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: 17 October 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Portelet Care Limited
Registered Manager	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 17 October 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

What people told us and what we found

People were treated with respect and in ways that maintained their privacy and dignity. We observed staff interacting with people living at Portelet House and found they were respectful. When they provided care and support to people in shared rooms, they were mindful of people's privacy and provided information and reassurance. We spoke with two relatives who told us in their experience staff consistently acted in ways that ensured people's privacy and dignity were protected.

During our inspection we reviewed the records of ten staff and found their training was extensive and comprehensive. We spoke with four staff who told us their training was excellent and they felt well supported by the manager and deputy. In addition, they received regular supervision and annual appraisals. This meant staff were trained and supported to provide care and support that met people's needs.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy and dignity were respected.

Reasons for our judgement

People were treated respectfully and in ways that ensured their dignity.

At the time of our inspection, there were 15 older people living at Portelet House who needed care and support primarily because of mental health but also physical conditions. As a consequence of people's mental health challenges we were unable to speak with them directly about their experiences of living at the home. However, we used a variety of methods to understand their experiences including observing staff interactions and the impact these had on people. In addition we spoke with two relatives and a visiting professional.

One relative told us the care provided at the home was "second to none". They said their relatives had been at the home for more than eight years and they had "nothing but praise for the staff and the manager". They told us the staff were respectful and kind and their relative was beautifully looked after. Another relative said "the staff do a difficult job but they do it patiently and make sure people get the care they need".

The manager had undertaken pre-admission assessments which formed the basis for the first care plan. However, most of the people had been living at the home for many years which meant their initial assessment would not have reflected their current needs. In response to this each person had an updated "Get to Know Me Plan" which included new health and welfare issues and information about changing personal preferences and abilities.

We observed staff providing care and support to people in a lounge area. One person was moving too closely to another person which was causing them some distress. The team leader approached the first person and calmly distracted them away from a potentially difficult situation. They did this in a way so as not to draw attention to either person and in consequence their dignity was maintained.

We saw some people shared bedrooms. We asked staff how they maintained the dignity

and privacy of people in shared rooms when they provided care and support. They told us they always spoke to both people before explaining to the person concerned what support they were going to provide. They said there was a screen in each shared room which they consistently used to ensure people's dignity and privacy were protected. We spoke to a relative who told us "I have always seen them use the screen and they take really good care to make sure both people are aware what is happening". This meant staff took steps to ensure people's privacy and dignity were maintained.

Before staff entered a person's bedroom we observed they knocked on the door and called out their name and why they were there. We saw staff used the person's chosen name and spoke with them in a friendly manner. We asked three staff how they knew what people's preferences were in terms of their chosen name and other likes and dislikes. One told us "it is all in the care plan, it tells us what people like and what they dislike". Another said "the care plan said a person did not like loud noises, so we make sure we go up to them quietly and don't make them jump". We saw this information had been recorded in the person's care plan.

However, during our inspection, seven people were sat in a lounge area, two of these moved around from time to time, the others stayed sitting for several hours. A television was on at the end of the room showing normal daytime programmes throughout the morning. We asked staff if people chose what was on the television. They told us it was automatically turned on in the morning to whatever station it had been on the night before. One member of staff told us "It is just for background really, I don't think anyone really watches it". The provider might find it useful to note there was no indication in people's care plans that this was a preferred activity.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People experienced effective, safe and appropriate care and support that met their needs and protected their rights.

We looked at six records which were up to date and included a full set of risk assessments. We saw standard documents had been used to assess each person's needs. For example, people had pressure ulcer risk assessments to identify those people vulnerable to skin damage. When people were assessed as having a risk, a care plan was created. We saw these provided staff with guidance regarding the steps they should take to protect people from developing pressure ulceration.

We looked at one person's record who was receiving end of life care and support. This plan provided in depth guidance to staff about the ways they should ensure the person's comfort and wellbeing. There were specific instructions about a range of care processes to be followed, such as regular oral care and the support necessary to prevent pressure ulcer development. In addition, there were sections relating to the things staff should do to provide emotional support. The entry in the care plan included "Give lots of time, be patient and stay until you are sure the person is as comfortable and relaxed as possible. Give reassurance constantly while attending to their personal needs". This meant staff had clear guidance concerning not just what care and support should be provided but the way it should be delivered to ensure people were comfortable.

We spoke with the team leader about how senior staff ensured all staff carried out these instructions. We were told "we always say to staff how you would like your mother /someone else you cared about to be treated and make sure this is just what you do". They told us they worked alongside staff virtually every day and knew that all staff had the same values. We were told "we write things in care plans about how staff should behave just as a reminder, so that when we are busy the kindness in care is not forgotten".

People's daily records provided information about the lives of people living at the home. Staff we spoke with accurately described people's care and support needs as contained in the care plans. They told us they regularly accessed people's care plans in order to ensure they provided appropriate care. Staff said they "loved" working at the home and

being able to provide the care and support which was "the best job in the world".

Activities were provided during the afternoon by the care staff. Staff told us a small number of activities were on offer because people found it difficult to undertake group activities. Therefore the staff would undertake activities with individuals they knew they would enjoy. Some people liked to be read to, others liked to have hand massages while others liked to go out to the shops with staff.

We spoke with two relatives who told us there always seemed enough staff around to provide care and support. However on the day of our inspection the team leader was also undertaking the role of chef who had been absent for several month due to illness. It was necessary for the team leader to undertake two competing roles. However, there was no indication that people suffered as a result.

We spoke to a manager from the sister home who assured us interviews were arranged for a chef in the next week. In addition, a carer from another home was allocated during the day to help at mealtimes. The carer arrived to assist during our inspection. One visitor told us "people get all the care they need".

There was good support from local health and social care organisations. We spoke with a District Nurse who was visiting at the time of our inspection. They told us they visited twice a week but the manager frequently contacted the community team for advice which meant the team could visit at an early stage in response to any concerns. They told us there were excellent relationships between community staff and those at the home which meant people received nursing care in a timely and appropriate manner.

We saw the provider had a clear plan for responding to foreseen emergencies.

As a consequence of these measures the provider had taken reasonable steps to ensure the risks of unsafe or inappropriate care were minimised.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider had procedures in place to ensure people were protected against abuse.

We looked at the provider's safeguarding policy which included the local multidisciplinary safeguarding procedures.

We spoke to four members of staff who demonstrated they knew the different types and possible signs of abuse. They told us about the provider's policy and how they would report all concerns to the most senior person on duty and record all findings in detail in people's records. Staff told us they knew the manager or the deputy would respond appropriately and quickly to all concerns raised. They told us about the local authority escalation procedure and what could happen if an alert was serious. The staff were confident in their knowledge about abuse and safeguarding processes.

Staff told us they had received training in safeguarding vulnerable adults. We looked in the records of ten members of staff which verified they were all up to date with safeguarding training.

We were told there was no one living at the home without some capacity and we saw from the staff records they had received training in the Mental Capacity Act (2005). Staff clearly explained their understanding of consent and the importance of assuming everyone had capacity. Staff we spoke with were also able to explain the meaning of Deprivation of Liberty Standards and the things they should be aware of when they provided care and support. Ten staff records evidenced their training in these areas.

The provider had an up to date whistle blowing policy and staff files showed they had received relevant training. The staff we spoke with understood their responsibilities in whistleblowing and were clear if they witnessed poor care they would have no hesitation in reporting it.

These measures meant the provider had procedures in place to protect people from abuse and had ensured staff were aware of their responsibilities in protecting people from harm.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The provider had ensured staff were trained and supported to provide care and support to people safely and to an appropriate standard.

Staff told us they received training which had been sponsored by the provider. One said "the training helped me learn things to help residents better, it has made a difference". We were shown a training matrix but because of the manager's absence we were not able to review a learning and development plan.

We spoke to a manager from the sister home who explained how the managers from both homes worked together to plan new training programmes that met people's emerging health and welfare needs. We were told that because of people's complex mental and physical health challenges, new care and support needs were being identified. For example, because most people stayed at the home for many years, the population was aging and because Portelet House was their home they did not want to leave to receive end of life care. In response to this, both home managers had ensured staff received training and support to provide safe, appropriate and kind end of life care. We saw evidence of this in staff files.

Staff told us they felt well supported by the manager and deputy. One said "It is brilliant here every one cares so much and you feel you really matter". We asked what support staff received if a person needed end of life care. We were told "you never feel on your own, the seniors are great, they know if you are upset, we get to know people so well and really care about them, so it can be very hard". One member of staff told us "you know the manager is busy but never too busy to help if you need it, not just through supervision but any when".

Supervision was provided on a bi-monthly basis which was evidenced in staff files. We also saw from records staff appraisals were conducted annually. Staff told us these processes were helpful and supportive.

Staff meetings were held every month and the minutes of these circulated to staff and held in a central file. The most recent meeting included feedback from the manager about the

numbers of incidents and accidents there had been in the home during the previous month and a discussion about the ways these accidents could be prevented.

These measures meant the provider had trained and supported staff to provide safe and appropriate 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 an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We were shown the provider's policies folder which included sections for staff to sign to show they had read individual policies. At the front of the folder the manager had included an introductory page which read: "If there is anything you do not understand you need to ask questions until you are quite clear. Write down what you are not clear on". The team leader told us this was one way the manager assured staff had good understanding of what was expected of them. They said it also showed support to encourage them to ask questions until they were clear about their responsibilities. They told us "it is a form of quality assurance because it makes sure we all understand the same things and can then do the right things".

The provider had several ways to monitor and evaluate the quality of its care and support at Portelet House. The team leader told us people's records were reviewed each month to ensure they were up to date and complete. We saw evidence of this in people's care plans.

People who used the service were unable to respond to formal surveys regarding the quality of care provided. However, an annual questionnaire was sent to all relatives. We saw evidence of this over a number of years and the ways the manager had responded to resolve individual issues raised. Just prior to our inspection the manager had moved into a new office and it was not possible to locate the most recently conducted 2013 survey.

We spoke to one relative who told us the manager frequently spoke with them to enquire if they were happy with the care and support provided. They said "we see the manager or deputy most days if anything was not right they tell us want to know as soon as possible, they are all very open". We looked at the provider's complaints file and found there had been none recorded since the previous inspection.

A range of regular audits were conducted by the manager on a monthly basis. These focused on areas of risk such as falls and care including nutrition. The results of these were reported back to staff and monitored for trends. One member of staff told us "we know what has happened as we are told at meetings then we work out why to try to avoid

it".

These measures meant the provider had appropriately monitored and evaluated care and support to assure the quality of the service.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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