

## Polonia Residential Home

# Polonia Residential 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Polonia Residential Home is a 'care home'. The service can support up to 9 people aged 65 and over and mainly from eastern European backgrounds living with dementia. On the day of the inspection 8 people were living at the service

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

People told us they felt safe at the service. Staff knew how to recognise signs of abuse and knew where to report them if they had concerns.

Risk assessments were in place for people and their specific health needs. Staff were able to tell us about individual risks and how to manage them. Environmental risks were well managed in order to keep people safe. Infection control was well managed, the home was clean and free from odour. Policies in place protected people and visitors.

There were enough staff available to make sure people received the personal care and support that they needed. Staff were recruited safely and there were enough staff to meet people's needs.

Since our last inspection we found the provider has completed a full-service review of their training resources provided to staff. This meant inexperienced or new staff were provided with the care certificate during their induction. Staff had regular support through supervisions.

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

The provider's quality assurance processes had improved and were effective in driving improvements across the service. This was evident in the premises; fire safety and training ensure people received a safe service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 7 July 2021) and there was breach of regulation 17. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

### Why we inspected

We carried out an unannounced inspection of this service on 6 April 2023. We undertook this focused inspection to check the service had followed their action plan and to confirm improvements were made.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. This report only covers our findings in relation to the Key Questions safe, effective and well-led.

#### Follow up

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# 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. 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 1 inspector who was accompanied on the visit by an interpreter who spoke Polish. We used an interpreter because the majority of 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the registered manager was on annual leave when we inspected.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 April 2023 and ended on 14 April 2023. We visited the service on 6 April 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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 reviewed feedback we had received about the service. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service about their experience of the care provided. We met with the deputy manager, spoke with 2 care workers. We looked at written records, which included 2 people's care records and 1 staff file. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in relation to safeguarding and knew how to identify and respond to incidents of abuse.
- The registered manager kept a record of any safeguarding incidents. Records showed incidents had been dealt with appropriately and action taken to prevent incidents occurring in the future.
- Staff demonstrated a good understanding about how to recognise abuse and how to safeguard people from this. Comments from 1 staff member included, "If I heard or witnessed poor care, I would report it immediately. But that kind of poor care doesn't happen here."

Assessing risk, safety monitoring and management

- Risks to people were appropriately assessed and identified. Care plans provided staff with information and guidance around how to manage identified risks and keep people safe from harm.
- All people's associated risks, such as skin integrity, falls and safe eating and drinking was assessed and documented and had also been translated in people's preferred languages.
- Environmental risks were well managed. Risk assessments for electrical and fire safety were in place and the registered manager took action when required. A new fire risk assessment was in place and some areas of improvement were noted that the registered manager has already actioned.

Staffing and recruitment

- Staff were recruited safely. Staff files included staff work references, identity, employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people.
- There were enough staff to meet people's needs. We observed enough staff around to support and spend time with people.
- Staff felt there were enough staff to support people's needs. One staff member told us, "Of course, we always have enough staff and its great we have recruited new staff also."

Using medicines safely

- Medicines were managed safely. We reviewed a variety of people's medicines administration records (MAR) and stock balances. No discrepancies were found and people were observed to have their medicines administered by trained staff in their preferred way.
- Where people were prescribed medicines, they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicines audits were completed regularly to check they had been given correctly. When errors were

identified action was taken by the registered manager to prevent a re-occurrence. Staff checked the stock levels each time they administered medicines to check they were correct.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- The home was clean and free from odour. We observed regular cleaning taking place throughout our inspection. Relatives we spoke with felt the service was always clean and well kept.

#### Visiting in care homes

- There were no restrictions in place to stop visitors from coming to the service to see people. People told us their relatives visited the service regularly.

#### Learning lessons when things go wrong

- Accident and incidents were recorded and actioned. Due to the small size of service incidents were minimal. We were assured the registered manager had good oversight of the service. We were provided with evidence where the service had been proactive to put fall preventative measures in place to prevent reoccurrence of falls for 1 person.



# 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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At this inspection a newly developed training tracker had been introduced, ensuring the management team were fully aware of individual staff skill and competencies and when staff members were due for refresher training.
- At the last inspection we found there had been limited progress in staff completing the care certificate. The care certificate is designed to help ensure all staff have an understanding of current good working practices in care. At this inspection a new training provider was brought in to ensure all new staff completed the care certificate as part of their induction.
- Supervision and appraisal systems, and staff meetings continued, this supported the development of 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.

- Improvements were found at this inspection, the registered had an up to date tracker in place that detailed where people's DoLS applications were up to and when these were due to be reapplied for. People's DoLS were also clearly documented within care plans we viewed to ensure staff were fully aware of any conditions.
- Staff were able to describe their understanding of the MCA and how they provided support in line with guidance. Staff told us how they provide choice to people in every aspect of their lives.

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

- At the last inspection we found there had been some improvements to the environment, with some new flooring throughout replacing patterned carpets. However, we felt communal areas within the home décor was dark in presentation. At this inspection we found the corridors were well-lit and decorated to a high standard with stimulating pictures on the walls to give a bright and airy feel to the building.
- We looked around the home and saw accommodation met people's needs and was appropriate for the care and support provided.
- People's rooms were personalised, and some dementia friendly signage was in place. For example, people's rooms were decorated with personal items and photographs and door signs had pictures reflecting people's interests.

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

- Systems and processes were in place to assess people's needs prior to care and support commencing. Outcomes for people were identified and regularly reviewed.
- People's preferences regarding care were recorded including their likes and dislikes, life history and religious needs.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink to maintain a balanced diet. A variety of food was made available and options at mealtimes were given.
- People who needed modified diets were supported. People were supported to see the speech and language therapists when required and guidance was followed.
- People we spoke with were positive about the food they were offered. One person told us, "The food is nice, we are very well cared for here."
- People received care from the local GP and district nursing team when required. A person was being supported to receive their prescribed medicine during the inspection by the district nurses. GPs or 111 were contacted when medical advice was needed.
- Oral healthcare assessments were completed, and people were supported to register with a local dentist. The deputy manager explained this was not always straight forward for every person due to the lack of dentist practices taking on new patients.

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to assess the risk of, assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Overall performance at the service had significantly improved. Key improvements to areas such as health and safety, training and quality audits had been introduced.
- The registered manager had notified the CQC of any significant events that had occurred at the home, in line with their legal responsibilities.
- At the last inspection we found there was a lack of oversight from the provider, with there being an overreliance on the management team and staff performing adequately. At this inspection we were informed by staff that the provider had become more involved at the service, and would often speak to people, staff and review care records.
- The management team kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular updates from local authorities and the providers learning and development team.

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 knew their responsibilities under the duty of candour. They had policies in place to ensure they were open and transparent when things went wrong. They told us it was important to use these experiences to learn and improve from.

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

- The management team and staff created an open and positive culture at the service which was person centred and achieved good outcomes for people.
- People spoke positively about the service they received. One person said, "I am very happy here, what

more could I ask for." There was a relaxed atmosphere between people and staff. Staff spoke about people with care in their preferred language.

- Staff were happy within their role and spoke positively about the registered manager. Staff told us. "I like working here, we are a small team, and we care very much about our clients" and "I feel very well supported, the manager is great."
- The management team had established and maintained good links with the local community within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and district nurse teams.