of days of starting their employment the person had completed a six day common induction standards course arranged through the local authority's adult services department. We also noted that during the first three months of their employment the person received training about the Mental Capacity Act 2005, catheter and palliative care, falls awareness and skin integrity.

This showed that within a short time of starting work new staff received not only essential induction training but also training about the specific needs of some people who lived at the home.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke to four care workers who were on duty at the time of our inspection. They all told us that they thought that staffing levels at the home were "good". They told us that the home's manger helped them out or would arrange for extra staff to be on duty if they needed more help. One member of the staff team said, "She will not let us struggle".

Visiting relatives we spoke with not only praised the attitude and approach of the home's staff but one relative said, "They have a core of staff who have been here a long time and so there is continuity of care. We have never had strangers looking after Mum who don't know her".

One member of the care staff told us they had worked in the home in excess of 25 years. They said, "We have never had to use agency staff in all that time".

During our inspection we spent at least an hour observing the activities in the home's communal lounge/dining area. We saw that there was a member of staff available to provide assistance and monitor the needs of people, every few minutes.

The care staff on duty told us that the deployment of staff was as follows.

08:00 to 14:00 hours four care workers
14:00 to 20:00 hours three care workers
20:00 to 08:00 hours two care workers (both awake)

They said that the manager was available five days a week from 08:00 to at least 17:00. They said the five days was not necessarily Monday to Friday.

We saw from a staff schedule that the home also employed cleaning or domestic staff seven days a week from 08:00 to 14:00 hours and a chef three days a week.

Training records that we looked at showed us that out of 14 staff employed at the home to provide care, 10 had obtained relevant qualifications in health and social care.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had a system in place to regularly check and monitor the quality of the service and identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who used the service and their representatives were asked for their views about their care and treatment and they were acted on.

We looked at records that showed the provider had used a survey in 2011 in order to obtain the views of people's relatives about the quality of the service the home provided.

The home's manager told us that another survey would be arranged within the next few months.

We saw that the provider's complaints procedure was prominently displayed in the home. This showed that the provider had a system in place for looking into people's concerns.

We looked at records that showed the home's procedures and systems were regularly checked or audited. This was to make sure that procedures were implemented effectively and people's welfare was promoted.

The areas subjected to these checks included infection control, management of medication and care documentation. We noted that where these checks had identified improvement was required, action plans had been put into place.

We also saw that information had been collected each month about accidents and incidents. We saw that these had been collated and analysed in order to see if any trends emerged and if any lessons could be learnt. The manager told us that no trends had been identified from the analysis.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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