

Polonia Residential Home

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Inspection report

17 Demesne Road
Manchester
Lancashire
M16 8HG

Tel: 01612320719

Website: www.poloniahome.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Polonia Residential Home (Polonia) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Polonia is registered to provide accommodation and personal care for up to nine people aged 65 and over and mainly from eastern European backgrounds. At the time of our inspection there were nine people living at the home.

Rating at last inspection:

At the last inspection the service was rated Requires Improvement. The report was published in March 2018. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 relating to recruitment and governance.

People's experience of using this service:

At this inspection we found evidence the service did not meet the characteristics of Good in all areas. We have made two recommendations to the provider about creating a more dementia-friendly environment and meaningful activities for people living with dementia.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to equipment safety, recruitment and governance. Details of action we have asked the provider to take can be found at the end of this report.

The provider did not have a thorough overview of the quality of the service provision. Audit processes were not sufficiently robust. This meant people were at risk of harm because the provider did not have effective checks in place to monitor the quality of the service.

Recruitment processes were not safe. This meant people were not protected from the risk of unsuitable staff being employed.

People and their relatives told us the service was safe. Medicines were administered and stored safely.

There were sufficient and adequately trained staff to support people safely. The provider had suitable systems in place to protect people from abuse.

People were supported in a friendly and respectful way. People, relatives and staff got on well. Staff had a good knowledge of people's personalities and their behaviours.

The atmosphere at the home was warm and welcoming. People and relatives told us staff supported them in a compassionate and caring manner.

There was a complaints policy in place, but no one had cause to raise any complaints.

More information is in the full report.

Why we inspected:

This inspection was planned based on the previous rating. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe and Well Led to at least good. We found the provider had not made sufficient improvements and that there were ongoing concerns in these areas. We found new concerns relating to equipment safety.

Enforcement: Action we told provider to take (refer to end of full report).

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Polonia Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector who was accompanied on the visit by an interpreter who spoke Polish. We used an interpreter because people living at the service spoke Polish as their first language.

Service and service type:

Polonia Residential Home is a 'care home' that provides care and accommodation to older people, some of whom live with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and deaths; and we sought feedback from professionals who worked with the service such as the local authority and clinical commissioning group. We did not receive any feedback from them. We were unable to assess the information we require providers to send us at least once annually because they had not submitted this to us. This includes key information about what the service does well and improvements they plan to make. We used the available information to plan our inspection.

We used a number of different methods to help us understand people's experiences of the home. These

included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This included observations of staff and how they interacted with people. We spoke with three people using the service and two relatives to ask about their experiences of the care provided.

We spoke with the registered manager and the deputy manager and two care assistants. We reviewed a range of records. These included two people's care and medicine records, four staff recruitment files, staff training records, policies and procedures and quality monitoring and audits.

Following the inspection we asked the registered manager to provide us with further information regarding equipment safety. At the time of writing, this had not been provided.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. At the last inspection there was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the provider's failure to ensure recruitment checks were effective. At this inspection, we found limited improvements had been made.

Staffing and recruitment

- We looked at four staff recruitment records. We found concerns relating to how staff had been recruited.
- Application forms did not contain any previous employment history.
- Where one staff member had included a CV with their application form, there were no records to show gaps in their employment had been explained or discussed.
- References provided were out of date and in one instance not from previous places of employment.
- The employment checklist implemented since the last inspection was ineffective in identifying the concerns we found at this inspection.

These concerns were a continuing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Sufficient staff were deployed within the service to support people safely.
- People did not have long to wait when they used their call bells. One person told us, "They always come promptly when I press the bell. They're very good."

Assessing risk, safety monitoring and management

- We found no documentary evidence that any of the lifting equipment used within the home had been inspected in line with health and safety legal requirements.
- The home had a passenger lift and a standing hoist. Both pieces of equipment must be inspected every six months. This is required under the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998.
- We asked the registered manager for the report of thorough examination of the lift. They showed us three service reports. These did not meet the requirements of LOLER.
- We carried out a physical check of the standing hoist. The hoist had been inspected in June 2018.
- We asked the registered manager to provide assurances that the equipment would be inspected as soon as possible and to send us documentary evidence when this had been done.
- At the time of writing, the registered manager had not provided documentary evidence that both the passenger lift and the standing hoist had had a LOLER examination.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found detailed assessments relating to areas of risk, people's support needs and how staff should manage these. Risks identified included health issues such as pressure ulcers, mobility and poor nutrition. Risks were reviewed monthly or more frequently if needed.
- Personal emergency evacuation plans (PEEPS) were kept for each person to guide staff on the support required to leave the building in an emergency. These were fit for purpose and up to date.
- Premises checks and health and safety assessments for gas and electrical safety, fire equipment and legionella were carried out.
- The Greater Manchester Fire and Rescue Services had carried out a fire risk assessment in October 2018. They found the service's fire risk assessment completed in 2018 was satisfactory and that they were compliant with fire safety regulations.

Systems and processes to safeguard people from the risk of abuse

- There were systems and procedures in place to report and record safeguarding concerns identified.
- Staff we spoke with knew the types of abuse and what action to take should they suspect abuse was taking place.
- Staff received safeguarding training and regular updates.
- People and their relatives told us the care home was a safe environment. One person told us, "Yes, I've never felt safer anywhere else, because of the staff, they speak Polish; I wouldn't like to be sent anywhere else." One relative said, "Oh definitely my [relative] is safe. It is a safe environment." A friend of a person supported by the service said, "I would never leave [Name] here if I didn't think it was safe."

Using medicines safely

- There were safe systems in place for managing people's medicines. We found that records we reviewed were fully completed and people received their medicines as prescribed. When medicines needed to be given with a minimum time interval between doses (such as Paracetamol), we saw no record of the time they had been given. We discussed this concern with the registered manager and the deputy manager as doses may be given too closely together and put people at risk of harm. The deputy manager said they would discuss this with their pharmacy and also raise the concern in their upcoming medicines refresher training at the end of the month (March 2019).
- Medicines including controlled drugs were stored safely and securely.
- Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked by someone assessed as competent to do so.
- Protocols for 'as required' medicines were in place and provided sufficient information to guide staff to give these medicines safely.

Preventing and controlling infection

- The home was clean, well maintained and free from unpleasant odours.
- We observed staff wore personal protection equipment such as aprons and gloves as required.
- Staff we spoke with were aware of their responsibilities regarding infection control. Training records we looked at showed they had received training in this area.

Learning lessons when things go wrong

- The provider had systems in place to record accidents and incidents that occurred at the home. These were recorded, and appropriate action taken to help reduce the risk of recurrence.

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

People's outcomes were not consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager told us they had made five DoLS applications to three local authorities in January 2017. None of these applications were kept within people's care records and had to be viewed from the registered manager's email account.
- The service had not received any further information about their applications. The registered manager confirmed they had not followed this up with any of the local authorities. This meant people were potentially being deprived of their liberty unlawfully. We recommended the registered manager contact the local authorities for a follow up on their previous applications.
- We observed staff sought people's consent prior to carrying out any task. People and their relatives said that staff were respectful of people's rights.
- Where people lacked capacity to make their own decisions, best interest decision making processes were in place.

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

- Polonia is large adapted house which provides care to older adults including those living with dementia.
- People's bedrooms were comfortably decorated according to their own tastes. Communal areas were decorated with traditional Eastern European ornaments and art work.
- The communal lounge was fitted with a patterned carpet which can cause confusion for people living with dementia. We observed this and pointed out to the registered manager that they should consider an alternative during any planned refurbishment.
- We recommend the provider considers current guidance and best practice about creating an environment to better suit the needs of people living with dementia.

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

- The registered manager carried out an initial assessment of each person before they started living at the home. This helped to ensure the care home could effectively meet their care and support needs. Assessments of people's needs were comprehensive and identified expected outcomes such as personal care, medical history, food and meal times, communications, mobility, religious observance.
- One relative told us, "Yes, there was an initial assessment. The manager came to our home."

Staff support: induction, training, skills and experience

- Staff told us they were supported in their roles and given the opportunity to identify any areas for development. Staff had an induction and received training considered mandatory by the provider. Refresher training was booked as required.
- Staff records we looked at evidenced they received regular supervisions, appraisals as appropriate and competency checks.
- People and their relatives were confident about staff's ability to do their jobs effectively. One person said, "It seems to me staff are properly trained." A visitor told us, "Staff do a good job."

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

- People, their relatives and friends were complimentary of the food on offer at Polonia. One person told us, "It's very good Polish food." One visitor said, "The food is good. I always get served (a meal) when I'm here." A relative told us, "The food is wholesome and plentiful."
- There was a weekly menu consisting of mainly Polish meals, but people and relatives told us they were always offered an alternative. Meals were home-cooked.
- The mealtime experience at the home was relaxed and comfortable. It was evident that people enjoyed their food. Where required, people were supported by staff in a patient and compassionate way.
- The care home was inspected by the Food Standards Agency in 18 May 2018 and awarded a food hygiene rating of 5, which is the highest award.

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

- The service proactively managed people's health and wellbeing needs as required; this included nutritional screening, pressure care and falls.
- Care records evidenced that people's concerns were regularly monitored if risks such as malnutrition or pressure ulcers had been identified. We saw the home made appropriate referrals and sought advice from the GP and district nurses.
- The home had good working relationships with relevant health care professionals. The registered manager told us each week the GP visited and carried out weekly reviews of people. One visitor said, "Doctors and nurses come. They're (The service) are on the ball when it comes to people's health."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives were very complimentary about the staff, the continuity of care and staff's caring attitude.
- Comments included, "The staff are very caring. They've all been nice and they're friendly" and "It's like a family here."
- Staff we spoke with demonstrated a good knowledge of people's personalities, their individual needs and what was important to them.
- We observed good interactions between people and staff. It was evident that staff knew the people they supported well.
- Daily routines were flexible with people rising and retiring when they wished.
- People chose where they spent their time, either with others in the communal lounge or the privacy of their room.
- People were well presented and appeared comfortable and settled in their environment.

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

- People and where relevant their relatives told us they had been involved in developing the care.
- People and relatives were able to express their views to staff and management about the service provided.

Respecting and promoting people's privacy, dignity and independence

- People were well-presented, clean and well-groomed and everyone was wearing fresh clothing of their choice.
- Staff were friendly, caring and treated people living at the home with dignity.
- Staff helped people to be independent as possible by encouraging them to do whatever they could, even when this took longer. One relative said, "(Staff) always encourage [person] to use their walker to get around the home."
- People's care records contained relevant information about the protected characteristics. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination on the basis of age, disability, race, religion or belief and sexuality.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were comprehensive and contained relevant information to support people according to their needs and wishes.
- The provider was meeting the accessible information standard. People's communication needs relating to any disability or impairment were recorded in their care plans.
- People were engaged in a range of activities within the home such as quizzes and chair exercises. However, we recommend the provider considers current best practice on planning meaningful activities to better suit the needs of people living with dementia.
- The provider used technologies such as nurse call systems to help ensure people received timely and responsive support.

Improving care quality in response to complaints or concerns

- There was a process in place to manage concerns or complaints raised. The procedure was displayed within the home.
- No concerns or complaints had been raised since our last inspection.
- No one we spoke with had anything negative to say about the home. A person said, "I can't complain about anything or anybody. The service I get is good." A relative said, "I am really satisfied. I have no complaints at all."

End of life care and support

- People were supported to remain at Polonia at the end of their lives if this was their choice and the home could meet their needs.
- Care records contained pertinent information about how people wanted to be supported and cared for at the end of their life.

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

Current governance processes and practice did not always consider potential risk and support the delivery of safe and effective care. At the last inspection, there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the provider's failure to effectively monitor the health and safety of the service. At this inspection this was a continued breach.

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

- The registered manager and deputy manager carried out audits on various aspects of the service including medicines, care plans and fire equipment. The registered manager had implemented additional environmental checks of window restrictors as recommended.
- There were no effective checks in place to help ensure lifting equipment used within the home was inspected in line with health and safety legislation and that suitable staff were safely employed after appropriate checks had been made.
- There were no written records to show the provider carried out their own quality checks of the service. For example, the provider had not ensured all actions from the previous Legionella risk assessment (done in December 2018) had been completed.
- The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. We checked our records before and after our site visit. We found no evidence that this form had been returned to us.
- The provider and the registered manager had insufficient oversight of how DoLS applications were managed. These applications were not kept within people's care records. This meant the service had not maintained an accurate and complete record of the person's support needs and decisions taken in relation to the provision of these needs.
- We found the registered manager's knowledge and understanding of the current regulations needed to be strengthened.

These concerns were a continuing breach of Regulation 17 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- People and their relatives were positive about how the home was managed and the attitude of the staff. Comments included, "It's a very good home. Staff here are fantastic. There's no better place [person] can be" and "They really take good care of me."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The overall atmosphere at the home was open, warm and welcoming.
- We observed good working relationships amongst the entire staff team.
- The registered manager was visible within the service.
- The provider conspicuously displayed its last inspection rating on the premises as required by law. The provider did not currently have a website.

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

- People and their relatives completed an annual feedback questionnaire. The feedback was very positive.
- The registered manager or staff could be approached with feedback at any time.
- There were regular staff meetings were held.

Working in partnership with others

- The home had good working relationships with the local authority who commissioned services and health care professionals such as district nurses and GPs.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured lifting equipment used within the home had been inspected in line with health and safety regulations.

The enforcement action we took:

We served a warning notice to the registered manager and provider. We required the service to be compliant with the regulation by 31 May 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance processes in place were ineffective. There was no documented evidence that the provider carried out their quality checks. Registered manager's knowledge of current regulations needed to be strengthened. Reg 17(1)(2) The provider had not submitted their Provider Information Return. Reg 17(3) Ongoing breach

The enforcement action we took:

We served a warning notice to the registered manager and provider. We required the service to be compliant with the regulation by 31 May 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment checks were ineffective and did not ensure suitable staff had been employed. Ongoing breach.

The enforcement action we took:

We served a warning notice to the registered manager and provider. We required the service to be compliant with the regulation by 31 May 2019.