

Portland House Care Limited

Portland House Nursing Home

Inspection report

25 Belvidere Road
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Shropshire
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Tel: 01743235215

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Portland House Nursing Home is a residential care home providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The service can support up to 32 people in one adapted building. The home is situated over three floors.

People's experience of using this service and what we found

People's capacity to consent to specific decisions was considered and any restrictions on people's liberty was lawfully carried out. However, the recording of these decisions was insufficient, and it was not always clear from the records we saw how decisions had been reached. We made a recommendation about this.

Everyone said they felt safe and enjoyed life in the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff administered people's medicines safely. Staff provided people with support to have the medicines they needed to remain well, and people's medicines were regularly reviewed and checked.

Risks to people were assessed and mitigated and there were systems in place to safeguard people from abuse. People were supported by a well-trained staff team who were available when they needed assistance and who were recruited safely.

People and their relatives told us staff were caring and kind and we saw positive interactions between staff and people who lived in the home. Staff supported people respectfully and promoted their independence while maintaining their dignity

People were able to see healthcare professionals to assist their health and wellbeing. Staff supported people to eat healthy nutritious food and to drink sufficient fluids and were familiar with people's dietary needs. There was an emphasis on the dining experience being a social event for people. Relatives were welcome to join people for meals if they chose to and were warmly welcomed in the home.

There were systems in place to monitor and improve the quality of the service. Audits were carried out and people's views were sought. Where shortfalls were picked up the registered manager was using the information to improve the service. Staff understood their role and had confidence in the manager. Staff told us they worked well together as a team, and there was good morale amongst them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 16 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Portland House Nursing Home

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one assistant inspector.

Service and service type

Portland House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior care workers, care workers, activities coordinator and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People and relatives told us staffing levels were adequate. One person said, "There's enough staff to support me properly."
- Observations completed throughout the inspection showed staff were able to respond to people's needs in a timely way.
- Safe recruitment processes were in place. This ensured staff employed to work in the home were suitable.

Assessing risk, safety monitoring and management

- Risk assessments had the information staff needed to reduce risks and support people to remain safe.
- Regular health and safety checks took place. There were regular checks on equipment to ensure it was safe and fit for purpose.
- Accidents and incidents were recorded. This information was used to look for themes or patterns in the kinds of incidents occurring. This helped to identify any action necessary to prevent reoccurrence.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines safely.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff were trained and assessed as competent before they administered medicines.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the home. One person said, "I feel safe. It's as good as it can be."
- Staff were clear on the potential signs of abuse and how to raise any concerns they might have.
- Records showed that any potential safeguarding allegations had been reported, recorded and investigated in a timely manner.

Preventing and controlling infection

- Systems were in place to prevent and control infection.
- Staff provided care using protective equipment that reduced the risk of spreading infections.

Learning lessons when things go wrong

- There were systems being used to ensure the service learned lessons when things went wrong. These were used to improve safety and reduce risks to people, staff and visitors.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications were made for people when needed. We saw when people had a DoLS in place, this was clearly recorded in care plans.
- However, at our last inspection we noted mental capacity assessments and best interests' meetings were not always recorded appropriately, and this was still the case at this inspection. Improvements had been made and we could see consideration had been given to people's capacity in their care plans, but we did not see evidence of how these decisions had been reached in line with legislation.

We recommend the provider seek advice on guidance from a reputable source regarding the Mental Capacity Act 2005 and take action to update their practice accordingly.

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

- People's needs were assessed and delivered as reflected in their care plan. Relatives gave positive feedback and felt their family members needs and choices were met.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment.

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

- We saw some of the bedrooms which were clean, tidy and furnished with personal items.
- Bathrooms were adapted to ensure they could be accessed by all.
- Equipment was in use to support people to move around the home independently.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who felt supported by the registered manager.
- Staff had the skills and knowledge to support people living in the home. Relatives felt staff were experienced in caring for their relation. One relative said, "Staff are well trained. My [relative] needs to be supported to move with a hoist and this is always done really well and safely."
- New staff members completed a structured introduction to their role.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. Where needed, this included information regarding specific diets associated with their individual needs.
- We observed a lunchtime sitting during the inspection. The dining experience was pleasant, with tables well laid out. People were offered a choice of food and drinks, including a glass of wine or beer. The registered manager told us they wanted the dining room to be a social experience for people to enjoy, and we could see this had been achieved.
- People were encouraged to maintain a healthy diet. When it was appropriate, people were regularly weighed and, if necessary, referrals were made to the GP or Dietician for advice.

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

- The registered manager worked with other health and social care professionals to help ensure people's healthcare needs were met. We saw evidence that appropriate referrals had been made, and staff followed guidance given.
- People living in the home and their relatives told us they felt supported when they were unwell. One relative said, "Staff are really responsive when [relative] is unwell, and they keep the family informed."

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they had choice and could make decisions about their support.
- When people were unable to express their views, staff found out about their previous choices and preferences. These were used, along with talking with relatives, to develop people's plans.
- Regular resident meetings and surveys were also completed. Records showed that people were asked their opinions and whether anything could be improved. We saw action was taken based on this feedback.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were well looked after. Comments included, "The staff are so kind. Even at the end of their shift they are still so caring. They look after me well," and "[staff member] looks after me well. I wouldn't be without them."
- During our observations we saw people were always treated with respect, kindness and compassion by staff.
- Staff were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible, and staff knew how to support people to maintain their independence.
- Some people were encouraged to help with tasks in the home. One person told us they helped out updating the weather board which they enjoyed.
- People's privacy was respected. Staff knocked on people's doors and waited to be invited in.
- Records were kept securely, and staff understood their role to maintain people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had an individualised plan of their care based on an assessment of their needs. Plans were reviewed regularly.
- Staff knew people very well and provided care and support which was person centred and took account of their needs and wishes.
- People's health needs were recorded with good guidance to make sure staff were aware of how to support people if they became unwell.

End of life care and support

- There was nobody receiving end of life care at the time of the inspection. However, staff had received training in end of life care and told us they would feel comfortable supporting people.
- People had the opportunity to record their wishes for the end of their lives. This information was recorded in their care plans and reviewed by staff. We saw that some people had requested to spend the end of their life at the home. These wishes were respected by staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included information about their communication needs and supported staff to communicate with people in a way that aided their understanding. One person who was unable to communicate verbally told us staff had given them a pen and board to write on, so they could communicate with staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had developed friendships with others living at the service.
- People were supported to maintain close relationships with relatives and friends. We spoke with one relative who told us staff always offered them refreshments and food and made them feel welcome. The chef summed up the home's ethos when they told us "This is their family's home, so it's their home as well."

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service. The complaints log contained both

complaints from people using the service and relatives. We looked at complaints received and found these had been responded to appropriately.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager in post who was aware of their role and responsibilities, including what events they needed to notify CQC about.
- Robust audits were in place and were effective at identifying improvements within the home. Improvements had been tracked through an action plan to ensure they were completed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- During the inspection we saw examples of how the registered manager had responded to people and their relatives when something had gone wrong. Appropriate action had been taken in these instances.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views and suggestions were considered and used to improve the service. Surveys had been completed by people and their relatives. Where actions were needed, these had been followed up.
- Staff felt able to raise concerns and were listened to. Staff meetings occurred on a regular basis. Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported, and this was evident during the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about communication and how the registered manager worked well with them and encouraged an open culture.
- Relatives told us they thought the service was well led. They told us that people were supported to be as involved as much as possible in the service and developing their care.
- The service was caring and committed to ensuring people had a high quality of life. People provided positive feedback about the quality of care they received.
- Everyone we spoke with told us the manager was approachable and staff enjoyed working at the home.

Working in partnership with others

- The registered manager worked closely with other agencies to ensure good outcomes for people.
- When referrals to other services were needed, we saw that these referrals were made in a timely way. For example, referrals to the falls clinic and physiotherapy to maintain people's mobility.