

Key inspection report

Care homes for older people

Name:	Portland Nursing Home
Address:	8 Park Road Buxton Derbyshire SK17 6SG

The quality rating for this care home is:	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Rose Moffatt	0 4 0 6 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Portland Nursing Home
Address:	8 Park Road Buxton Derbyshire SK17 6SG
Telephone number:	0129823040
Fax number:	0129823040
Email address:	daverai138@aol.com
Provider web address:	

Name of registered provider(s):	Mr Joginder Singh Rai
Name of registered manager (if applicable)	
Catherine Mary Fogarty	
Type of registration:	care home
Number of places registered:	40

Conditions of registration:	
Category(ies) :	Number of places (if applicable):
	Under 65 Over 65
old age, not falling within any other category	0 40
Additional conditions:	
No one falling within category OP to be admitted into Portland Nursing Home when there are 40 persons of category OP already accommodated within the home	
The maximum number of persons to be accommodated within Portland Nursing Home is 40	

Date of last inspection	1	8	0	8	2	0	0	9
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Brief description of the care home
Portland Nursing Home is situated near to the centre of Buxton where there is a wide range of amenities. The Victorian building has been extended to provide accommodation on three floors, accessed using a passenger lift, stair-lift or staircases.
The home is registered to provide personal care with nursing for up to 40 older people. There are a large number of shared bedrooms. None of the bedrooms have en-suite facilities. Three lounges, including dining facilities, are provided on the ground floor.

Brief description of the care home

There is a patio area to the rear of the building.

Information about the service, including CQC inspection reports, is available in the main entrance area of the home and on request from the manager or provider.

The fees charged range from £630 - £795 per week, depending on the care required and the room occupied. This information was provided by the deputy manager on 04/06/2010.

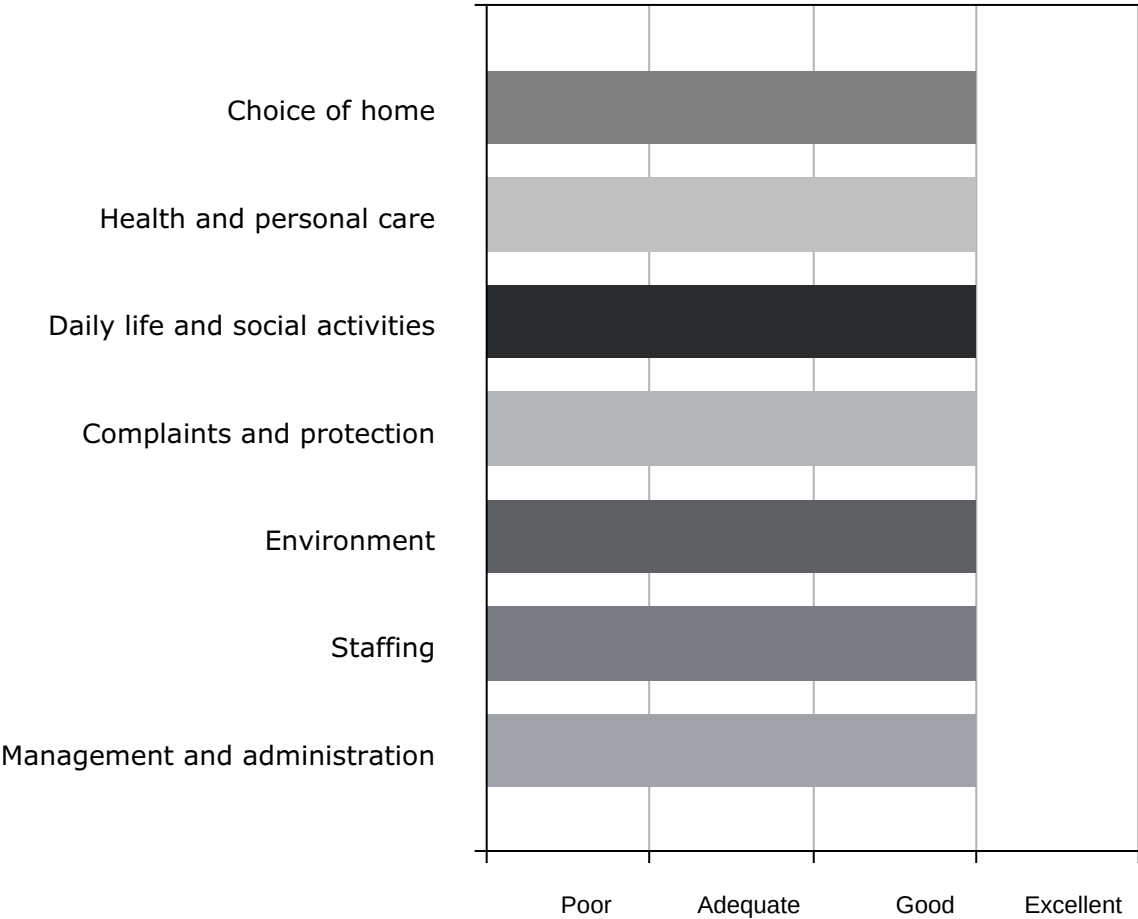
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 2 star. This means the people who use the service experience good quality outcomes.

The focus of our inspection is on outcomes for people who live in the home and their views on the service provided. The inspection process looks at the provider's ability to meet regulatory requirements and national minimum standards. Our inspections also focus on aspects of the service that need further development.

We looked at all the information we have received, or asked for, since the last key inspection or annual service review. This included: the annual quality assurance assessment (AQAA) that was sent to us by the service. The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service. It also has some numerical information about the service; surveys returned to us by people using the service and from other people with an interest in the service; information we

have about how the service has managed any complaints; what the service has told us about things that have happened - these are called notifications and are a legal requirement; the previous key inspection and the results of any other visits we have made to the service in the last 12 months; relevant information from other organisations; and what other people have told us about the service.

We carried out an unannounced inspection visit that took place over 5.5 hours on 04/06/2010. The inspection visit focused on assessing compliance with requirements made at the previous inspection and assessing all the key standards.

We sent out 10 surveys to people living in the home and received 8 completed responses, 4 of these completed with help from relatives. We sent out 10 surveys to staff employed at the home and received 8 completed responses.

There were 27 people accommodated in the home on the day of the inspection visit. People who live in the home, visitors and staff were spoken with during the visit. The registered manager was on leave. The deputy manager was available and helpful throughout the inspection visit. Some people were unable to contribute directly to the inspection process because of communication difficulties, but they were observed during the visit to see how well their needs were met by staff.

'Case tracking' was used during the inspection visit to look at the quality of care received by people living in the home. 3 people were selected and the quality of the care they received was assessed by speaking to them and / or their relatives, observation, reading their records, and talking to staff.

The inspector was accompanied by an 'expert by experience', Jan Colombo, for part of the inspection visit. An expert by experience is a person who, because of their shared experience of using services, and / or ways of communicating, visits a service with an inspector to help get a picture of what it is like to live in or use the service. The expert by experience spoke to people living in the home about the lifestyle in the home and their views of the service. Information from the findings of the expert by experience has been included in the body of this report.

What the care home does well:

People told us their needs were met at the home. They said "The home does very well for me", and, "I enjoy it here. They take good care of me".

People told us the staff usually listened to them and acted on what they said. They said the staff "involve us in everything", and "the staff listen to me".

Staff told us they felt well supported by the manager and deputy manager. They said they had relevant training to help them to understand and meet the needs of people in the home.

The expert by experience said "My overall observations are that Portland Nursing Home is a pleasant, spacious home. The bedrooms were personalised and the residents were happy. All the residents were nicely dressed and very clean. Staff appeared very caring to residents. All communication that I heard was appropriate".

What has improved since the last inspection?

The 6 requirements made at the last inspection had all been complied with. This had resulted in improvements to care plans, staffing, staff training, and the health and safety of people living in the home.

The refurbishment of the home had continued with redecoration and new furniture in the lounges and the installation of a stair-lift.

An administrative assistant had been employed. Staff told us this had made a positive difference in the home.

11 out of 22 care staff had achieved a relevant National Vocational Qualification (NVQ) at level 2 or above. This met the national minimum standard of 50% of care staff with the qualification.

What they could do better:

Develop the activities programme further so that people in the home have a wider range of suitable activities to choose from.

Produce a report of the findings of quality assurance measures, including the action taken to address any issues raised. The report should be available to people in the home and their representatives. This will help to ensure that people's views are used to change and improve the service.

Ensure that record keeping meets always meets current good practice guidance so that all records are secure, accurate and up to date.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk.

You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The needs assessment process had been developed and improved so that people were confident the home could meet their needs.

Evidence:

People told us their needs were met at the home. They said "The home does very well for me", and, "I enjoy it here. They take good care of me".

We looked at the records of 3 people in the home. Each had a pre-admission assessment carried out by the manager or deputy manager. These assessments had been improved since the last inspection to include more detailed information about the person's needs. Each person also had a nursing assessment from the hospital they were in prior to admission to the home.

The information completed on admission to the home included an assessment of the person's mental capacity, and also noted if they had a Lasting Power of Attorney or

Evidence:

Independent Mental Capacity Advocate.

Staff told us they always had up to date information about the needs of people in the home and had relevant training to help them to meet those needs.

The AQAA gave us the information we asked for about the needs of people living in the home. The AQAA said the home's Statement of Purpose had been updated and also that more information had been made available for people considering moving into the home.

Standard 6 did not apply as there were no people in the home receiving intermediate care.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There was a more consistent and person centred approach to care planning so that people received care and support to meet their individual needs and preferences.

Evidence:

Most people told us they always had the care and support they needed at the home, including medical care. They said "I am looked after, fed, kept warm. There is not much more I can ask for", and, "If I were ill, I am sure they would call a doctor".

Each of the 3 care records we looked at had a care plan covering the person's assessed needs. Since the last inspection, the care plans had been developed and improved to include more detail about the person's needs and preferences. There were good details of the action required by staff to meet individual needs.

The care plans seen had all been regularly reviewed, mostly monthly. Agreement with the care plans had been signed by the person's relatives in 2 of the care plans. The other person was unable to sign and did not have relatives visiting. People told the expert by experience they had not been asked about the care they wanted / received.

Evidence:

Each person had assessments of their healthcare needs, including their risk of developing pressure sores and their nutritional needs. There were appropriate risk assessments in place, such as the risk of falls and the use of bed rails. All of the assessments seen had been regularly reviewed.

The daily records for each person were informative and showed that the care plans and assessments were referred to in delivering care. There were some gaps left at the end of entries in care records - current good practice is to put a line through any space left to ensure nothing can be added later.

People told us the staff usually listened to them and acted on what they said. They said the staff "involve us in everything", and "the staff listen to me".

The care plans included prompts for staff about ensuring privacy, dignity and choice when caring for people in the home. We observed that staff had an appropriate and respectful approach to people.

The systems for managing medication had recently been reviewed following a recent incident in the home. Additional checking and auditing measures had been introduced to ensure the security and safehandling of medicines in the home.

We looked at the medication records and found these were generally correctly completed. We found a few gaps in records where there was no signature to indicate the medication had been given, or no code used to show why it had not been given. We saw that there was a system in place to identify where there were discrepancies or omissions in the medication records and we saw the action noted where these were found.

The AQAA showed that relevant policies and procedures were in place and had been reviewed in the last 12 months. The AQAA said that training about promoting and maintaining dignity was planned for all staff.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The routines, meals and activities offered generally met the expectations of people living in the home.

Evidence:

People who responded to our surveys told us there were activities arranged that they could take part in. In response to the survey question 'What could the home do better?', one person said "Perhaps stimulate people more".

The expert by experience spoke to 10 people in the home and had mixed responses when asking about activities. The expert by experience found that some people could not remember what activities had been offered. Others said they had enjoyed a recent visit from a harp player, "We can play games if we want to join in", and "There are outings. I have been on one or two". Some people said there were not enough activities offered.

There were photographs displayed of some recent activities and we saw records kept of activities offered to people in the home. The activities included games, making Easter bonnets, and staff taking people out in wheelchairs. Some staff had received training about providing activities for people with dementia and there was now a

Evidence:

'rummage box' for people to use. An area had been created in the main lounge with pictures and objects to provide reminiscence prompts to people in the home. In one lounge there was information about the forthcoming football world cup as some people in the home wanted to follow this.

The expert by experience commented "Although I was told about activities none were taking place during my visit. As a lot of residents would require activities in small groups or individually, I wonder if 10 hours a week is sufficient" (the activities coordinator works for 10 hours per week).

We found that people were usually able to follow their preferred daily routines. Several people chose to spend most of their time in their own bedrooms. People said "I choose when to go to bed and get up", and, "I can go to bed when I like. I do not go to bed early". We observed that most people in the home appeared to spend a large part of the day in their armchairs and some spent long periods in wheelchairs. We did not see anyone using the outdoor patio area during the inspection visit, even though it was a warm and sunny day.

Visitors were able to visit at any reasonable time. One person said "My wife can walk in and out at any time. She just has to sign in". A visitor said they were pleased they could visit every day at a time to suit them.

Most people told us they enjoyed the meals provided at the home. Several people said "The food is very good", though also said they were not always offered a choice of meals. The expert by experience observed that people were offered a choice of meal at lunchtime on the day of the inspection visit. Menus on display in the dining area of the main lounge indicated choices were available.

The expert by experience reported that "At lunchtime, most residents remained in their chairs and ate from a small table in front of them. A number were given assistance by staff. This was done sensitively and I heard a staff member ask a gentleman if she could put an apron on him. There seemed to be sufficient staff members on duty at lunchtime. Squash was available to drink. A kitchen staff member went round offering more chips. Only 3 residents sat at the dining table. They were sitting in wheelchairs".

The AQAA said that people in the home had been consulted about the food provided and menus had been changed accordingly. Care plans had been developed to include more information about individual interests and preferences. A wider range of activities was being offered.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There were appropriate policies in place and good staff awareness so that people were protected and their concerns effectively dealt with.

Evidence:

People told us they knew who to speak to informally if they were not happy and also knew how to make a formal complaint.

We looked at the records of complaints. These included 'minor' complaints as well as more serious complaints and had details of the action taken and the outcome.

We had not received any direct complaints about the home since the last inspection.

We had received information about 3 safeguarding vulnerable adults incidents in the home in 2010. Appropriate action had been taken to address the issues raised in all 3 incidents.

We found that staff training in safeguarding vulnerable adults was up to date. Staff knew the correct procedures to follow if abuse was alleged or suspected.

The AQAA gave us the information requested about complaints, concerns and safeguarding allegations, and showed there were relevant policies and procedures in place.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home was clean, suitably equipped and well maintained so that people lived in a pleasant and comfortable environment appropriate to their needs.

Evidence:

Since the last inspection improvements had been made to the home, including the installation of a stairlift, redecoration and new furniture in the lounges, and improved security at the front door.

The home was suitably equipped with lifting hoists and assisted baths. The deputy manager told us a new bath was to be provided that would be accessible to all people in the home.

The bedrooms seen were personalised with furniture and possessions that people had brought into the home. All the shared bedrooms seen had privacy curtains / screens in place.

There was an enclosed patio area with seating provided, accessed by a ramp from the main lounge.

People told us the home was always fresh and clean. All the areas seen on the day of the inspection visit appeared clean. The home was free from offensive odours, apart

Evidence:

from one identified bedroom.

Staff had received relevant training about the control of infection and were aware of correct procedures to follow.

The AQAA showed that relevant policies and procedures were in place and had been reviewed in the last 12 months. The AQAA said that the refurbishment of the home would continue with the provision of a new bath.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There were satisfactory recruitment practices, a good staff training programme and sufficient staffing levels so that people in the home were protected and well supported.

Evidence:

People told us there were usually staff available when needed. They made positive comments about the staff, including "The staff are very good", "Staff are smart, efficient, helpful and approachable", and, "I only have to press the buzzer for a member of staff".

We looked at the records of 2 members of staff. Both had all the required documents and information in place, such as a Criminal records Bureau disclosure and 2 written references. Both had completed an induction that met Skills For Care standards.

Staff training records showed that staff were up to date with required training, such as manual handling and safeguarding vulnerable adults. Staff had also received other training, such as training about the Mental Capacity Act 2005 and about providing activities for people with dementia.

Staff rotas showed that there were usually 2 registered nurses on duty for the morning and afternoon shifts, plus the manager during the week. At weekends there

Evidence:

were sometimes 2 registered nurses on duty. The deputy manager said they were aiming to always have 2 registered nurses on duty at weekends and were currently recruiting for staff to cover this. There were usually 6 care assistants on duty for the morning shift, 3 in the afternoon plus another 1 for the evening. Night shifts were covered by 1 registered nurse plus 2 care assistants. The nurses and care staff were supported by kitchen staff, cleaners, laundry staff, and an administrative assistant.

Staff told us that the staffing levels were usually sufficient to meet the needs of people in the home.

The AQAA said that 11 out of 22 care assistants had already achieved a relevant National Vocational Qualification at Level 2 or above, and another 3 staff were working towards the qualification.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home was well managed with effective systems in place so that the health, safety and welfare of people was promoted and protected.

Evidence:

The manager had been in post for several years and was suitably qualified to manage the home. The manager was on leave on the day of the inspection visit and so the deputy manager assisted with the inspection.

Staff told us the manager and deputy manager were "approachable", and, "open to suggestions", and the home was "well organised". Staff said that communication within the home usually worked well.

Since the last inspection, an administrative assistant had been employed working Monday to Friday. The deputy manager and other staff said this had made a positive difference in the home.

Evidence:

The quality assurance system included questionnaires completed by people in the home and their relatives / representatives. The results of the questionnaires had been analysed and action taken as a result of issues raised. There were other quality assurance measures including audits of systems and procedures in the home, and monthly visits by the provider. There was no quality assurance report available to people in the home and their representatives.

We looked at the records of personal money held for people living in the home. The records were accurate and up to date and the money was securely kept.

We found that improvements had been made in health and safety in the home, including regular audits of the environment of the home, staff training to ensure safe use of wheelchairs, and ensuring staff were familiar with the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

The AQAA was completed by the manager and gave us a reasonable picture of the current situation within the home. The data section of the AQAA was fully and accurately completed.

Are there any outstanding requirements from the last inspection?

Yes

☐

No

☒

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	12	The activities programme should be further developed and more hours dedicated to providing activities so that people are offered a wider range of appropriate and stimulating activities.
2	33	There should be a report of the findings of quality assurance measures, including the action taken to address any issues raised. The report should be available to people in the home and their representatives. This will help to ensure that people's views are used to change and improve the service.
3	37	Care records should be kept in line with current good practice guidance. This will ensure that information about the needs of people in the home is secure and accurate.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

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Address:	8 Park Road Buxton Derbyshire SK17 6SG

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Lead inspector:	Date:							
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Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Portland Nursing Home
Address:	8 Park Road Buxton Derbyshire SK17 6SG
Telephone number:	0129823040
Fax number:	0129823040
Email address:	
Provider web address:	

Name of registered provider(s):	Mr Joginder Singh Rai
---------------------------------	-----------------------

Type of registration:	care home
Number of places registered:	40

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	40
Additional conditions:		
No one falling within category OP to be admitted into Portland Nursing Home when there are 40 persons of category OP already accommodated within the home		
The maximum number of persons to be accommodated within Portland Nursing Home is 40		

Date of last inspection	1	7	0	9	2	0	0	8
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Brief description of the care home
Portland Nursing Home is situated near to the centre of Buxton where there is a wide range of amenities. The Victorian building has been extended to provide accommodation on three floors, accessed using a passenger lift or staircases. The home is registered to provide personal care with nursing for up to 40 older people. There are a large number of shared bedrooms. None of the bedrooms have en-suite facilities. Three lounges, including dining facilities, are provided on the ground floor. There is a patio area to the rear of the building.

Brief description of the care home

Information about the service, including CSCI/CQC reports, is available in the main entrance area of the home and on request from the manager or provider.

The fees charged range from £478 - £725 per week, depending on the care required and the room occupied.

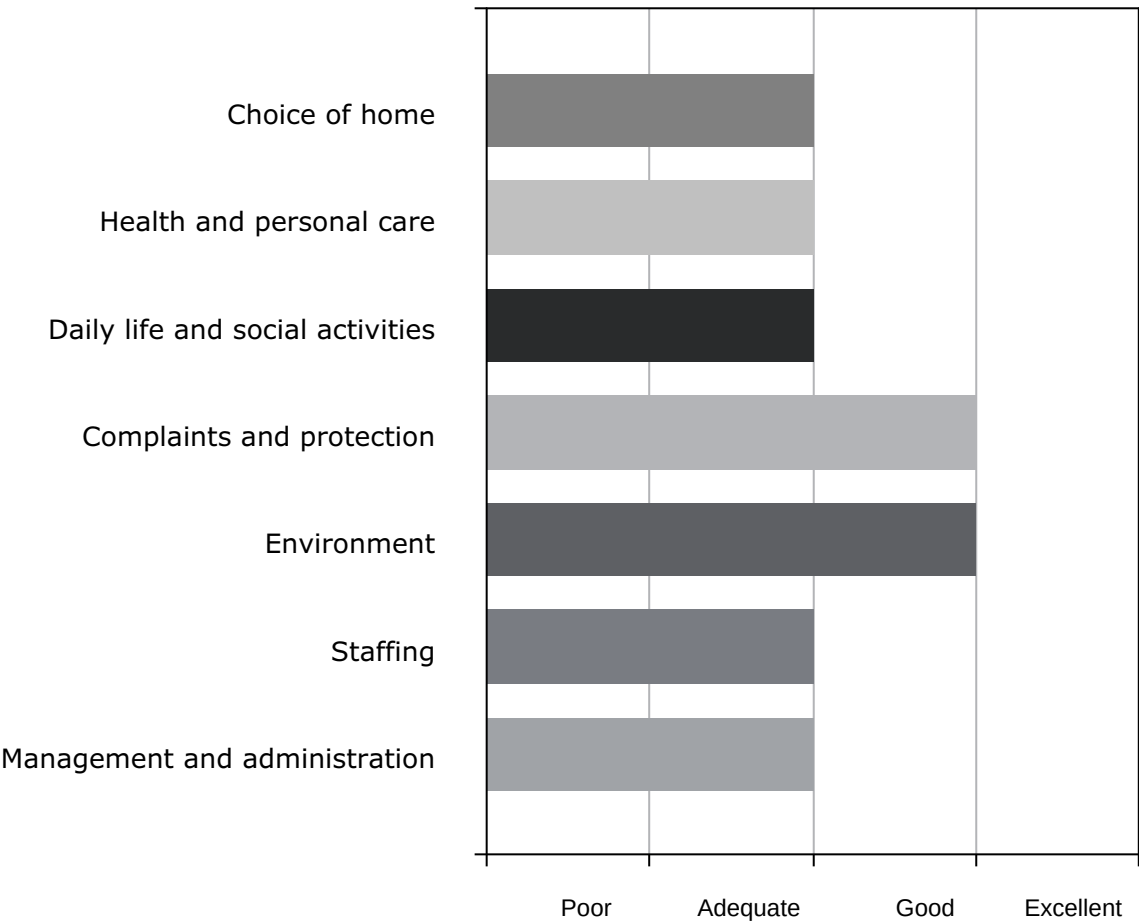
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 1 star. This means the people who use this service experience adequate quality outcomes.

The focus of our inspections is on outcomes for people who live in the home and their views on the service provided. The inspection process looks at the provider's ability to meet regulatory requirements and national minimum standards. Our inspections also focus on aspects of the service that need further development.

The last key inspection of this service was on 17th September 2008.

We looked at all the information that we have received, or asked for, since the last key inspection or annual service review. This included: the annual quality assurance assessment (AQAA) that was sent to us by the service. The AQAA is a self-assessment

that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the service; surveys returned to us by people using the service and from other people with an interest in the service; information we have about how the service has managed any complaints; what the service has told us about things that have happened in the service, these are called 'notifications' and are a legal requirement; the previous key inspection and the results of any other visits that we have made to the service in the last 12 months; relevant information from other organisations; what other people have told us about the service.

We carried out an unannounced inspection visit that took place over 7 hours on 18th August 2009. The inspection visit focused on assessing compliance to requirements made at the previous inspection and on assessing all the key standards.

There were 29 people accommodated in the home on the day of the inspection visit, all except 1 assessed as needing nursing care. People who live in the home, visitors and staff were spoken with during the visit. The manager was available and helpful throughout the inspection visit. Some people were unable to contribute directly to the inspection process because of communication difficulties, but they were observed during the visit to see how well their needs were met by staff.

'Case tracking' was used during the inspection visit to look at the quality of care received by people living in the home. 3 people were selected and the quality of the care they received was assessed by speaking to them and / or their relatives, observation, reading their records, and talking to staff.

What the care home does well:

People told us their needs, or those of their relative, were met at the home. They said "he's much better since he came here. He always looks well cared for", and the staff "respond quickly to residents' needs, make new residents feel at home".

People told us they received the care and support they needed, including medical care. They said the home was good at "general nursing care". They said that staff usually listened to them and acted on what they said. They said that staff "make people feel comfortable", and were "very kind, patient, dedicated, interested in the residents".

People told us they enjoyed the meals provided - "especially the cooked breakfasts!". They said they could have a choice if they didn't like what was offered on the menu.

Out of 22 care staff, 15 had already achieved a relevant National Vocational Qualification (NVQ) at level 2 or above. This exceeded the national minimum standard of 50% of care staff with a relevant NVQ.

What has improved since the last inspection?

A part-time activities coordinator had been appointed to provide a more structured approach to organising activities for people in the home.

Informal complaints were recorded with details of the action taken and the outcome. This helped to ensure that all complaints were listened to and taken seriously.

We found that the programme of refurbishment in the home had continued including new carpets in nearly all the bedrooms, new curtains in the lounges, and redecoration of the main lounge.

There had been an infection control audit by the local Primary Care Trust. The manager had developed an action plan to address issues raised and most of this plan had been completed.

There had been recent changes in shift patterns to allow more overlap between day and night shifts. This was to ensure more staff were available at busy times. Staff told us this was working well.

What they could do better:

Ensure that each person in the home has a care plan that includes all of their assessed needs and is person centred. Also, ensure that people, and/or their representatives are involved and consulted in planning their care. This will help to ensure consistent and effective delivery of person centred care.

Ensure the needs of people with dementia are better met through staff training and further development of the activities programme.

Ensure that there are sufficient, suitably qualified staff to meet people's assessed needs.

Ensure that staff are fully aware of and competent in the safe use of wheelchairs so

that the risk of harm to people is reduced.

Ensure that any accidents or other events are reported as necessary to comply with the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations (RIDDOR). This will help to ensure robust systems that protect people in the home.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The assessment process was sufficient to ensure that people's needs could be met at the home.

Evidence:

At our last inspection in September 2008 we found that there was a satisfactory assessment process and people said their needs were met at the home.

At this inspection we looked at the records of 3 people in the home. Each had a pre-admission assessment carried out by the manager or deputy manager of the home. The information in this assessment was basic and brief. 1 of these assessments was not signed or dated. Each person also had a more comprehensive assessment by social services and/or hospital staff.

The admission procedures did not include recording if the person had made an advance decision on receiving medical treatment, had a Lasting Power of Attorney

Evidence:

(LPA), Independent Mental Capacity Advocate (IMCA), or Relevant Persons representative (RPR).

People told us their needs, or those of their relative, were met at the home. They said "he's much better since he came here. He always looks well cared for", and the staff "respond quickly to residents' needs, make new residents feel at home".

Staff told us they usually had up to date information about the needs of people in the home. They said they had training to help them to understand and meet those needs. Some staff had received training about the needs of people with dementia.

The AQAA said that people who want to see the home are shown around by senior staff whenever possible so they get full and correct information. The AQAA said they would like to have more single bedrooms to offer.

Standard 6 did not apply as there were no people in the home receiving intermediate care.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The varied approach, lack of detail, and gaps in care plans did not ensure consistent and effective delivery of person centred care.

Evidence:

At our last inspection in September 2008 we found that the approach to care planning was not consistent or person centred. Care plans lacked information and did not have sufficient detail of people's personal preferences.

At this inspection, we looked at the care records of 3 people in the home. 2 people had a set of documentation recently introduced. The documentation was from the local Primary Care Trust for use in hospitals and had not been adapted for use in the care home. Consequently, there were many areas where the documentation was not appropriate and information asked for was not applicable to people in the home. The care plans were standard pro-formas with the name and some individual details of the person added.

For these 2 people, the care plans in place had sufficient detail of the action required

Evidence:

by staff to meet the person's needs. The care plans had been reviewed monthly up to date and changes made as necessary. There were no care plans in place for these 2 people about their communication, night-time, social or spiritual needs. Also, there were no care plans in place about the medication each person was prescribed and what help they needed to manage this.

1 person had a care plan in place from a previous care home. This was detailed and person centred, though it was not dated or reviewed so it was not clear how up to date the information was. There was also a care plan written following the person's admission to Portland Nursing Home. This was not person centred and lacked detail of the person's preferences regarding their daily routines. There was an additional plan, in a different format, with detailed information about the person's swallowing difficulties.

All 3 people had assessments of their health-care needs, including assessments of their risk of developing pressures sores, their continence, their nutritional needs, and their manual handling needs. These assessments had been reviewed monthly up to date. Some of these documents were not signed or dated.

There was little evidence that people, or their representatives, were actively involved in planning their care. 2 people had signed assessments of their need for bed rails to be in place.

Medication was securely stored and there were satisfactory systems in place to ensure safe-handling and administration. There were a few gaps in the administration records. The manager was aware of this as the records were regularly checked and was taking action to address the problem.

People told us they received the care and support they needed, including medical care. They said the home was good at "general nursing care". They said that staff usually listened to them and acted on what they said. They said that staff "make people feel comfortable", and were "very kind, patient, dedicated, interested in the residents".

We observed that most staff had an appropriate and respectful approach to people. Not all staff had received training about the care of people with dementia and this was apparent in the way some staff spoke to people.

The AQAA said the home had improved by training staff to be able to deliver manual handling training, introducing new risk assessments, and by senior staff having

Evidence:

training about the Deprivation of Liberty Safeguards. They planned to improve further by more training for qualified nurses at the home.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There were gaps in care plans and a lack of information about personal preferences so that the service provided was not always geared to individual needs and wishes.

Evidence:

At our last inspection in September 2008, we found that activities offered and routines in the home generally met the expectations of people living there. We found that there were few activities provided specifically for people with dementia. We made a recommendation that an activities coordinator should be employed and the programme of activities should be further developed to meet the needs of all people living in the home.

At this inspection we found that there was a part-time activities coordinator who also worked as a care assistant. Forthcoming events were advertised on the notice board in the main hallway. Activities included entertainers visiting the home, walks into the town centre, and manicures. Most people told us there were activities they could take part in. One person said they would like to go out more often and the manager said that more trips out were being planned. There appeared to be few activities to meet the needs of people with dementia.

Evidence:

1 of the 3 care records we looked at had a 'life history' with details of the person's family, previous work and leisure interests. 1 had similar information from the last care home the person lived in, and this also had good details of the person's preferred routines. 2 people did not have a care plan to meet their social needs. None of the 3 we looked at had a care plan to meet their spiritual needs.

People told us they could usually follow their preferred routines, such as getting up and going to bed when they wanted to. For people less able to communicate their preferences, there were general reminders to staff about ensuring people were not assisted to bed too early. The care plans seen had few details of each person's preferences regarding routines.

People were able to bring their own possessions into the home and their bedrooms were well personalised.

Visitors told us they were always made welcome. They said they were kept informed about any concerns about the person. The manager had advertised meetings for people in the home and/or their relatives, but said there had been no response.

People told us they enjoyed the meals provided - "especially the cooked breakfasts!". They said they could have a choice if they didn't like what was offered on the menu. We saw that fresh fruit was available in the lounges. People ate breakfast in their rooms and other meals in the lounges. Most people did not use the dining tables and sat in the lounge chairs for meals. There appeared to be enough staff available to help at mealtimes.

The AQAA said that changes to activities and meals provided had been made as a result of consulting with people in the home. The AQAA said they planned to improve by engaging more people in outdoor activities and in using local luncheon clubs.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There were satisfactory systems in place and good staff awareness so that people were protected and their concerns effectively dealt with.

Evidence:

At our last inspection in September 2008 we found that there were satisfactory policies in place and good staff awareness so that people were protected and their concerns were taken seriously. We made 1 recommendation that the outcome of complaints should always be recorded.

At this inspection we found that records were kept of informal complaints with details of the action taken and the outcome. The manager said they had not received any formal complaints. The complaints policy was displayed in the main hallway. People told us they knew how to make a complaint and were confident that appropriate action would be taken.

There was a suitable policy in place about safeguarding vulnerable adults. Most staff had received relevant training and were aware of the correct procedures to follow if abuse was suspected.

We had not received any complaints about the home or any safeguarding adults referrals.

Evidence:

The AQAA said that complaints were dealt with as soon as possible. The AQAA said they could improve by having leaflets available about how to make a complaint.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home was clean, suitably equipped and well maintained so that people lived in a pleasant and comfortable environment appropriate to their needs

Evidence:

At our last inspection in September 2008 we found that the home was clean, well maintained and suitably equipped. Improvements had been made, including refurbishment of bathrooms and bedrooms.

At this inspection we found that the programme of refurbishment had continued including new carpets in nearly all the bedrooms, new curtains in the lounges, and redecoration of the main lounge.

The lounges were comfortably furnished, bright and clean. Two lounges had new televisions. The manager said new furniture for the lounges was planned as part of the refurbishment.

People told us they were satisfied with their bedrooms. The bedrooms we saw were personalised with people's own possessions. We saw a shared bedroom that did not have a privacy curtain.

People told us the home was "clean and tidy" and "homely". They said "The lift is

Evidence:

small and quite difficult for wheelchair users to manage", and,"Perhaps the paved patio area could be made more attractive to those residents who like to sit outside".

An infection control audit had recently been completed by the local Primary Care trust (PCT). The manager had devised an action plan to address the issues raised and most of the actions had been completed. The registered nurses at the home had recently received training about infection control. Other staff had all had in-house training about infection control as part of their induction and the manager said that further training was planned. Staff were aware of good practice in infection control and the correct procedures to follow.

The AQAA said they planned to improve by continuing with the refurbishment, and also by installing a stairlift for use in case of the passenger lift breakdown.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Recruitment, induction and training of staff were generally satisfactory to ensure people were protected and their needs understood. Staffing levels at weekends did not reflect the assessed needs of people in the home or the Statement of Purpose.

Evidence:

At our last inspection in September 2008 we found that there were satisfactory staffing levels, recruitment practices, staff induction and training.

At this inspection we looked at the records for 3 members of staff. All 3 had Criminal Record Bureau (CRB) disclosures, 2 written references, and a suitable form of identification. 2 had application forms with a full employment history, 1 had an application form with a partial employment history.

There was an induction programme for new staff that met Skills For Care standards. Most staff had completed training in manual handling, fire safety, and safeguarding vulnerable adults. Some staff had received training about the care of people with dementia. Out of 22 care staff, 15 had already achieved a relevant National Vocational Qualification (NVQ) at level 2 or above. This exceeded the national minimum standard of 50% of care staff with a relevant NVQ.

We found that there were usually 6 care assistants on duty for the morning shift and 4

Evidence:

during the afternoon. There were 2 registered nurses on duty during the day from Monday to Friday, though only 1 on Saturday and Sunday. Most of the people in the home were assessed as needing nursing care, (28 on the day of our inspection visit). The home's Statement of Purpose indicated that there were always 2 registered nurses on duty.

There had been recent changes in shift patterns to allow more overlap between day and night shifts. This was to ensure more staff were available at busy times. Staff told us this was working well.

People told us staff were always available when needed. They said the staff were "friendly and efficient and always approachable", and "very kind, patient, dedicated". We observed that there appeared to be sufficient staff available to meet people's needs on the day of the inspection visit.

The AQAA said that all shifts were covered using the home's own permanent or bank staff, with no reliance on agency staff. They planned to improve by accessing more training for all staff, including training about the needs of people with dementia.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Although some improvements had been made, there were continuing issues that compromised the health, safety and welfare of people in the home.

Evidence:

At our last inspection in September 2008 we found that the home was well managed and there were satisfactory systems in place so that the health, safety and welfare of people was promoted and protected. We made a recommendation that there should be a report produced from the analysis of quality assurance measures.

Since the last inspection the manager had completed the Registered Manager's Award. The manager was supported by a deputy manager. The manager said that an administrative assistant working 12 hours per week was about to start at the home.

People told us they had confidence in the manager and deputy manager to take appropriate action if concerns were raised. Staff told us the manager and deputy manager were both approachable and usually listened to staff ideas and opinions.

Evidence:

The AQAA was completed by the manager and gave us a reasonable picture of the current situation within the home. There was satisfactory evidence to support the comments made, although there were areas where more supporting evidence would have been useful to illustrate what they have done in the last year, and how they were planning to improve. The AQAA gave limited detail about areas where they still needed to improve and how they were planning to do this. The data section of the AQAA was fully completed.

Quality assurance surveys had been used in July 2009 and the results had been analysed. The manager said the results, and any action taken, would be made available in a report to people in the home and their relatives/representatives. The manager said that meetings for people in the home and/or their representatives had been organised several times, but little interest had been shown. The provider made regular visits to the home and produced a monthly report that included the comments of people living in the home and staff.

We looked at the records of personal money held for people living in the home. The records were up to date and the money was securely kept.

We looked at accident records and found that 1 accident had not been reported as required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

At our last inspection we found that wheelchairs were being used without the footplates in place when transporting people. We made a requirement that there must be a risk assessment in place for each person using a wheelchair without footplates. At this inspection we found that there were suitable risk assessments and that most people were assessed as needing the footplates in place for their safety. However, we observed that 2 people were moved into the main lounge by wheelchairs with no footplates attached and the wheelchairs tipped back.

As noted in the Health and Personal Care section of this report, there were gaps in care plans, a lack of a person-centred approach, and little evidence of the involvement of people in planning care. Similar issues were noted in our last inspection report.

The AQAA showed that the maintenance and servicing of equipment and systems in the home was up to date. Also that all relevant health and safety policies and procedures were in place and had been reviewed in the last 12 months.

Evidence:

There were no protocols or procedures in place about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The relevant codes of practice were available in the home.

Are there any outstanding requirements from the last inspection?

Yes

☐

No

☒

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15	Each person in the home must have a care plan that includes all their health and personal care needs, and is written after consultation with them, (or their representative). This will help to ensure consistent and effective delivery of person centred care.	31/10/2009
2	19	16	A suitable curtain or screen must be provided in all shared bedrooms. This will help to ensure that people's privacy and dignity are maintained and promoted	30/09/2009
3	27	18	At all times there must be suitably qualified staff in such numbers as are appropriate for the health and welfare of people living in the home.	30/09/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			This will ensure that people's needs can be fully met at the home.	
4	30	18	Staff must receive training appropriate to the work they are to perform. Specifically, training about the needs of people with dementia. This will help to ensure that people are supported by staff who understand and meet their needs.	31/12/2009
5	38	13	The manager and staff must be aware of the requirements of RIDDOR and must comply with these. This will help to ensure robust systems that protect people in the home.	30/09/2009
6	38	13	All staff must be fully aware of and competent in the safe use of wheelchairs. This will help to protect people in the home and minimise the risk of injury.	30/09/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	3	The admission procedures should include: - recording if the person has made an advance decision on

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		receiving medical treatment - recording if the person has a Lasting Power of Attorney, Independent Mental Capacity Advocate or Relevant Person Representative - consideration of the person's capacity to make decisions about their daily lives, care and treatment.
2	7	To ensure good record keeping in care records, documents should always be dated and signed, and there should be a line through any spaces left at the end of entries in daily reports. This will help to protect people and ensure that staff have up to date information.
3	12	The activities programme should be further developed to include activities appropriate for the needs of people with dementia. This will help to ensure that the needs of all people in the home are met.
4	29	There should be a full employment history obtained for all staff employed at the home. This will help to ensure a robust recruitment system that protects people living in the home.
5	33	Policies should be developed to demonstrate how the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards will be implemented in the home. This should include how the provider will ensure that staff are conversant with this legislation and their roles and responsibilities. This will ensure that people's rights are promoted and upheld.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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

Portland Nursing Home

8 Park Road, Buxton, SK17 6SG

Tel: 0129823040

Date of Inspection: 29 October 2012

Date of Publication:
November 2012

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
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Care and welfare of people who use services	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Requirements relating to workers	✓ Met this standard
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Staffing	✓ Met this standard
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Supporting workers	✓ Met this standard
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Assessing and monitoring the quality of service provision	✓ Met this standard
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Complaints	✓ Met this standard
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Details about this location

Registered Provider	Mr Joginder Rai
Registered Manager	Mrs. Catherine Fogarty
Overview of the service	Portland Nursing Home provided nursing care for up to 40 older people. Some of the people cared for have dementia. The home is situated in the town of Buxton, in Derbyshire.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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'.

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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 29 October 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with stakeholders.

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

People told us that they were happy with their care at Portland Nursing Home. One person's relative told us, "It's just lovely." Another person told us that their family member liked living at the home and said, "The staff are so kind and caring."

We found that people were respected and involved in their care on a daily basis, and also that care planning ensured people's welfare and safety. We saw that staff were knowledgeable about how people should be protected from abuse.

We saw that systems meant that the right staff were recruited, and that sufficient numbers were rostered to work on each shift to provide people's care. We found that staff received the right training to deliver care, and that they were well supported by their managers.

Portland Nursing Home had systems in place to monitor the quality of the service and we also saw evidence that their complaints procedure had been used effectively.

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.

We found that people were consulted and involved regarding their care at Portland Nursing Home.

People's views and experiences were taken into account in the way the service was provided and delivered.

Reasons for our judgement

We spoke with seven people who lived at Portland Nursing Home, and also two people's families. One person told us, "It's good. The staff are very nice to me." A family member told us that staff, "care about people's privacy and dignity".

We observed staff involving people in decisions about their care, for example planning what activities and meals they wanted. We saw that one person had a salad made especially for them because they did not want any of the other menu options.

We observed people with dementia being cared for, and that staff spoke to them respectfully. One family member of a person with dementia told us that they were kept informed about their care. This showed that people's views and preferences about their care were taken into account at Portland Nursing Home.

We saw that people were offered a range of different activities, including baking, craft and local outings. This showed that people were encouraged to remain active and independent and to be involved in their local community.

We looked at the care records for three people at Portland Nursing Home. We saw people's life history was recorded, sometimes including photographs of important events, for example their wedding day. We also saw that people's interests and preferences were included in their care files.

We found that although people were involved in decision making on a daily basis, that care files did not always include evidence that they had agreed to their care plans. The deputy manager told us that the home was also planning to update their procedures for gaining consent. The provider may wish to note that we will be including Outcome 2 of the Health and Social Care Act 2008, about consent to care and treatment from people receiving care, as part of the next inspection at Portland Nursing Home.

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

Our judgement

The provider was meeting this standard.

Care plans and risk assessments for people at Portland Nursing Home were detailed and up to date.

We found that people experienced care and support that met their needs and protected their welfare.

Reasons for our judgement

We saw three care files, and spoke with staff about the planning and delivery of care at Portland Nursing Home.

We saw care plans included detailed information about people's needs. We also saw that care plans were reviewed regularly, and that they had been updated with any changes to the person's care. We saw detailed records were made of medical appointments, people's weight and personal care. This meant that people's care needs were kept up to date, and that staff were able to support them appropriately.

We found that health and safety checks were completed, and that care files included plans for the evacuation of people with a disability in case of fire. We saw that the home has special equipment to help people to get out of the upstairs rooms of the building if there was an emergency. This ensured that the home environment was safe for people living at Portland Nursing Home.

We found that risks to people had been assessed, including risk of falls, mobility, nutrition and pressure sores. We saw information people's health conditions, for example diabetes, was included in their care files. This helped to ensure that people were not at risk of unsafe or inappropriate care.

The deputy manager told us more personal details, for example people's specific preferences about their care was being included in any new care plans.

We found that assessment and care planning systems used met people's individual needs and ensured their welfare

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

Our judgement

The provider was meeting this standard.

People at Portland Nursing Home were protected from the risk of abuse, because the provider had taken reasonable steps to prevent abuse from happening.

Reasons for our judgement

People we spoke with and their families told us that they felt people at Portland Nursing Home were safe from abuse. One family member told us that "I'm confident that it is safe here." We saw a training matrix confirming that staff had also completed training in safeguarding vulnerable adults, including refresher courses.

We also saw that procedures were in place at Portland Nursing Home for reporting any concerns, and recording of how these had been followed up. Staff we spoke with were able to describe different kinds of abuse and how people were protected. Staff also told us about how they would report and record any concerns about abuse or neglect. We found that because of their training and knowledge, staff were able to protect people at the home from the risk of abuse.

The deputy manager and staff we spoke with demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. Staff we spoke with were aware of the importance of people's freedom and rights. We saw that no restrictions were needed to keep people safe, and manager told us that no DoLS authorisations were currently in place. We found that the level of awareness demonstrated by staff helped to protect people against the risk of unnecessary or excessive restraint at Portland Nursing Home.

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 at Portland Nursing Home were supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke to the deputy manager and staff, and also saw files showing that Portland Nursing Home used effective recruitment procedures.

We saw two staff files containing application forms that included a full employment history, two references, and health declarations. There was also a recent photograph in each file and relevant identification documents. Files we saw also contained confirmation that criminal record bureau checks had been done.

We also saw that a full record was kept of each staff member's training and qualifications. All staff were required to complete training courses to ensure that they were aware of health and safety and care requirements at the home. We found that most staff had completed level 2 or 3 National Vocational Qualifications or Diplomas in care, and that some were in the process of completing courses.

The managers were qualified nurses, and the registered manager also had a managerial qualification.

We found that recruitment procedures and staff records helped to ensure that people at Portland Nursing Home received care from suitable staff.

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.

Portland Nursing Home provided enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at rotas and also spoke with staff and people who received care and their families, and found that Portland Nursing Home provided enough qualified and experienced staff to meet people's needs.

We saw that 7 staff were always available from 11am until 4pm, and that at busy times, for example when people were getting up and dressed, that there were 8 staff. 5 staff worked at less busy times, for example in the evening, although the deputy manager told us that more staff were rostered to work depending on the number of people at the home, and their particular needs. We also saw from rotas that relief staff were employed to cover for any absences.

The deputy manager told us that during their induction period, staff worked with a more experienced worker for at least two days, sometimes more depending on their experience. The deputy manager also told us that a new staff member was rostered to work the same shifts as an experienced worker who provided guidance and support. We also saw from rotas that experienced staff were always around to help newer ones. This meant that care was delivered by staff who were familiar with people's individual needs.

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.

We found that staff at Portland Nursing Home received regular training in subjects relevant to their role.

Staff were also supervised regularly by the managers.

Reasons for our judgement

Family members we spoke with said they felt the staff were well trained at Portland Nursing Home. One relative told us, "Staff look after him well, they seem well trained".

We spoke with two staff and also looked at their files. We saw that staff had three or four supervision sessions with the manager, and also performance appraisal meetings every year.

The deputy manager told us that new staff completed an induction with external training courses, and also an internal induction specific to the home. The deputy manager also told us that new and established staff were regularly observed delivering care by the managers. This helped to ensure staff were supported to deliver competent and safe care to people at the home.

We saw the home's training matrix, and staff training was up to date. We saw that the manager had arranged for training courses to meet people's individual needs, for example dementia care. New training courses were being offered to staff about caring for people at the end of their lives. Staff told us that they attended a wide range of training courses and that they felt supported by the manager.

We also saw that nurses were supervised regularly by the managers, to ensure that their clinical knowledge and practice was up to date.

We found that staff received relevant training and support to enable them to carry out their role at Portland Nursing Home.

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.

Quality monitoring systems were in place to assess and manage risks to the welfare of people at Portland Nursing Home.

Reasons for our judgement

We did not speak to people at Portland Nursing Home about how the service was monitored, and our judgements are based on other evidence.

People who used the service were asked for their views about their care. We found that quality surveys were used every year to get the views of people and their families. The deputy manager told us that the views of other professionals would also be sought for the next survey, and that the results would be sent out to everyone involved.

We saw that team meetings were held to share information and get the views of staff, and also smaller meetings, for example for the nurses. The deputy manager said that there were plans to increase the frequency of general staff meetings.

We saw that health and safety checks were regularly completed, also that annual gas and electrical checks had been completed by external contractors. The deputy manager told us that an external infection control audit had recently been done, and that 'spot checks' were also completed at the home. We saw that medication checks were completed by nurses for every shift change.

We saw that accidents and incidents were recorded, and a separate file was kept of all the reports. The deputy manager told us that information about accident and incidents, and also any falls was analysed as part of the monthly quality checks. This helped to identify any underlying patterns or risks at Portland Nursing Home.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available at Portland Nursing Home.

Reasons for our judgement

This outcome was inspected due to information of concern received by the Care Quality Commission.

People we spoke with and their families were aware of the complaints procedure for Portland Nursing Home.

We saw that a file was kept of all complaints, including the date, details and any action that had been taken. The complaints file included details of people's concerns, and how these had been investigated and how long it took. We saw that some complaints had resulted in meetings with the concerned person, and that these were also recorded in detail.

We looked at individual concerns that had been reported, and checked that action had been taken to make any necessary improvements to the service.

We found that one complaint had resulted in improvements to the building. Another complaint had resulted in the recruitment of additional staff to do people's laundry and ironing at the home and changes to the care plan of a person at the home. Although we saw actions had been taken, this complaint had not yet been resolved to the satisfaction of the concerned person. At the time of the inspection, we saw that the home's complaints procedures had been followed, and the deputy manager told us that they were continuing to review whether the actions taken had successfully addressed the concerns.

People we spoke with said that they felt their concerns and ideas were listened to, and one family member told us, "I find the managers very approachable, and ready to listen."

Because of this, we found that people's complaints were investigated and action taken to try to resolve them.

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.

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

Portland Nursing Home

8 Park Road, Buxton, SK17 6SG

Tel: 0129823040

Date of Inspection: 08 July 2013

Date of Publication: August 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
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Mr Joginder Rai
Registered Manager	Mrs. Catherine Fogarty
Overview of the service	Portland Nursing Home provided nursing care for up to 40 older people. Some of the people cared for have dementia. The home is situated in the town of Buxton, in Derbyshire.
Type of service	Care home service with nursing
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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 8 July 2013, 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 people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services. We reviewed information sent to us by other authorities and talked with other authorities.

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

People receiving care at Portland Nursing home told us they were happy with their care and treatment there. One person's relative told us, "If it is not possible to live in your own home, this is very much the next best thing. It is a 'home from home'."

We saw that people's care was planned and delivered in a way that met their individual needs and that the provider had systems in place to protect people from abuse. If concerns had been raised about people's safety the provider had taken appropriate steps to respond to this.

We spoke with staff who told us that they were offered good training and support to enable them to provide good care to people.

We found that people's consent was obtained for their care and treatment at the home. We saw that if someone was unable to consent for themselves, for example due to dementia, that the managers were taking steps to ensure the correct procedures were followed to ensure their rights were protected and decisions made on their behalf were in people's best interests.

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.

People at the home were asked for their consent before they received care or treatment.

The provider acted in accordance with legal requirements where people did not have the capacity to provide their own consent.

Reasons for our judgement

Care records we saw showed that people were asked for their consent before receiving care or treatment at Portland Nursing Home. We looked at the care records of four people and saw that there was a form for the person, or their representative, to sign to indicate their agreement to their care plan. We also saw consent forms were also used for people about staff administering their medication and other important decisions.

The manager told us that some people would not fully understand decisions relating to their care and would not be able to provide their own consent, for example due to dementia. Where people did not have the capacity to consent, we found that suitable arrangements were in place to establish, and act in accordance with, the best interests of people using the service. This is required by the Mental Capacity Act 2005 (MCA). This law provides a system of assessment and decision making to protect people who do not have capacity to give their own consent for their care or treatment. The records we saw contained evidence of capacity assessments being completed and of best interest decisions that had been made for people who were unable to provide their own consent. The manager told us that more details about how decisions had been reached were being added to people's records. This was important to ensure it was clear that decisions made on their behalf were in people's best interests.

We saw that most care records contained information in about anyone who was appointed to make decisions on a person's behalf, for example welfare attorneys. We found although the manager was working to update people's records with information about consent, it was not always easy to find information about people's welfare attorneys as this information was not included on their personal detail records. The manager told us that they would ensure this information was clearly displayed and available in people's files. This is important to ensure that the appropriate person can be contacted if decision needed to be made about a person's care.

We saw that some people had documents in their care files about action should be taken if they needed to be resuscitated. We saw evidence that these documents were stored at the front of people's files and a note was also made on a chart in the office so that the right action would be taken in an emergency. We saw that if the person was unable to make a decision about whether they wished to be resuscitated, appropriate procedures had been followed in line with the requirements of the MCA.

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

Our judgement

The provider was meeting this standard.

People's needs were assessed and their care and treatment was planned and delivered in a way that met their needs and protected their rights.

Reasons for our judgement

People we spoke with made mostly positive comments about their care at the home. One person told us, "They care for me well here." Another person's relative told us, "We saw some other homes that were not good. This place is really great. It's homely and the staff are very caring." We saw people receiving care and observed that staff interacted well with them. Staff were respectful when speaking with people and tried to ensure that they were involved in what was going on at the home. We saw that people were able to engage with others living at the home and that people were encouraged to develop relationships and share activities that they enjoyed. People were able to observe their religion if they wished and one person told us that a representative from the local church came to the home regularly. Relatives of people receiving care told us that they were always able to have private time with their family member if they wished to. This helped to ensure that people's social and spiritual needs were met and their rights were protected at Portland Nursing Home.

The records we saw showed that people's needs were assessed when they started using the service and were reviewed and updated regularly. Most of the care plans we saw had sufficient information to enable staff to provide personalised care. This included information about their individual needs, such as how to help someone with dementia if they were feeling anxious or upset.

Care records we saw included assessment of important risks that could affect people. We saw that assessments were completed about moving and handling, the risk of developing pressure sores and about people's particular dietary needs. This helped staff know how best to support the person. We saw that charts were in place to record people's fluid intake, diet and any problems with their health where required. The manager told us that care records were reviewed and discussed in handovers to ensure that any problems could be addressed promptly.

We saw that information was available about what to do in an emergency, such as a fire or the home losing its power or water supply. This helped to ensure that people's welfare and safety in case of an emergency occurring at the home.

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

Our judgement

The provider was meeting this standard.

The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. They had appropriate procedures in place for responding to any concerns or allegations of abuse or neglect.

Reasons for our judgement

We spoke with the managers and staff about how people were protected from abuse at Portland Nursing Home.

The manager and staff were able to describe the kinds of abuse that might occur in a care home. They also told us what they would do if they thought abuse could have occurred including how to respond to anyone informing them of abuse and what procedures they would use for recording and reporting concerns. Staff told us they had received training on keeping vulnerable people safe and we saw records confirming that this training was up to date.

The people we spoke with told us that they felt safe living at the home and were able to tell us what they would do if they were worried about anything. One person told us, "We are properly looked after. If we are worried about anything the managers are always there." People and their relatives confirmed that staff were respectful and treated them well.

The manager told us about three incidents that had occurred at the home that had been referred to social services under their procedures for safeguarding vulnerable adults. We saw that the manager had taken appropriate action, including disciplinary action where required, if it was felt that people at the home had put at risk or had not been cared for properly by staff.

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 had received appropriate training. Staff received supervision and support from the manager.

Reasons for our judgement

We saw that a matrix was used to record staff training and that this was up to date. Staff we spoke with felt that training they received was good, and described attending courses in various subjects including moving and handling, safeguarding vulnerable adults, fire safety and infection. Staff had received other training relevant to the needs of people using the service. This included training about nutrition, diabetes, and epilepsy. This helped to ensure that ensure staff were able to deliver care safely and to an appropriate standard.

We spoke with the manager and qualified nursing staff about how clinical supervision was provided in the home. We saw that nursing staff were supervised by the managers and that this included identifying what additional or refresher training the nurses required to ensure they continued to meet the requirements of their registration with the Nursing and Midwifery Council (NMC). Training courses had been provided to develop the skills of nursing staff including life support, medication and syringe driver training. Some nurses had also received training in risk assessment.

We examined the induction, training and supervision records for two members of staff who worked at night. We saw that a comprehensive induction pack was used when people began working at home and that sections were signed by the manager when they had been completed. Record we saw showed that staff received supervision from the manager and that they had an annual performance appraisal. Staff we spoke with told us that they also attended staff meetings and were able to discuss any concerns or issues about their role at the home. The meetings provided group support and supervision for staff.

Records we saw showed that staff had received advice, training and support to undertake their role. We found that the manager had addressed any concerns about people's work performance through supervision or through the provider's disciplinary procedure.

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.

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Portland Nursing Home

Inspection report

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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

We inspected Portland Nursing Home on 28 September 2017. This was an unannounced inspection. The service is registered to provide accommodation and nursing care for up to 40 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 27 people living at the service.

At our last inspection on 6 October 2016 we identified shortfalls regarding the lack of stimulation for people and limited opportunity for meaningful, personalised activities. We asked the provider to tell us how they intended to address these areas. At this inspection we found the necessary improvements had been made.

A registered manager was in post and present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care and support from staff who were appropriately trained and confident to meet their individual needs. They were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were personalised and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to assist staff on how keep people safe. There were sufficient staff on duty to meet people's needs; Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had

received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with appropriate food and drink to meet their health needs and were happy with the food they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

The provider had systems in place to assess the quality of care provided and make improvements when needed. People knew how to make complaints, and the provider had a process to ensure action was taken where this was needed. People were encouraged and supported to express their views about their care and staff were responsive to their comments.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staffing levels were sufficient to ensure people received a safe level of care. Medicines were stored and administered safely and accurate records were maintained. People were protected by thorough recruitment practices, which helped ensure their safety. Concerns and risks were identified and acted upon.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services, as required.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect. People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's identified care and support needs. Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. A

complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

The service was well led.

Staff said they felt supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect. People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Good ●

Portland Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 September 2017 and was unannounced. The inspection team consisted of one inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with five people who lived in the home, four relatives, the activities co-ordinator and the cook. We also spoke with three care workers, the qualified nurse on duty and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including seven people's care and support plans, 12 people's health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

People and their relatives we spoke with said they or their family member was safe and very comfortable at Portland Nursing Home. One person told us, "Yes I feel very safe. Staff are wonderful and I feel they are all trustworthy. There's always someone there if I need them night or day." They went on to say, "I also have this pendant so I can call them [Staff] if I want anything but usually there is someone in the lounge or nearby." Another person told us, "I feel safe because there are always carers about and they know me and what I like very well and I know them." This view was shared by other people we spoke with; one person told us, "I feel safe because staff here are so kind and I feel they do actually care about us."

A relative told us, "I feel it's very safe here; [Family member] is warm and well cared for by dedicated staff both day and night. They have a pressure mat next to the bed so staff know if they get up and can respond straight away." They went on to say, "Ideally I would have preferred to carry on caring at home but night times were a problem as I was on my own, so I had to find somewhere. I knew all about Portland beforehand so chose this as I know it's up to date with all safety and fire precautions." Another relative told us, "I feel [Family member] is safe here. Because of their physical circumstances, they are more likely to fall at home. Also there is always a nurse on duty here to deal with and monitor all their other physical health problems on a day to day basis – which is reassuring."

During our inspection we saw there was sufficient staff on duty and people were appropriately supported and did not have to wait for any required assistance. We spoke to people regarding staffing levels who said they felt there was enough staff to safely meet their needs. One person told us, "Staff do have to work really hard anytime and if someone does not turn in then they are pushed but they still seem to make sure everyone is alright and safe." Another person said, "I don't usually have to wait if I need anything- I just ask and the staff will attend to it."

Relatives we spoke with were satisfied and reassured there were enough staff deployed to meet their family member's needs and helped to ensure their safety and wellbeing. One relative told us, "Yes I think that there are usually enough staff on duty and we never have any problem finding someone. They (staff) also usually have time to have a laugh and a joke with [family member] and with us as well. And I know that they do spend time with [family member] in her room." Another relative said, "Whenever I have come there has always seemed to be enough staff but they do have to work hard - no slack in the system at all if people are off." They went on to say, "I don't think you can ever say there's enough staff in such places but they cope well here and I do think they respond quickly. I once stood on the corner of the pressure mat without realising it and two staff came almost immediately."

A member of staff said they felt there was enough staff to provide the care people required. They told us, "I think there are enough of us here. You can always do with more but we all work very well together as a team." They also said they were able to spend time with people engaging them with activities in the afternoons when the activities coordinator wasn't present. Throughout the day we observed positive and friendly interactions. People were comfortable and relaxed with staff, asking for help, as required. The registered manager confirmed staffing levels were regularly monitored and were flexible to ensure they

reflected current and changing dependency levels. We saw on duty rotas that staffing levels had been increased to reflect people's increased care needs when this was necessary. This demonstrated there was sufficient staff to keep people safe and meet their needs.

Medicines were managed safely and staff involved in administering medicines had received appropriate training. We saw medicines were stored securely in a locked trolley, a refrigerator and cupboards within a locked room. The temperature of the refrigerator was taken and recorded daily, however we found gaps on 2-5 and 20-21 September, which we discussed with the nurse and registered manager who said they would address the issue and assured us any such shortfalls would have been picked up during the monthly medication audit.

We observed the administration of medicines during the morning. We saw staff checked against the medicines administration record (MAR) for each person and stayed with people until they had taken their medicines. MARs mostly contained a photograph of the person to aid identification, a record of their allergies and details of their preferences when taking their medicines. A nurse told us, "We have a link nurse here with specific responsibility for ordering medicines." They went on to confirm that all staff with responsibility for medicines have had the necessary training and their competency was regularly assessed. This was supported by training records we saw and demonstrated medicines were managed and administered safely.

The provider had safe and thorough recruitment procedures. We found appropriate procedures had been followed, before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

People were protected from avoidable harm as potential risks relating to their care, such as falls, had been identified and assessed to ensure they were appropriately managed. In care plans we looked at, we saw personal and environmental risk assessments were in place. People told us they had been directly involved in the assessment process and we saw this was recorded in individual care plans.

Staff told us they were able to obtain any equipment people required and they said they had sufficient equipment to meet people's needs. We saw pressure relieving mattresses were used for people at high risk of developing pressure ulcers and they were functioning and set correctly. We also saw there were arrangements in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire. Personal Emergency Evacuation Plans were completed within the electronic care record system.

Staff had received relevant safeguarding training and understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals had been required they had been made appropriately and in a timely manner.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns. This reduced the likelihood of accidents or incidents reoccurring and we saw other evidence to support this. This demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

Is the service effective?

Our findings

People felt staff knew them well, were aware of individual needs and understood the best ways to help and support them. One person said, "The staff here are very good and they know what they're doing." Another person told us, "Yes, they [staff] are well trained. They know the proper way to lift and support you so you don't get hurt but also how to talk to you and treat you with respect." A relative we spoke with told us, "I think the staff here are very skilful. They know [family member] and how to handle her. She can be awkward because of her illness, especially in the evening but they all know her and talk to her and treat her very much as an individual."

People spoke positively about the quality and choice of the food provided. One person described the food they received as, "Very nice." Another person said, "I enjoy the food here. It's always good and well-cooked and we have plenty of fresh vegetables."

We observed lunch in the main lounge/dining area. Some people were offered the opportunity to sit at the table in the dining area whilst others had lunch in the lounge on side tables. Staff ensured people were positioned correctly to enable them to eat comfortably and in several cases independently, offering cushions, removing footstools and moving tables. Staff chatted to people throughout the meal and the atmosphere was relaxed and calm. Staff knew what they were doing and worked as a team to ensure that people did not have to wait too long for their food. We observed good practice in that care staff sat in an appropriate position by the person they were supporting. They told people what it was they were doing and giving them to eat. For example, one member of staff, who assisted someone to eat said, "Is that nice? Good. Shall we try a bit of this this broccoli next?"

We saw several people had their meals served on specialist adapted plates with lips which enabled them to eat more easily, as the food remained on the plate. This helped maintain their independence. Similarly, specialist cups and straws were provided so people could drink without risk of spillage. Most people we spoke with said the food was good and it certainly smelled and looked appetising, including the soft diet; there was very little wastage as most people cleared their plates. One person told us, "Yes it was very tasty. We don't do too badly here really. The food is always hot and looks and tastes good."

Throughout the day we observed people were regularly provided with tea, coffee and cold drinks. We saw most people in the lounge area had a cold drink where they could access it. Several people had specialist cups or straws to help them drink independently. We also saw staff were proactive in encouraging people to drink. This was also supported by comments from people we spoke with. One person told us, "I have plenty to drink as I have to because of my health problems so they leave me a jug of juice that I am expected to drink throughout the day." People who stayed in their room also had drinks readily available. A relative we spoke with told us, "They [Staff] don't leave [family member] a jug as she can't see to pour it but they do leave her a glass and they come in to check she has had a drink and help her."

We saw nutritional risk assessments were completed and reviewed monthly and individual care plans were in place, where appropriate for people who had been assessed as having specific dietary requirements. This helped ensure people were supported to have sufficient to eat, drink and maintain a balanced diet.

Staff we spoke with felt confident and well supported in their roles both by colleagues and the registered manager, who they described as, "Very supportive." They said the communication throughout the service was, "Very effective." They confirmed they received regular supervision – confidential one to one meetings with their line manager - which gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and to gain feedback about their own performance. One member of staff told us, "All care staff have an allocated trained nurse as a personal supporter, who you can go to with any concerns. They also do our supervisions, which we have every two months." They went on to say, "Obviously, if you have a problem you don't have to wait till then and both [registered manager] and [deputy manager] are approachable and very supportive."

Staff told us they had completed all mandatory training and were confident and competent to carry out their responsibilities. One member of staff also told us they had the opportunity to shadow more experienced colleagues when they first started work at the service. They told us, "I was made to feel very welcome when I started and everyone was so friendly. I was paired up with a mentor who showed me the ropes and would answer any questions I had." Another member of staff described the benefit of the training they had received and told us, "There is lots of training, which I really enjoy. As well as giving me the skills and confidence, it also reminds me just why I want to work in care - and why I want to be here." Individual training records we saw showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. This was supported by training records we saw and demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

People using the service and their relatives were satisfied health care needs were being met and there was no problem accessing doctors and other health care professionals. One person told us, "If you are not well the nurse here will check you over- temperature, blood pressure and the like and if necessary will get GP in to have a look at you." This was reinforced by relatives we spoke with; one told us, "The home is very proactive in getting a GP if needed and the staff are all excellent at keeping me informed." People also told us there were regular visits from chiropodists and the service would arrange for opticians and dentists to call if people required this. A relative told us, "If [family member] is ill they immediately get the doctor in and they also make sure that the chiropodist, optician and hearing aid people call regularly." This demonstrated people were supported to maintain good health; they had access to healthcare services and received ongoing healthcare and support.

We looked at the care records for three people and saw all appointments with - and visits by - health care professionals were appropriately documented. We found inconsistencies, relating to record keeping, in one care plan. We saw there were gaps in the timeframe on repositioning charts, which indicated repositioning had not been recorded, as required, at two hourly – or even four hourly - intervals on several occasions. However, the wound assessments indicated the pressure wound was healing. We discussed this issue with the registered manager who confirmed this was a recording error rather than a failure to reposition. They told us this would be addressed and they were providing supervision and guidance to staff on an on-going basis with regards to accurate record keeping.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 service was working within the principles of the MCA and DoLS. Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their best interests in line with the MCA.

Staff we spoke with were aware of the principles of the Mental Capacity Act (2005) and the application to their practice. They said if a person refused care, they would explain why the care was needed and try to gain their cooperation. They said they may leave them a while and try again later or ask another member of staff to approach the person. We saw evidence of mental capacity assessments and best interest decision making when people were not able to make some decisions for themselves. When people were being deprived of their liberty in order to maintain their safety, applications to the Local Authority were submitted in line with requirements.

Is the service caring?

Our findings

People and their relatives were consistently positive about the caring environment and the kind and compassionate nature of all staff. One person told us, "Staff are all very good and kind and I am very well looked after. They are always very gentle with me when they help me; they talk to me and never rush or try to hurry me. Nothing is too much trouble for them." Another person said, "They [Staff] make sure I have everything I need to hand as I cannot see and will come and check on me regularly." A relative we spoke with told us, "Staff here are very kind and always speak very politely to [family member] and to us. They never do anything without asking her first and are respectful. They say "Is it ok if I do this or shall we do this now? They never assume and just do things to her which is important as she cannot see well now."

Throughout the day we observed many examples of friendly, good natured interaction. Staff spoke with people in a calm, considerate and respectful manner, and called people by their preferred names. Staff were patient, and took time to check that people heard and understood what they were saying. Conversations with people were not just task related and staff checked people's understanding of care offered. We observed staff talking and interacting sensitively with people about what they were doing.

We saw people were clean, tidy and presentable. They were dressed appropriately and clothing was clean and un-creased. Hair was combed, nails cut and clean and the men shaved and well groomed. This thoughtful consideration for how people looked and felt was commented on by relatives we spoke with. One relative told us, "[Family member] always looks good whenever I come. Always clean, well dressed and groomed and I'm sure that must make him feel better." We saw staff had time to support and engage with people in a calm, unhurried manner. They communicated with people in a friendly good-natured manner, reassuring and explaining what was happening and what they were going to do. This demonstrated the kind, caring and supportive attitude and approach of the staff.

People were encouraged and supported to take decisions and make choices about all aspects of their care, and their choices were respected. Staff involved and supported people in making decisions about their personal care and support. Relatives confirmed, where appropriate, they were involved in their family members' care planning. They also said they were kept well-informed and were made welcome whenever they visited.

Individual care plans contained details regarding people's personal history, their likes and dislikes. This enabled staff to meet people's care and support needs in a structured and consistent manner. Staff were aware of individual needs and personal preferences. They supported people in the way they liked to be cared for. One member of staff told us, "I think it's a really good home and people receive a very high level of care." They went on to say, "I would have no qualms at all about a member of my family being here. In fact my relative used to be here!"

People had their dignity promoted by staff who demonstrated a strong commitment to providing respectful, compassionate care. For example, staff always knocked on bedroom and bathroom doors to check if they could enter. This was supported by people we spoke with who said staff were professional in their approach

and they were treated with dignity and respect. One person told us, "They [staff] will always knock if they are wanting to come into the room – all of them." People also said, staff were mindful of their privacy and dignity when they supported them with their personal care. One person told us, "If I am having a shower or strip wash they leave me to do as much as I can myself and I always do my own lower parts and make sure I have a towel." Another person said, "There's no problems with dignity and privacy; never embarrassed any more – I'm past that but staff are very good in this respect and I've got nothing to complain about" This demonstrated staff respected people's privacy and their dignity was maintained when providing personal care.

Is the service responsive?

Our findings

People received personalised care from staff who were responsive to their individual care and support needs. One person told us, "The staff are lovely and always talk to me about what I want and need." Another person said, "They [Staff] always ask me what I want to do and where I want to spend the day- up here (in my room) or in the lounge." People told us they were happy and comfortable with their rooms and we saw they were personalised with their individual possessions, including small items of furniture, photographs and memorabilia.

A relative we spoke with told us, "I was involved originally in drawing up [family member's] care plan about what she needed before she came here and am always given the opportunity to attend an annual review. And the home will always tell me if there are any changes we should know about." Another relative said, "The staff do listen and adapt to individual needs. For example- they were putting [family member] to bed after handover and she was overtired and could be difficult, so they have changed it and get her to bed in good time and this has made things better for her and for them."

The registered manager ensured peoples' individual care and support needs were assessed with them before they moved to the service. The registered manager confirmed, as far as practicable, people and their relatives were directly involved in the assessment process and planning their care. We saw individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided.

The registered manager confirmed the service employed a designated activities co-ordinator who worked 20 hours a week over five afternoons. They said there were usually no organised activities in the morning because by the time everyone who wanted to get up and was able to do this, was settled downstairs, "It is coffee time and then near lunch." We saw there were DVDs, books and CDs in the lounge area and various games and "activity materials". There was evidence of "crafts" made by people displayed on the walls.

As well as group activities we also saw how the co-ordinator addressed the individual needs of people who may have cognitive impairment. One person had a soft toy as a comforter that she was talking to and staff spoke to her asking how they were during the day. The activities co-ordinator told us, "I always try to spend time with those residents who are in bed and less able. I sit and massage their hands, do their nails and have conversations with them and react to what they are saying." They went on to say, "Even though I may not always know what they are talking about. I read their body language and make eye contact and we often end up having a laugh and joke."

One relative told us, "[Family member] has dementia and is limited in what she can do but used to love flower arranging and so if flowers are brought in she is asked to arrange them, which she clearly enjoys and is lovely to see."

This view was echoed by other relatives we spoke with. One told us, "She [Activities-co-ordinator] is

wonderful and mum loves her. She comes and talks to her, massages her hands, triggers memories and brings out the feisty side of mum and makes her laugh." Another relative said, "She [Activities-co-ordinator] reads to mum – often from Dad's memoirs of war battles, and reads poetry and sings hymns with another resident." They went on to say, "She has a lovely manner- so enthusiastic and bubbly, yet so gentle and caring at the same time." This demonstrated people received personalised care and the service was responsive to their needs.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond to meet those needs. A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. Each care plan we looked at had been developed from the assessment of the person's identified needs. This demonstrated the service was responsive to people's individual care and support needs.

People and their relatives knew who to speak with if they had any concerns. They were confident they would be listened to and their concerns taken seriously and acted upon. One relative told us, "No, we have absolutely no concerns to date but would speak to the nurse in charge and feel confident they would listen and respond." Another relative said, "No worries at all. We've all been very happy since [family member] came in. It's like a family so you can talk to any of them." They went on to say, "We've never any major concerns but if there is something that is not right then as a family we tell the nurse or the manager and they put it right." This demonstrated the service listened to people's concerns, took them seriously and responded in a timely manner.

The provider had systems in place for handling and managing complaints. The registered manager told us any concerns or complaints would be taken seriously and dealt with quickly and efficiently. Records confirmed that complaints were investigated and responded to appropriately. This demonstrated the service was responsive and people's comments and complaints were monitored and, where necessary, acted upon.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and said they liked the way the service was run. One person told us, "I know who the managers are but I have never had to go them about anything but If I was not happy about something or someone I would feel fine doing this as they are very friendly." There was an effective management structure in place and staff were aware of their roles and responsibilities. Staff spoke positively about the experienced and long-standing registered manager, who they described as 'approachable and very supportive'. One member of staff said, "She is a good manager, very approachable and always very supportive." Another member of staff said, "Both the manager and deputy manager are so easy to talk to and so supportive. It's really important to me that managers are prepared to roll their sleeves up and get on with it."

Staff we spoke with described the open and inclusive culture within the service, and said they would have no hesitation in reporting any concerns they might have. They were also confident that any such issues would be listened to and acted upon appropriately. Staff said they felt informed and fully involved in contributing towards the development of the service. They had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil, such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

The registered manager had appropriately notified the Care Quality Commission of any significant events as they are legally required to do. They had notified other relevant agencies of incidents and events when required. They were also aware of their responsibilities, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

Arrangements were in place to formally assess, review and monitor the quality of care. This included regular audits of the environment, health and safety, medicines management and care provided. This demonstrated a commitment by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in service provision.

Mr Joginder Rai

Portland Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Portland Nursing Home on 6 October 2016. This was an unannounced inspection. The service is registered to provide accommodation and nursing care for up to 40 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 31 people living in the service, including one person who was in hospital.

At our last inspection on 4 April 2014 the service was found to be meeting all of the standards assessed and no concerns were identified.

A registered manager was in post and present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We identified shortfalls regarding inconsistent temperatures throughout the service and the lack of stimulation for people and limited opportunity for meaningful, personalised activities and have asked the provider to make improvements in these areas.

There were policies and procedures in place to assist staff on how to keep people safe. A sufficient number of staff were available to meet people's identified care and support needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness; and their privacy and dignity was respected.

People received care and support from staff who were appropriately trained and confident to meet their individual needs. They were also able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made, including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely, in accordance with current regulations and guidance by staff, who had received appropriate training to help ensure safe practice. There were systems in place to ensure that

medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with appropriate food and drink to meet their health needs and were happy with the food they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There were quality assurance audits and a formal complaints process in place. People were encouraged and supported to express their views about their care; and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staffing levels were sufficient to ensure people received a safe level of care. Medicines were stored and administered safely and accurate records were maintained. People were protected by robust recruitment practices, which helped ensure their safety. Concerns and risks were identified and acted upon.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Opportunity for personalised, meaningful activities was limited. People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services, as required.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect. People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's identified care and support needs. Individual care and support needs were regularly

assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

Good ●

The service was well led.

Staff said they felt supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect. People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Portland Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 October 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this inspection the expert-by-experience had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with 7 people who used the service, two relatives, three care workers, a qualified nurse and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

People said they felt safe and very comfortable at Portland Nursing Home. One person told us, "It's lovely here, very safe and they look after us really well." Another person told us, "Oh yes, I feel safe here – I wouldn't stop if it wasn't suitable." A relative we spoke with told us, "We've no concerns about [family member's] safety, because they (staff) always use the appropriate equipment, like pressure mats." Another relative also spoke very positively about the service and said they were happy for their family member to be at Portland Nursing Home. They told us, "[Family member] is very contented here, very well looked after and I think the staff are great, they're always talking to the residents."

During our inspection we saw the premises were clean, with no unpleasant odours, well-maintained and easily accessible. However we found several areas of the service were quite cold. A small lounge just of the entrance hall was cold, not just cool. A member of staff explained that this room was normally only used by one particular person, who preferred the room to be cold. However, we saw there were a lot of windows and bedroom doors open and the rest of the premises felt quite cool. One particular area, adjacent to room nine, felt decidedly cold. Although nobody we spoke with complained about the temperature, it was noticeable that many people wore woollen clothes and some had on thick 'bed sock' type socks. We discussed the temperature of the service with the registered manager who told us they have recently had two new heating boilers fitted. They said, therefore, there was no specific reason why the building shouldn't be warm and assured us they would address the issue through their quality monitoring audits.

We recommend that action be taken to ensure a reasonable and comfortable temperature is consistently maintained throughout the premises.

The registered manager confirmed that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They said staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare. During our inspection we saw there was sufficient staff on duty throughout the premises and people did not have to wait for any required help or support. There was a passenger lift that provided easy access to both floors, which meant people were able to move safely around the premises.

Staff we spoke with said they understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals were required they had been made appropriately and in a timely manner.

People were protected from avoidable harm as potential risks had been identified and assessed, to help ensure they were appropriately managed. People told us they had been directly involved in the assessment process and we saw this was recorded in individual care plans. Care records we looked at contained

individual risk assessments and guidance for staff, related to people's identified care and support needs. These included potential risks such as moving and handling, the risk of falls, pressure ulcers and poor nutrition. This helped ensure people received appropriate care and treatment, which was planned and delivered in a way that helped ensure their safety and welfare.

Medicines were managed safely and consistently. Staff involved in administering medication had received appropriate training. We spoke with a nurse regarding the policies and procedures for the safe storage, administration and disposal of medicines. They said the safety and welfare of people using the service was their priority and confirmed everyone with responsibility for managing medicines had received the necessary training and their competency was regularly assessed. This was supported by training records we were shown.

During lunchtime we observed medicines being administered and saw that all medication administration records (MAR) had been completed appropriately. We saw the nurse demonstrated safe and professional practice and patiently explained to people what they were doing and what their medicine was for. Fridge temperatures for storing medicines were appropriately recorded and monitored in accordance with professional guidance and best practice. This meant medicines were stored, handled and administered safely.

The provider operated safe and thorough recruitment procedures. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the government's Disclosure and Barring Service (DBS), as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

Arrangements were in place to deal with emergencies and we saw contingency plans in the event of an unforeseen emergency, such as a fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting, were regularly checked and serviced in accordance with the manufacturer's guidelines.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns which may indicate a change in people's needs, circumstances or medical condition. They said this helped reduce the potential risk of such accidents or incidents happening again and we saw documentary evidence to support this. This demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

Is the service effective?

Our findings

During our inspection we identified some concerns regarding a lack of stimulation and the limited provision of personalised, meaningful activities. The activities co-ordinator told us they worked 15 hours a week and had been at Portland Nursing Home since June, but had no specific training in the role. They said they had spent two years as an activities co-ordinator in another service, before which they had worked as an administrator. During the afternoon there was a visiting entertainer who was clearly very popular. We observed people happily engaging with the singer as they moved their arms around and sang along with some of the old favourites.

The activities co-ordinator would benefit from some specific training and due to their inexperience and the lack of any structured programme of meaningful activities, people's opportunity for stimulation was limited. The activities co-ordinator told us, "I've tried cards, colouring, DVD's, looking at books but mostly I talk to the residents." The service did not provide personalised, meaningful activities, in accordance with current best practice, particularly in relation to people living with dementia. This is an area which is all too often overlooked and a significant aspect of the service we consider requires improvement.

People and their relatives thought staff had the necessary skills and knowledge to effectively meet their individual care and support needs. One person told us, "We're all very well looked after here, they (staff) know what we need and can't do enough for us; I couldn't fault them." A relative we spoke with told us, "The staff are wonderful: they all seem to know what they're doing and look after residents so well, even though some can be quite difficult,"

Staff spoke very positively about the training and support they received and everyone said how much they enjoyed working at Portland Nursing Home. One staff member, who had not been working at the service long, told us, "I just love working here. Everyone has made me feel so welcome and very comfortable and I've had so much training since I've been here." They went on to describe their induction programme, which included competency assessments, and how much more confident it had made them feel. They told us, "I learnt so much. There was an induction sheet which the nurses filled in, when they were happy that I was confident and understood what I was doing." Another member of staff spoke about their experience of starting work at the service. They told us, "Everyone was just so supportive and there was no pressure to rush things. I shadowed a more experienced carer for the first three or four weeks and they introduced me to all the residents and their individual routines."

However we received some less than favourable comments about the actual training methods that were used, including a heavy reliance on e-learning. This involved the staff member sitting alone in front of a computer screen, watching a video and completing a tick box answer book. Typical of the many comments received was one member of staff who told us, "It's not the best form of training to be honest. And certainly for me it's not a great way to learn; I much prefer the face-to-face training, in a group, where we can ask questions and share experiences." They went on to say, "For a new member of staff the on-line stuff wouldn't be very helpful and they could struggle. We discussed this issue with the registered manager who said certain topics, such as moving and handling, were done in groups but acknowledged the majority of

training was on-line. They told us they regularly attempted to access training workshops provided by the local authority but said they were often over-subscribed and places were limited to three per service.

Records showed staff were up to date with their essential training, in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. People and relatives spoke positively about the staff and told us they had no concerns about the care and support provided. This demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

The Mental Capacity Act 2005 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority, as required to protect the person from harm. The registered manager confirmed that, following assessment, a DoLS authorisation was in place for two people and we saw the necessary conditions were being met. They also said they were awaiting responses to other recent applications submitted.

Staff had knowledge and understanding of the Mental Capacity Act 2005 and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals to make a decision in their 'best interest'. This is in line with the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed staff always gained their consent before providing any personal care.

People we spoke with said they had access to doctors and other health care professionals, as and when required. One person told us, "There's a doctor here most days and the optician and chiropodist visit regularly." We saw in people's care plans that they had regular access to healthcare professionals, such as GPs, speech and language therapists, podiatrists and dentists. Individual care plans also contained records of any appointments with, or visits from, such healthcare professionals.

People were supported to have sufficient to eat and drink and maintained a balanced and nutritious diet. One person told us, "No complaints about the food here; it's lovely." People also said they had enough to drink. One person told us, "There's always plenty to drink; we have cups of tea all day long." We observed lunch and saw, where necessary, appropriate and discreet support was patiently provided by staff in a calm, unhurried manner.

Is the service caring?

Our findings

People and their relatives spoke positively regarding the caring, kind and compassionate nature of the manager and staff. One person told us, "I really like it here and the staff are all so kind to us." Another person described the staff as, "Very kind and caring." A relative told us, "My [family member] is very well looked after and really likes the staff here."

Throughout the day we observed many examples of friendly, positive and good natured interaction. People were comfortable and relaxed with staff, happily asking for help, as required. They were free to move around both floors and had choice about which lounge they liked to sit in and where they preferred to eat their meal at lunchtime. We saw and heard staff speak with people in a calm, considerate and respectful manner. People were called by their preferred names, staff spoke politely with them and conversations were not just task related. We observed staff were patient and considerate and took time to check that people heard and understood what they were saying.

Staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living and said these choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved and supported people in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend care plan reviews. They also said they were kept well-informed and were made welcome whenever they visited.

Individual care plans contained details regarding people's personal history, their likes and dislikes. The personal information and guidance enabled staff to meet people's care and support needs in a structured and consistent manner. Staff had a good understanding of people's needs; they were aware of their personal preferences and supported people in the way they liked to be cared for.

People had their dignity and independence promoted. A relative we spoke with, told us, "The staff here are wonderful and [family member] is always treated with great care and dignity." The registered manager told us people were treated as individuals and supported, encouraged and enabled to be as independent as they wanted to be. During our inspection we observed people were treated with dignity and respect and the registered manager and staff demonstrated a strong commitment to providing compassionate care and support.

A visiting health care professional spoke very positively about the quality of the care provided at Portland Nursing Home. They said they had confidence in the registered manager and staff team, who they described as, "Very professional, dedicated and committed". They said referrals to the surgery were timely and appropriate: and compared very favourably to other similar services they visited.

People's wishes regarding their religious and cultural needs were respected by staff who supported them. Within individual care plans, we also saw personal and sensitive end of life plans, which were written in the

first person and clearly showed the person's involvement in them. They included details of their religion, their next of kin or advocate, where they wished to spend their final days and funeral arrangements.

Is the service responsive?

Our findings

People received personalised care from staff who were aware of and responsive to, their individual care and support needs. One person told us, "They [staff] know what we like and what we need – and I've got everything I need." Relatives we spoke with said they were always made to feel welcome whenever they visited and were happy and confident their family members' needs were being met. One relative told us, "We've absolutely no complaints at all and I would give the home nine out of ten. All the residents are well cared for and everyone always look very clean and presentable." Another relative told us, "The best thing about it, is it's such an open, caring environment; it's light and clean and the staff are all very good and know what they're doing."

The registered manager explained they would always assess a person's individual care and support needs, to establish their suitability for the service and "their compatibility with existing residents." They also confirmed that, as far as practicable, people were directly involved in the assessment process and planning their care.

The care plans, including risk assessments we looked at, followed the activities of daily living such as communication, personal hygiene, continence, moving and mobility, nutrition and hydration and medication. They also contained details regarding people's health needs, their likes, dislikes and their individual routines. This included preferred times to get up and go to bed, their spiritual needs and social interests. Individual care records were reviewed regularly to ensure they accurately reflected people's current and changing needs and we saw people were directly involved in this process. This demonstrated that the service was responsive to people's individual needs.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs, so they could respond appropriately and consistently to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs.

Individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This helped ensure that people's care and support needs were met in a structured and consistent manner.

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

People using the service and relatives we spoke with, told us they knew what to do if they had any concerns. They also felt confident they would be listened to and their concerns taken seriously and acted upon. The provider had systems in place for handling and managing complaints. The complaints records we looked at confirmed that these were investigated and responded to appropriately. Staff we spoke with were aware of the complaints procedure and knew how to respond appropriately to any concerns received.

Records indicated that comments, compliments and complaints were monitored and acted upon. Complaints were handled and responded to appropriately and any changes and learning implemented and recorded. For example, we saw that, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The registered manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant. They told us they also used satisfaction surveys to gather the views of people, their relatives and other stakeholders, regarding the quality of service provision. We saw samples of the most recent questionnaires and the positive responses received.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and said they were happy and satisfied with the way the service was run. Staff we spoke with were aware of their roles and responsibilities to the people they supported. They described the open culture within the service, and said they would have no hesitation in reporting any concerns. One member of staff told us, "The morale here is excellent; it's probably one of the best places I've worked. There are some staff who've been here for over 20 years, which says a lot about the morale here and how supported and valued people feel."

Staff told us they felt supported by both the registered manager and deputy manager, who they described as very approachable. One staff member told us, "The managers are both very good; they have an open door policy and you can go and speak with them at any time about anything." Staff also felt able to raise any concerns or issues they had and were confident they would be listened to and acted upon. One member of staff told us, "I recently had a query about something and they looked into it straight away and sorted it out." We saw documentary evidence of staff receiving regular formal supervision and annual appraisals.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

Arrangements were in place to formally assess, review and monitor the quality of care. These included regular audits of the environment, health and safety, medicines management and care records. We saw these checks had helped the registered manager to focus on aspects of the service and drive through improvements following our last inspection. For example, the quality of care was being checked with people, care records were being developed and staff practices were improving to enhance their knowledge around the subject of dementia care. This demonstrated a commitment by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in service provision.

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Portland Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Portland Nursing Home is a residential care home providing personal care to up to 40 people. The service provides support to older people with a range of health conditions. At the time of our inspection there were 24 people using the service. The accommodation is across three floors, with communal areas on the ground floor.

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

Call bells were not responded to in a timely manner as the system was not maintained by the provider. Medicines were not safely managed as temperatures were not routinely monitored, protocols were not in place for as required medicines and medicine records were not always clearly written or fully completed. People were not always protected from the risk of abuse as incidents were not always reported. Fire safety risks had not always been assessed or actions taken to mitigate. Infection control in the laundry needed to be reviewed as it was unsafe.

Meals were not always well presented, and people were not always offered alternative options. Practice fire evacuations had not been completed regularly, storage was limited and impacted on accessibility to a bathroom. Two people were sharing a room and a solution had not been found to ensure this did not impact on relatives visiting.

People's privacy and dignity were not always respected, and people were subjected to institutionalised practice. Bathing routines and other care needs were displayed in a communal area. We found a person sitting in a wheelchair without foot plates.

The complaints procedure was not clear, and records of complaints were not maintained. The provider had no analysis of complaints. People had complained and this had not been recorded. Relatives were not clear on complaints procedure, and one was worried about complaining. People were not engaged in activities and people spent most of their time in their rooms. People's communication needs were not always fully considered.

Governance and quality assurance systems were ineffective, and the provider had failed to monitor and identify areas of improvement needed. There was no engagement with people or relatives to improve the outcomes for people.

People were not always supported to have maximum choice and control of their lives and did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at

Rating at last inspection:

The last rating for this service was good (published 28 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We have found breaches in relation to medicines management, the provider's quality assurance systems, person centred care and handling of complaints. Please see the action we have told the provider to take at the end of the full version of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement 

The service was not always caring.

Details are in our caring findings below

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Portland 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Portland Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 04 April 2023 and ended on 25 April 2023. We visited the service location on 04 April 2023. We spoke with 4 people that used the service and 11 relatives about their experience of the care provided. We spoke with 7 members of staff including a registered manager, deputy manager, nurses and care workers.

We reviewed a range of records. This included care records for 5 people and multiple medication records. We looked at 2 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 also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection we have rated this key question inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment; Learning lessons when things go wrong

- There was no system in place to monitor call bell response times. One relative told us, "I arrived for a visit last week at 2:30, [Relative] had already been waiting for some time for the buzzer to be answered, someone finally arrived at 3:45 and this was not the first time the wait had been far too long."
- Staff could not always respond to people's call bells. The call bell system was linked to pagers carried by staff. The registered manager told us there were not enough pagers for every staff member to have one as some had been lost and not replaced by the provider. One staff member told us, "They are short of pagers at the moment." This meant people needing support would have to wait longer.

The provider had failed to maintain equipment causing unsafe and unreasonable delays to people's care needs being met. This was a breach of Regulation 12 (2) (e) (f) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was using a dependency tool to calculate the number of staff required on shift to meet people's needs. We reviewed rotas that confirmed the planned staffing levels were in place. One staff member told us "It can be challenging at times if people are unwell." One relative told us, "When I first visited the home there was always a member of staff passing by the door and popping their head in to say 'hello', now when I visit, it can be an hour and half and I see no one walk past the door."
- Staff were recruited safely. The provider obtained references from previous employers, checked identity and eligibility to work in the UK, and undertook criminal records checks.

Using medicines safely

- People's medicines were not always managed safely.
- Where people received medicines via a patch (applied directly to the skin), staff did not always document where these had been placed on people's body. We could not be assured staff rotated the application site as per manufacturer recommendations. This placed people at risk of sore skin.
- Medicines were not always stored safely. For example, the medicine fridge and room temperatures were not consistently monitored. Prescribed creams were also stored in people's rooms where temperatures were not monitored.
- Medicines given as required (PRN) did not always have protocols in place. For example, one person had been prescribed urgent PRN for seizures, however no protocol was in place to guide administration.
- Medicine administration records were not always clearly written. For example, notes were handwritten to the back of charts about medicines given. This meant people were at risk if notes were missed by nurses.

- One person was receiving their medication covertly, however the decision making in the persons best interest had not been recorded. This was raised with the registered manager. and we were assured this had been rectified.
- Management audits carried out had not identified any concerns.

The provider had failed to ensure people's medicines were administered safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk from abuse

- People were not always protected from the risk of abuse and incidents were not always thoroughly investigated. We found examples of the provider reporting safeguarding concerns, however 1 concern relating to a staff member's practice was not reported. Records did not detail action taken by the manager.
- Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals, however records did not demonstrate this had always happened.

Assessing risk, safety monitoring and management

- Fire safety risks had not always been assessed and action had not been taken to mitigate the risk.
- Personal emergency evacuation plans (PEEPS) were not in place for all people using the service. We found 1 person without a plan.
- COSHH products were not always locked away. For example, a chemical spray bottle was found in a sluice room accessible to people as the door was unlocked and a cleaning trolley was found unattended in the corridor.

The provider had failed to monitor and take action mitigate risks to people. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Repositioning records showed people were supported to turn regularly to reduced, the risk of sore skin.

Preventing and controlling infection including the cleanliness of premises

- The provider did not always promote safety through the layout and hygiene practices of the premises.
 - We found clean and dirty laundry areas were not clearly defined.
 - We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- Relatives and friends were able to visit people in the home without restriction.

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 our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Meals were not always well-presented and the dining experience was not monitored.
- People's meals were served in their rooms and people were not offered the choice to use the dining room. This meant staff support was more limited and people were isolated.
- Meals were not well presented, one person told us "The meals are mediocre". Another person told us, "They are hit and miss."
- We found 1 person had not eaten their meal and pudding was served 10 minutes later. We asked staff if there was an alternative for the main meal for this person and they were offered a cup of soup.
- The manager told us people chose to eat in their rooms since the pandemic and they had tried to change this.
- Meals were ordered through a prepared meals service and heated by staff. The manager told us this was because of difficulties recruiting a chef.

The provider had failed to ensure people were offered a choice of meals supporting their wellbeing and quality of life. This was a breach of Regulation 9 (3) (i) (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support, training, skills and experience

- Staff had not always received the required level of training. For example, the last practice fire evacuations had taken place in 2021. One staff member told us their last practical fire training was before the pandemic.
- Staff had access to online refresher training and had an induction when they started. Staff confirmed they completed mandatory training before they were able to start supporting people.
- The registered manager had systems in place to support and supervise staff. Staff received regular supervision, this included one to one sessions and competency checks which included feedback on performance.

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

- The decoration and design of the home did not improve people's quality of life or promote their wellbeing.
- Storage was limited and impacted on accessibility to some areas. For example, a hoist and wheelchair were stored in a bathroom, staff told us these were moved out each time someone used the bathroom.
- Communal rooms were all on the ground floor which could be accessed by a lift.
- Signage in the home supported people with conditions such as dementia to orientate.

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

- People's needs had been assessed, and considered areas of need including mobility, healthcare, personal care, relationships, and communication.
- People's care and support needs were regularly reviewed to ensure care plans were up to date and meaningful. One staff member told us, "I have time to read the care plans and risk assessments."
- Care plans detailed people's preferences, likes and dislikes. One staff member told us they make sure people have everything they need.

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

- People's health needs were considered and reviewed in partnership with other agencies. Systems to refer people were in place and care plans evidenced involvement from other health care professionals such as the GP.
- Records evidenced appropriate referrals had been made when people were experiencing weight loss or had deteriorating mobility.
- Guidance from external professionals had been included in people's care plans for staff to follow. Staff had a good understanding of the guidance in place and we observed the guidance to be followed by staff.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training around MCA and DoLS and were able to tell us how people's capacity was assessed. The manager held a tracking list for DoLS applications.
- Where people were deprived of their liberty, DoLS were in place and people were supported in line with their agreed plans.

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 our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- The provider did not consistently ensure people's privacy and dignity were maintained.
- People were subject to institutionalised practice. For example, we found bathing schedules in place which did not evidence people had choice or control in when they had a bath or shower.
- Personal information and routines were on display in communal areas. For example, fluid intake levels, dietary requirements and bathing schedules were written on whiteboards and 1 person's allergies were displayed on their door. This practice did not promote people's individuality and shared personal information about their care.
- Two people were sharing a room. One relative told us, "I hate the fact that [relative] is in a shared room. The staff can't help that but sometimes you miss your visiting time as the person in the next bed needs personal care."
- Continence aids and equipment had been left out in people's rooms. For example, incontinence pads were found stored on the floor by 1 person's bedroom door.

The provider had failed to promote and maintain people's privacy and dignity. This is a breach of regulation 10 (Dignity and respect) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not always supported to use equipment safely. For example, we found 1 person using a wheelchair in their room without footplates. This meant the chair would have been unsafe to move, it would have been uncomfortable and undignified for the person.
- Staff were kind to people. Staff spoke with people in a caring way, calling them by their preferred name and being respectful in their language and approach. People told us they liked staff.
- One relative told us, "The cleaner has a chat when cleaning [relative's] room. I was visiting once and the cleaner said, 'don't worry I will come back later'." Another relative told us "I do feel [relative] is safe ... Overall, I am very happy with their care."
- Staff completed equality and diversity training to help them understand people's needs.
- People told us they were happy with the care they received from staff. One relative told us "I am not involved in the care plan but am happy with the care [relative] gets".

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Complaints procedures were not clear and accessible to people and relatives. For example, we were told people should complain to anyone in blue, however the policy did not support this. One relative told us they tried to complain to a nurse about a staffing shortage, they were asked to put it in writing to head office. This was not in line with the home's complaints procedure.
- The provider's procedure stated verbal complaints should be followed up with a letter. One person told us they had complained about meals a few times, the last time being a few days ago and nothing had changed. There was no record or response for this complaint. One relative told us, "I did not want to complain officially as I was worried about the reprisals"

The provider had failed to operate an effective system for managing complaints. This was a breach of Regulation 16 (1) (2) (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Organised activities did not always engage people.
- The provider employed an activities coordinator, activities were arranged, however people did not engage and chose to spend time in their rooms.
- One relative told us, "I have been asking for a larger table in their room for a long time for jigsaws etc. My [relative] has no social interaction at all. I think it would help as others might pop in for a chat and fix a piece or two".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans did not always detail how staff should communicate with people. For example, 1 person's care plan identified they had difficulties communicating, however there was no identified interventions for staff to support the person's communication needs.
- People living in the home had lived there for varying periods of time and their individual communication needs were met by staff who knew them well.

End of life care and support

- Support plans for end of life care were detailed in people's care plans. Advanced care planning, emergency care and resuscitation preferences were recorded, where people had chosen to share these.
- Staff had received training in end of life care. One staff member told us, "We make people comfortable, making them look nice, if they want something, we would do everything we could for them, we don't want to see them in pain."

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 our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- People were not protected by robust quality assurance and governance systems.
- Accidents and incidents were not analysed for themes and trends. This meant people were at risk as action was not taken to prevent the risk of reoccurrence.
- Medicine audits had failed to recognise the unsafe medicine practices reported on in the safe domain of this report. This meant people were at a continued risk of receiving their medicines unsafely.
- Complaint records were not maintained. This meant the provider did not have oversight of themes and trends to identify improvements.
- The provider failed to ensure the systems in place identified risk to people and areas of improvement needed. Audits were completed by the management team, however these were behind schedule and not monitored by the provider. For example, the manager's monthly audit was last completed 3 months ago and a weekly mattress audit was last completed in August 2022.

The provider had failed to implement effective systems and processes to assess, monitor and improve the safety of the service provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not engage regularly with people or relatives.
- There were no recent records showing engagement with people using the service or relatives. For example, the last recorded meeting with relatives was in December 2020.
- People were not routinely involved in service development and planning their care. For example, meetings for people using the service were not facilitated.
- One relative told us, "They don't always respond quickly... [relative] trips and falls and any issues take a long time for them to tell us. Last time, [relative] rang us before the home had got in touch."
- The culture of the service did not always value people's individuality or work towards positive outcomes for people. For example, people spent most of the time in their rooms and communal areas of the home were mainly occupied by staff. The registered manager told us the culture had been difficult to change and people chose to be in their rooms since the pandemic.

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

- The registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell. There had been no incidents which met the duty of candour threshold.
- Staff knew how to raise concerns and told us they would escalate if they felt they were not being listened to or their concerns were not acted upon.
- People's records evidenced a significant level of contact with health and social care professionals. A healthcare professional told us, 'The registered manager engaged very well with me, they responded promptly to my emails and engaged well throughout the assessment.'

Working in partnership with others

- People's records evidenced people had contact with health and social care professionals. For example, the home had regular reviews with the GP.
- The registered manager told us they engaged with a registered managers, network group developed during the COVID-19 pandemic.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People using the service were not satisfied with meals, concerns about this were not recorded and meals were served in bedrooms which was isolating for people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had failed to promote and maintain people's privacy and dignity
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People had to wait for care due to poor maintenance of the call bells system, medicines were not safely managed, fire safety risks were not always mitigated, people were not always protected from the risk of abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints procedure was not followed and complaints were not always acted on or analysed for trends.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider had no oversight of the service, feedback was not sought from key stakeholders and management auditing was behind.