

Society Of Christ (Great Britain)

Dom Polski Residential Care 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

Dom Polski is a large detached property that provides accommodation and support for 14 older people. The home provides a service for older people who speak Polish. The home is owned and operated by the Fathers Of The Society of Christ (Great Britain), this is a Polish religious organisation and a registered charity. The Polish language, culture and traditions are upheld within the home.

Rating at last inspection:

At the last inspection, the service was rated as Good.

Rating at this inspection:

At this inspection we found the service remained Good.

Why the service is rated Good.

Staff were fully trained to meet people's individual needs and had been safely recruited. Staff knew how to keep people safe. Risk assessments were in place to guide staff to provide safe support.

Medicines were administered as prescribed. Health professionals were very positive about the quality of the support provided, the registered manager and the caring nature of the staff and the support they provided each individual.

People and relatives we spoke with were also very positive about the staff team and their kindness. Staff knew people's needs well and would spend time sitting and talking with them through the day.

Staff were supported by the registered manager through regular supervisions and team meetings. Staff said they enjoyed working at the service and that the registered manager was very approachable.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's health and nutritional needs were well met by the service. People and relatives told us the food was very good and they had a choice of meals. Traditional Polish food was offered and relatives and friends could share a meal with people if they wished to.

People were supported with their religious and cultural needs. A priest was available to conduct mass every day. The home was decorated with mementos of Poland. Signs around the home were in Polish as well as English. This helped people to feel comfortable in familiar surroundings and to orientate themselves within the home.

People's wishes at the end of their lives were agreed with them and their family. People were supported to remain at Dom Polski at the end of their life if they wished to do so.

People and their relatives were kept well informed about the service and had opportunities through residents meetings and surveys to comment on the service and make suggestions for changes. We saw that comments received were acted upon.

Clear care plans were in place for each individual. New care plans for dementia were in the process of being introduced at the time of our inspection. A programme of activities was in place, which people said they enjoyed.

The registered manager had a comprehensive system of quality assurance and audits in place. The provider was said to be very supportive, however did not have any formal system to monitor the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains good.

Dom Polski Residential Care 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 checked whether the provider is 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.

This inspection took place on 14 and 16 February 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioning and safeguarding teams as well as the local Healthwatch board. The comments and feedback received was reviewed and used to assist with our inspection.

During the inspection we observed interactions between staff and people who used the service. We spoke with three people, two relatives, the registered manager, nominated individual, three care staff and three health professionals. We observed the way people were supported in communal areas and looked at records relating to the service. This included four care records, three staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, accidents and incident records, policies and procedures and quality assurance records.

Is the service safe?

Our findings

All the people who used the service we spoke with said they felt safe living at Dom Polski. One said, "Oh yes I am safe here." The relatives we spoke with also said they thought their loved ones were safe at the home. One described how their loved one had had difficulties with their support before moving to Dom Polski and commented, "This place has been amazing."

Staff had received training in safeguarding vulnerable adults and knew the correct action to take if they witnessed or suspected abuse had taken place. They were confident the registered manager would act on their concerns.

From the three personnel files we viewed we saw that the required checks had been made when recruiting staff, including a Disclosure and Barring Service (DBS) and references from the most recent employer. Throughout our inspection we observed there were enough staff on duty to meet people's needs. The rota confirmed sufficient staff were allocated to each shift.

We saw risk assessments were in place in people's care files, for example moving and handling, pressure area care and nutrition. These identified the risk and gave guidelines for staff to follow to mitigate them.

Medications were administered by trained senior staff. The medicine administration record (MAR) showed people received their medicines as prescribed. Some people were prescribed thickeners to be added to fluids. Thickeners can reduce the risk of people choking. We saw the senior staff signed the MAR four times a day to denote the thickeners had been added to fluids as prescribed. We noted people had more than four drinks each day and the thickeners were added to drinks by the care staff. This meant the seniors were signing the MAR when they had not personally added the thickeners to people's fluids. We discussed this with the registered manager. They implemented a new recording file for thickeners during our inspection. This included details of the consistency of fluids required for each person and a sheet for the staff member who added the thickener to sign. This meant the staff member administering the thickener signed every time they did so and therefore were accountable for this. We saw that all staff had received training in adding thickeners to fluids to gain the correct consistency.

The home was clean throughout and there were no malodours. Personal protective equipment was available for staff to use as needed.

We saw all equipment had been serviced according to the manufacturer's instructions. Regular checks of the fire alarm system and emergency lighting were completed. Each person had a Personal Emergency Evacuation Plan (PEEP) in place and regular fire drills had been conducted.

Is the service effective?

Our findings

All the people and relatives we spoke with said that the staff knew their needs well. One said, "The staff know what I like."

Staff received regular training and were up to date with all refresher courses. The home used on-line training courses. Staff said they liked this as they were able to watch the courses more than once to ensure they understood everything. This was useful because the staff's first language was Polish and they sometimes needed more time to fully understand what was said in English. New staff undertook an induction, including completing the training courses and shadowing an experienced member of staff so they could get to know people and their support needs.

The registered manager and deputy manager completed monthly supervisions and an annual appraisal with all staff. Staff told us they were able to make suggestions and raise any issues they wanted to during their supervisions.

Staff received a handover at the start of each shift. They were provided with verbal and written information about the support needs of people who were moving to the service. Each person had a one page profile in their rooms with key points on their likes / dislikes and needs. One relative told us the details for her loved one were 'spot on.' This meant staff had the skills, support and information to meet people's needs effectively.

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found Dom Polski was working within the principles of the MCA and DoLS applications were made when appropriate.

People told us they enjoyed the food at the home. Relatives also told us the food was good and they were able to join their relative for meals whenever they wanted to. Traditional polish food was cooked. People's weights were monitored and appropriate action taken if people were losing weight.

All the health professionals we spoke with were very positive about the home and the support people received to maintain their health. One said, "The information we get is clear and all actions are documented. Staff follow the guidance we give." Another said, "I have never found any one who is unwell that hasn't already been reported to us by the home."

The home was well maintained and decorated throughout.

Is the service caring?

Our findings

All the people, relatives and health professionals we spoke with were very positive about the staff working at the service. All said that they were kind and provided the caring support they wanted. One person said, "Whenever I ask for anything the staff always get it for me" and "The staff will come and ask me if I need or want anything all the time; they've been very, very kind." Another told us, "The staff know what I like." A relative told us, "Staff know [name] well, if she is in a low mood staff will sit with her with a cup of tea and provide her with some company."

A health professional said, "Everyone is really well cared for here; it's definitely the best home I'm involved with." Another told us, "All the staff genuinely care about the people here and they all know them really well."

We observed kind and respectful interactions between people who used the service and staff members throughout our inspection. The culture of the service was to encourage and support people to maintain their independence wherever possible. People were treated with dignity and respect. There was one shared room at Dom Polski. Staff were fully aware of how to maintain each person's dignity when supporting them with their personal care. Staff were seen to address people by their preferred names and also used a Polish word for 'Mrs' (Pani). This is a respectful term in Polish culture.

When providing support staff were constantly talking with people in a reassuring way. We regularly heard singing by staff and the people who used the service as staff provided support. Staff took the time to encourage people to do tasks for themselves with support and engaged with people whilst supporting them.

The service had identified that one person, who had a diagnosis of dementia, may benefit from doll therapy. Doll therapy is where a doll has been given to the person as a method to alleviate agitation and distress. We saw how staff interacted positively with the person when they were caring for the doll. A relative told us the doll seemed to comfort their loved one. This showed the service knew people and their needs well and supported them to maintain their wellbeing.

Throughout the home there were signs in Polish and English to aid people to orientate themselves around the home. All the staff members were Polish speakers, which meant they were able to communicate with people in their first language. Where necessary staff would act as translators for people who were not able to communicate in English, for example when a health professional was asking people how they were. The home was also decorated with Polish pictures and ornaments. This meant people felt at home at the service as there were familiar items around them. A relative told us how the home held a traditional Polish Christmas. In the summer a marquee was erected in the garden, with traditional food served, for a celebration of mid-summer.

The service had an in-house chapel and a daily mass was held by a priest who lived next to the home and was one of the directors for the provider. The chapel played an important role in the lives of many people at

the service. The priest told us they also visited any person who was not able to go to the mass if they wanted them to.

We saw each person had their wishes for the end of their life recorded. This included a 'Remain in the Care Home Plan' where people had indicated if they wanted to stay at the home at the end of their life and not go to hospital. We saw these had been discussed with the person where possible, their family and the GP. The nominated individual and registered manager said the service aims to support people to remain at the home at the end of their lives and would increase the support available to meet people's needs towards the end of their lives if necessary.

One staff member told us that, with the permission of the family, a person's coffin was taken to the home on the way for burial at the cemetery. The priest would lead people and staff in saying a prayer and people could say their goodbyes to the person who had passed away.

We saw the service provided information and opportunities for people and their relatives to comment and make suggestions for changes to the service through resident meetings, surveys and a newsletter. This meant the service involved people and their relatives in the running of the service and provided information about the service to people and their relatives.

People were able to maintain relationships with people who were close to them. Relatives and friends could visit at any time and were invited to eat with their loved one if they visited over meal times. We saw that visitors were warmly welcomed in a way that showed the staff knew them well. A relative told us, "Communication is very good; they always let me know what is happening or if [name] isn't well." Another said, "The home is always clean and welcoming. [Name] is always well groomed and well presented."

We saw people's personal files were stored in a small staff office that was kept closed when not occupied. Staff files and other information about the running of the home was kept in the registered manager's office. This meant staff and people's personal information was kept confidential.

Is the service responsive?

Our findings

Each person had personalised care plans in place. These identified people's support needs, provided guidance for staff to follow to meet these needs and identified tasks people could complete for themselves. The care plans were regularly reviewed to ensure that they were current. The service was in the process of writing a dementia care plan for each person where appropriate. These provided staff with details about a person's dementia, how it affected the person and the support they required to live with their dementia. 50% of the dementia care plans had been written at the time of our inspection.

For new people moving to the service an initial assessment was completed by the registered manager. This was made available for staff before they moved in and a verbal handover was also provided. The detailed care plans were then written as staff got to know the person better. This meant the staff had the information they required to meet people's needs.

Senior staff told us they were nominated as key workers for specific individuals. This meant they evaluated the care plans each month and spent time going through the care plans with people. However we saw that not all the care plans had been signed by people who used the service or had evidence that people's families had been involved in developing them. Relatives we spoke with told us they had gone through their loved ones care plans with staff. Staff told us they would read the care plans to people in Polish so they were able to understand them and make comments.

A programme of activities was in place. Each week an external person led a chair based exercise and games class. A pet therapy group also visited every fortnight, where people were able to pet small animals. We were told these groups were very popular. On other days the staff led different activities, especially in the afternoons. We saw craft activities and games were available.

The service had a complaints policy in place. We were told no formal complaints had been received by the service. The registered manager said they encouraged people who used the service and their relatives to raise any issues they had with them straight away so they could be dealt with. This meant they did not escalate into a formal complaint.

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). 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 saw there was a comprehensive system of audits and quality checks made by the registered manager and the deputy manager. These included medication, care plan and mattress audits. Weekly checks were made of first aid kits, wheelchairs and bed rails. Any issues identified are addressed through a written action plan. This meant the registered manager had a system in place to monitor and improve the service.

The health professionals we spoke with were very complimentary about the registered manager. One said, "[Registered manager] is fantastic; all information is accessible, concise and clear. All actions are documented." Another told us the registered manager had been able to break down the communication barriers at the service that had previously existed due to the staff's first language being Polish.

All the staff working at the service were positive about their role and the support provided by the registered manager. One said, "I am comfortable to go to [registered manager name] to suggest any ideas, ask for more training, raise any problems or ask for advice." Relatives also said that the registered manager was approachable.

As part of the providers' registration with the CQC the nominated individual is required to have oversight of the service. The provider had three directors in place, one of whom lived next to the home and visited daily to conduct the mass in the chapel. The registered manager told us the directors and nominated individual were very supportive. However they did not undertake any formal checks of the service. At the time of our inspection the registered manager was fully aware of their responsibilities and had implemented all the quality assurance systems required. However if this was not the case the directors and nominated individual would not necessarily be aware of any shortcomings in the service.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked our records and looked at records during the inspection and found that all events had been notified to us as required.