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Polefield 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?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on Tuesday 26 September 2017.

Polefield Nursing Home is a service providing accommodation and support with personal care to a maximum of 40 people who may require nursing or residential care. The home is situated over two floors and has a passenger lift. There are four rooms on each floor which are double occupancy and a communal lounge and dining room on each floor. The home is set back from main road, with level access grounds. There is a large garden area which people can access.

We last inspected Polefield Nursing Home in April 2017. At this inspection, the home was rated as Inadequate overall and was also given an inadequate rating in three of the domains in which we inspect. These areas were Safe, Effective and Well-Led. The further two domains which are, Caring and Responsive were rated as Requires Improvement. As a result, the home was placed into special measures. This meant we would keep the service under further review and potentially take further enforcement activity improvements were not made. We also issued an urgent NOD (Notice of decision), informing the home that they were unable to admit any new residents into the home without the prior agreement of the CQC (Care Quality Commission). Following the inspection, the provider sent us an urgent action plan detailing the immediate action they had taken based on the concerns identified. We took this into account when planning this inspection to ensure these actions had been completed.

At the last inspection, we found people had been placed at risk because staff were not always providing the correct consistency of diets such as soft or fork mashed, placing people at risk of choking. These specific diets had been advised by the SALT (Speech and Language Therapy) team and their guidance was not being followed. This area of concern had now been addressed.

The kitchen area was safe and secure whereas at the last inspection it had been easily accessible which could have placed people at risk. The supplement, 'Thick and easy' was also being stored securely meaning it could not be consumed in an unsafe manner by people living at the home.

Appropriate recruitment checks were undertaken including seeking references and undertaking DBS (Disclosure Barring Service) checks before staff commenced employment.

There were enough staff working at the home to meet people's care needs, however due to the restriction on admissions, the home was not at full occupancy. The provider said this would be reviewed when more people moved into the home.

At the last inspection, people living at the home were not always being protected from the risks associated with poor nutrition and hydration and guidance from services such as dieticians was not being followed. We saw improvements in this area at this inspection, with good systems in place to ensure people's nutritional

needs were not compromised. People also made positive comments about the food and drink available.

Staff training had improved since our last inspection which was clearly documented on the homes training matrix. Additional training completed included dysphagia, safeguarding and infection control. Staff told us the home provided enough training to support them in their roles with an induction, supervision and appraisal also available and we saw evidence of relevant documents relating to these discussions.

At the last inspection we found DoLS (Deprivation of Liberty Safeguards) applications were not being made to the local authority where people lacked the mental capacity to make their own choices and decisions. This was now being done consistently and we saw staff had followed these applications up with the local authority to check their progress if they had not yet been granted.

People living at the home and visiting relatives made positive comments about the care provided. People said they felt they were treated with dignity and respect and had their independence promoted as necessary.

Record keeping had improved greatly since our last inspection. We looked at samples of records relating to food/fluid intake and turning/re-positioning charts and saw they were completed with good detail about the care interventions staff had provided.

There were appropriate systems in place to investigate and respond to complaints. Compliment cards were also collated where people had expressed their satisfaction with the level of care provided. Residents and relatives meetings also took place and satisfaction surveys were sent out so that people could provide feedback on the service they received.

We found improvements had been made to the overall governance systems and leadership at the home. Audits and quality assurance checks were now in place to ensure any areas of concern could be followed up accordingly. Previous breaches of the regulations had now been addressed; however we have rated the Well-Led key questions as Requires Improvement because we need to see that these improvements are sustained moving forwards. Therefore we will continue to monitor the service and return to review these areas again at the next inspection.

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

People had comprehensive risk assessments in place and the provider had implemented a robust system to manage people's dysphagia needs.

The kitchen was now secured with a keypad and we observed staff were vigilant when accessing and leaving the kitchen to ensure the door was secured behind them and thus not accessible to people living at the home.

People's medicines were managed safely and we found the supplement 'Thick and Easy' was secured in the medicine clinic and no longer accessible to people living at the home.

Is the service effective?

Good

The service was effective.

Staff had completed relevant training and received the necessary induction, supervision and appraisal to support them in their roles.

People were protected from the risks associated with poor nutrition and hydration, with guidance from health professionals such as dieticians now being followed.

Appropriate referrals were now being made to the local authority for DoLS applications where people lacked capacity to make their own choices and decisions.

Is the service caring?

Good

The service was caring.

The feedback we received from people living at the home and visiting relatives was that they were happy with the care provided.

Interactions between staff and people living at the home were seen to be kind and caring.

We observed people being treated with dignity and respect and offered choice throughout the day.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which captured their personal preferences and people received care and support which was responsive to their needs.

Social and leisure activities were provided; which were based on people's choices.

The complaints procedure was outlined and we saw the service maintained a complaints log. These evidenced complaints were followed up appropriately and in the time frame specified.

Is the service well-led?

Requires Improvement

The service was well-led, although we unable to rate this key question higher than Requires Improvement because we need to see that these improvements are sustained over time.

Audit and quality assurance systems were now in place and were effective to ensure good governance within the service

Staff meetings were held to ensure staff had the opportunity to raise concerns and contribute towards practices within the home.

Polefield 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, and to provide a rating for the service under the Care Act 2014.

We carried out this unannounced inspection on Tuesday 26 September 2017. This meant the provider did not know we would be visiting the home on this day. The inspection team consisted of two adult social care inspectors from the CQC (Care Quality Commission) and an expert by experience. An expert by experience is someone who has personal experience of caring for people, similar to those in this type of service.

As part of our inspection planning we reviewed all the information we held about the home. This included previous inspection reports, enforcement notices and any notifications sent to us by the home including safeguarding incidents or serious injuries. This helped us determine if there were any particular areas to pursue during the inspection.

We had not asked the provider to complete a Provider Information Return (PIR) as part of this inspection. 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.

At the time of the inspection there were 27 people living at the home. During the day we spoke with one of the partners/current home manager, the deputy manager, 14 people who lived at the home, two visiting relatives, two nurses, a senior carer and four care assistants from both the day and night shift. As part of the inspection, we looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included seven care plans, five staff personnel files and seven MAR (Medication Administration Records).

We spoke with people in communal areas of the home and in their bedrooms if this was where people chose to spend their time. Throughout the day we observed how staff cared for and supported people living at the home and observed lunch being served on both the residential and nursing units to see if people's nutritional needs were being met.

Good

Is the service safe?

Our findings

At our last inspection in April 2017, the provider was found in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was due to concerns found in relation to people at risk of choking, inappropriate storage of thick and easy, medicines not being managed safely and the kitchen not being secure. Thick and easy is a drink supplement, used to ensure people's drinks are of a safe consistency so that they can consume them safely. At this inspection, we saw improvements had been made and sustained which meant the provider had addressed our concerns and was now meeting the requirements of the regulation.

At our inspection in April 2017, we found peoples risks were not appropriately managed which had exposed people to the significant risk of avoidable harm. We had raised serious concerns with the provider regarding the management of people's dysphagia needs as people had been given foods that were not in keeping with the speech and language teams (SaLT) recommendations. This had exposed people to the risk of choking and potentially aspirating. Aspirating is when food or drink goes down the windpipe and enters the lung.

During this inspection, we looked at four care files of people with identified dysphagia needs to establish whether our previous concerns had been addressed. We found the provider had taken prompt action following our previous inspection and had implemented a robust system to manage people's choking risks. We found a coordinated approach had been introduced which incorporated choking risk assessments, nutritional care plans and SaLT guidelines. This ensured staff had up to date guidance that was reflective of people's needs and provided staff with up to date information to mitigate risks.

Staff had received dysphagia training and demonstrated that managing people's choking risks was everybody's responsibility. Catering staff had the required information and this corresponded with the information contained in people's care files. We looked at people's food and fluid records for the three week period prior to our inspection. We found people had received appropriate foods in line with their assessed risks and needs.

We also observed additional controls had been implemented to ensure people were receiving the required consistency of food. The management tested the food consistency when it was taken to the dining areas prior to people being given the food to ensure it was in keeping with SaLT guidance.

The management had introduced a summary of needs document which included a photograph of the person, their status including whether the person was subject to deprivation of liberty safeguards (DoLS), do not attempt cardiopulmonary resuscitation (DNACPR), the person's mobility needs, dietary requirements and risks which included risk of falls, developing pressure sores and whether the person was nutritionally compromised. This provided staff or agency staff with an overview of people's immediate needs and associated risks to ensure staff were aware of what people's needs were.

We saw medicine administration record (MAR) charts had been strengthened since our first inspection visit whilst undertaking our inspection in April 2017. The MAR had been updated to include a safety summary

which detailed whether the person had a safe or unsafe swallow, the person's dietary requirements and consistency of their drinks, whether the person required observation taking medicines or covert medicines and if the person took non-prescription medicines.

At this inspection, we looked at seven MAR; four on the nursing unit and three on the residential unit. At our last inspection, we had found the provider did not have suitable arrangements in place to manage medicines as directed by the manufacturer's instructions, especially with regard to food. At this inspection, we found the provider complied with these directions and medicines such as: alendronic acid, levothyroxine and omeprazole were given before food.
We also saw the required time gap was maintained between doses of antibiotic medicines and a record maintained so frequent infections or urinary tract infection (UTI's) could be monitored.

The home had when required medicines (PRN) protocols in place. These explained what the medicine was, the required dose and how often this could be administered, the time needed between doses, when the medicine was needed, what it was needed for and if the person was able to tell staff they needed the medicine. The MAR had a section on the reverse to enable staff to document the exact time PRN medication had been given and we saw at this inspection that PRN had been consistently documented on the reverse of the record when administered. This ensured 'as required' medicines were being administered safely and appropriately.

We found there was clear information recorded to guide staff when and where to apply creams which ensured people would be given the correct treatment. A body map was completed to identify where creams were to be administered and a separate record was maintained by the care staff to demonstrate they had been administered. Creams were stored out of view in people's drawers and steroid based creams were stored in the treatment room.

At our last inspection we had found the supplement 'thick and easy' had not been stored securely as it had been found in the dining area and on a drinks trolley unattended. At this inspection we saw that 'thick and easy' was now locked in the clinic room and only taken out when needed for use.

We saw the treatment room and medicines trolleys were organised. We saw the medicine fridges were locked, temperature checks completed daily and medicine stock counts were in place. The medicines checked during the inspection all tallied.

At our last inspection, we had raised concerns regarding the kitchen door being left open as there was a hot water dispenser and knives accessible to people living at the home. At this inspection, we saw a keypad was on the door. Staff were vigilant when accessing the kitchen and we noted the door was consistently secured on entry and exit. This meant people living at the home were unable to access the kitchen and were no longer exposed to risks.

We looked at building maintenance records and saw documentation and certificates, which demonstrated that relevant checks had been carried out in respect of gas and electrical safety, risks associated with waterborne viruses and hot water temperature checks. We checked that upper floor windows were compliant with safety regulations and found appropriate window restrictors were in place.

We saw that people had personal emergency evacuation plans (PEEPs) in their care files and copies of the plans were kept at reception to ensure they were easily accessible should an emergency situation occur. At our last inspection in April 2017, we had found conflicting information in one of the PEEPs which we had raised with the provider following the inspection. At this inspection, we found this had been promptly

addressed and all the PEEPs contained the required detail to support evacuation safely. The PEEPs file also contained floor plans for both the nursing and residential floor, showing where the fire escapes were as well as the 'safe zones' in the event of a fire. The service also had a business continuity plan in place, which provided details about actions staff needed to take in the event of an emergency.
Where accidents occurred, these were investigated and preventative measures put in place to keep people safe. All accidents and incidents which occurred in the home were recorded and analysed for themes and trends. Action points were recorded as an outcome and we saw evidence of these being completed.

We saw staffing levels were sufficient on the day of the inspection to meet people's needs in a timely way. We found staffing levels were determined using a formal method to calculate the care hours needed to meet people's needs. We saw people's dependency was determined and this was then inputted into a tool that calculated the care hours needed to effectively meet the needs of people living at the home. We looked at the previous three months duty rota and these consistently demonstrated there was sufficient staff deployed to meet people's needs.

We looked at five staff personnel files and found robust recruitment checks were completed before new staff commenced working at the home. The files included; application forms, interview questions, proof of identity, references and contract. There were Disclosure and Barring Service (DBS) checks undertaken to determine that staff were of suitable character to work with vulnerable people.

Staff had access to relevant and up to date information and policies, including whistleblowing and safeguarding. There were systems in place to safeguard people from abuse and safeguarding incidents were reported and appropriate records maintained detailing the action taken. All the staff we spoke with had a good understanding of safeguarding and procedures to follow if they had a concern. Some of the staff comments included; "If a person was in a low mood could be a sign of abuse, as could weight loss. A sign of physical abuse could be mark or bruising. I would go to the manager or nurse in charge and report it."

Good

Is the service effective?

Our findings

At our previous inspection in April 2017, this key question was rated as 'Inadequate' due to concerns identified in relation to staff training, meeting people's nutritional needs and MCA/DoLS (Mental Capacity Act/Deprivation of Liberty Safeguards).

People living at the home told us they felt staff had the correct skills to provide effective care to them and had received sufficient training. A person who used the service told us, "Staff always appear well trained, often we have questions and they give you the answers." Another person added, "I have no complaints about the way staff care for me, they are very professional."

At our previous inspection we had concerns that staff were not being provided with sufficient training to support them in their roles in areas such as fire safety, infection control and safeguarding. This training had now been undertaken by staff since our last visit. Staff had also completed recent training in other areas such basic life support, dementia awareness, fluid/nutrition, food safety, health and safety, MCA/DoLS, medication, and moving and handling. Training relating to choking/dysphagia had also been delivered soon after our last inspection, following the concerns we had identified. Staff we spoke with said they were happy with the training available. One member of staff said, "I feel up to date with all my training. There is a mixture of both e-learning and face to face training available. I feel supported and I love it here." Another member of staff said, "Training is fine. I feel a lot more up to date and I feel they provide enough to staff."

Staff received supervision to help support them in their role. This provided staff with the opportunity to discuss their work with their line manger confidentially and we saw several supervisions had been held since out previous inspection. Topics of discussion during these sessions included safe working practices, training, effective communication, CQC inspection concerns, current workload and any actions to be taken. Appraisals were also held and enabled staff to discuss their performance over the last 12 months. Appraisal covered training and development throughout the year, strengths/weaknesses and objectives to work towards. One member of staff told us, "I have received supervision recently and they are consistent. They are useful but there is always the opportunity to speak about any concerns outside of supervision." Another member of staff said, "I had an appraisal not that long ago which was my annual review over the year."

Staff we spoke with told us they completed an induction when they first started working at the home and were introduced to people and shown around the building. This provided them with an overview of working in a care environment and how to deliver effective care and support. The induction provided staff with a detailed understanding in areas such as moving and handling, fire, food hygiene, health and safety, the call bell system, professional conduct, medication and training requirements. One member of staff said, "The induction gave me all I needed. I had worked in care before but it was good just to go over a few things again."

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection we found DoLS (Deprivation of Liberty Safeguards) applications were not being made to the local authority where people lacked the mental capacity to make their own choices and decisions. This was now being done consistently and we saw staff had followed these applications up with the local authority to check their progress if they had not yet been granted. Mental capacity assessments were undertaken as necessary and staff told us they would always aim to work in people's best interests regarding any decisions to be made. One member of staff said, "DoLS would be required if a person lacked capacity. I have done training and there is a record in the office with which people are currently subject. I would always work in people's best interests."

We looked at how staff sought consent from people living at the home. People had provided written consent with regards to having their photograph taken and agreement with their care plan and risk assessment content. At one point during the inspection, we observed a person living at the home refusing to take their medication. The member of staff prompted as much as possible initially and then asked if they would like to have their blood pressure/blood sugar levels taken, whilst at the same time asking if they would like to have their medication after this had been done. The person agreed to have their medication shortly afterwards and gave their consent. One person living at the home said, "Staff are very polite, they ask you if you don't mind if they do something to you" Another person said, "Staff are always asking for you permission for a lot of things."

During our last inspection, we found people living at the home were not always being protected from the risks associated with poor nutrition and hydration. We had found action plans implemented by the dietician service were not being followed by staff and tasks such as fortifying foods with additional calories and providing regular snacks between meals were not being carried, placing people at further risk of losing weight. This information was also not being effectively communicated through to the kitchen staff so that they were aware about changes to people's dietary requirements.

We saw improvements in this area at this inspection, with good systems in place to ensure people's nutritional needs were not compromised. The staff we spoke with were each able to identify which people living at the home were at risk of losing weight. We also spent time with the kitchen staff who held accurate records about people's nutritional needs which we were told they were kept well informed about. The chef told us they added higher calorie alternatives to people's food such as full fat milk, cheese, cream and butter to help people with gain or maintain weight. Food and fluid intake records were also maintained by staff if people had lost weight and we saw these were being accurately completed and specified where people's food had been fortified as required. Fluid charts demonstrated that people were receiving good levels of fluid and we observed drinks being served regularly throughout the inspection. One person told us, "We got cups of tea often with little chats from staff."

People living at the home had eating and drinking care plans in place, with MUST (Malnutrition Universal Screening Tool) assessments also completed and updated each month. This enabled staff to closely monitor people's nutritional status and respond accordingly such as if they needed to be referred to agencies for advice. We saw people were weighed either weekly or monthly so that staff could determine if any further action was required. These records were up to date and held in people's care plans. We saw people being supported to eat and drink as required during the inspection. A four week menu was used and was displayed in the home for people to read. We asked people living at the home for their views of the food

provided. One person said, "The food is not bad, there is plenty to eat, lots of options." Another person said, "Staff give you everything you want, we are not starved. A third person commented, "If you don't like what they offering, they take it away and find something you like."

People's care plans contained information about their health and any other agencies that had been involved in their care. Staff at the home worked closely with other agencies such as SALT and the dietician's service and made referrals when necessary. For example staff had observed one person was struggling to eat a normal diet and was spitting their food back out and was then referred to SALT. This person had also slowly lost weight over a three month period and was referred to the dietician. On the day of the inspection a chiropodist had visited the home, with people being given the option if they wanted to receive any treatment.

Good

Is the service caring?

Our findings

At our last inspection in April 2017, although we observed caring interactions from staff, this key question was rated as Requires Improvement. This was because people living at the home did not benefit from a caring culture due to some of the wider failings within the service.

The people living at the home told us they were happy with the care and support they received. Each person told us they found staff to be kind and caring. One person who used the service told us, "The service here is perfect, staff are great, they let you do things for yourself and still support you if you fall short." Another person said, "If I was not missing living with my family, I would not wish to live anywhere else but here". A third person commented, "The service we receive here is first class."

We also spoke with visiting relatives as part of the inspection and they too told us they were happy with the care being provided to their loved ones at the home. One relative said, "It goes without saying, the place is nice and clean, the staff are doing alright, giving good care to my mum." Another relative said, "This is the best place for my wife, if I wasn't living where I am now, I will definitely be living here."

The people living at the home told us they were always treated with dignity and respect by staff and these were our observations during the inspection. For example we heard staff knocking on people's bedroom doors before entering and closing the door behind them when they were assisting people into the toilet. One person said, "The staff are always treating me right, very respectful, you can see it in their eyes." Another person said, "I have a lie-in during the day or night, whenever I want, staff respect that."

We observed staff promoting people's independence as necessary, allowing them to do things themselves. For instance we saw people being able to eat their own food and drink and mobilise around the home with the use of zimmer frames and wheelchairs. One person living at the home said, "Staff ask you if you want to do things yourself and they help you where you can't do something." Another person said, "I tidy my own room, staff don't mind at all."

During the inspection we observed nice and pleasant interactions between staff and people living at the home. People appeared clean and well-presented and we saw people's hair and finger nails were well groomed. We saw staff sitting and chatting with people in communal areas, with people also able to go into the office area to speak with staff if they wanted to. We saw staff re-assuring people if they became upset or distressed and managed to calm them down by asking them if they might like to do things differently. Staff checked if people had their hearing aids in properly and got down to people's level and spoke close to people's 'good' ear to assist their hearing. One relative said, "The staff are fantastic, they never have a face off, always smiling, even when they sometimes are short staffed." A person living at the home said, "Every time staff go on holiday, they always bring me a present back."

Staff were respectful of people's choices and decisions and took this into account when delivering care. For example we saw people being offered the choice of where to sit when they were taken into the lounge area. People also told us they were given the choice of when they got up and went to bed and said staff respectful

of these choices. One person at the home enjoyed eating Weetabix and we saw this person liked to eat six each morning which were brought into the dining room for them by staff.

The home provided care to people approaching the end of their life, with appropriate care plans in place detailing people's want and wishes. This included things that were important to them at this particular time in their lives, what would make them happy, things they may like to change and where they would like their preferred choice of care to be. At the time of the inspection, one person was receiving end of life care and when we observed them in their bedroom they looked comfortable, with staff checking on them at regular intervals.

Good

Is the service responsive?

Our findings

At our April 2017 inspection, we found record keeping was poor and this key question was rated as Requires Improvement. This was in relation to weight checks, turning/re-position charts, fluid consistency, oral hygiene and nail care. Contemporaneous records on the upstairs residential unit were not maintained, with records placed in to the filing cabinet and not filed in order, which meant records had been hard to locate to determine what care tasks had been undertaken.

At this inspection, we found the care records were consistently completed. We found control measures had been implemented which involved the senior carer or nurse signing the record to indicate the records had been checked and care tasks completed. We found a filing system in place which involved historical care records being transferred to the person's care file, these were filed in date order and ensured records were easily accessible and readily available.

We saw the care files had improved since our last inspection. The provider had commenced updating all the care files and had completed all the care files on the nursing unit and was working through the residential unit.

During the inspection we looked at seven care files. We saw initial assessments were completed which provided a focus on: self-care and activities of daily living, communication, breathing, eating and drinking, mobility, skin integrity, sleeping, memory, decision making and capacity anxiety, perception and mood. This would enable management to gain an understanding of people's needs and the care they required to ensure these needs could be met prior to offering placement at the home.

We saw information in people's care files pertaining to people's life histories, background information, employment history, interests, likes and dislikes. People's preferences were also captured which would enable staff to gain an understanding of people's needs and the care they required.

We saw care plans provided information about supporting people with maintaining a safe environment, activities of daily living, personal care, skin integrity, nutrition, continence, breathing, mood, decision making, perception, memory, communication, social interaction and mobility. The care plans had been updated to include person centred information and identified goals that were individualized, measurable and achievable.

Staff displayed suitable knowledge of people's needs and could explain how support was provided to each individual in areas such as those relating to safety, choice, personal preferences and leisure pastimes and in a person centred way.

We looked to see how people's skin integrity was maintained. We saw waterlow risk assessments were completed to derive at a risk score which was indicative of the person's risk of skin breakdown if control measures were not implemented. We saw people's fluid charts indicated that people were consistently exceeding their recommended fluid intake, which supports good skin integrity. When people had been

identified at risk, we saw that people were seated on pressure relieving cushions and had profile mattresses to provide a reduction in pressure on vulnerable areas. such as heels and the sacrum.

We looked to see how people were provided opportunities to engage in social stimulation and activities of their choosing. There was an activities coordinator at the home for 25 hours a week and they had completed an NVQ (National Vocational Qualification) with some of the modules being reflective of the needs of the role, such as; provision for journeys and activities coordination.

During the inspection, the activities coordinator was facilitating one to one activities in people's bedrooms. This was determined by people and the things they wanted to do. The activities coordinator had painted people's nails, given hand massages, accompanied a person to the shops and played games. The activities coordinator had activities scheduled on a board which included; exercises three times a week, bingo, hairdressers, one to one's with people, play cards right, sing along, exercises, quizzes, arts and crafts.

We spoke to the activities coordinator who told us the activities schedule was flexible depending on people's motivation and preference on the day. The activities coordinator maintained a list of activities that had been undertaken and were planned for people. People had engaged with a pet memorial day in which people had completed arts and crafts and reminisced about their pets. There had also been a reminiscence day were a train set had been erected and people had reminisced about their train journey's and holidays. People were accompanied to the shops; there was monthly live music and Zumba. The activities coordinator also facilitated a resident's meeting quarterly. The last meeting having taken place at the home in August 2017. An agenda was in place, with topics of discussion including; activities and day trips out.

Resident's meetings had also been held where topics such as the last CQC report, refurbishments, quality of care and the environment had all been discussed. This meant both people living at the home were being given the opportunity to influence what activities were provided and how the home was run.

People living at the home had also been asked for their views and opinions through the use of a satisfaction surveys. This asked if they felt treated with dignity and respect, felt safe and secure, if care was being provided to a high standard, if complaints were taken seriously and if the activities provided were sufficient. An overall analysis of the feedback was then undertaken, with an action plan completed where any negative comments had been made.

We saw the complaints process was advertised on numerous walls throughout the home. There was a complaints file in place to track complaints and people we spoke with confirmed they were aware of the process and felt confident to make a complaint.

We also noted a number of compliments had been received regarding the care provided. This included: "Heartfelt thanks to you all for the care and attention shown'; 'Thank you, I know she kept you on your toes and had you as their personal gig machine. [Person] wasn't shy and said what they felt, they were always saying how much they liked you all.' 'Thank you so much, each one of you was so special to [person]; 'Thank you for the dedication shown, death is never easy but you made it dignified and compassionate, that in itself helped [person] come to terms'; 'it's lovely seeing people and carers interacting in the lounge.'

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in April 2017, this key question was rated as 'Inadequate'. This was because we had identified several serious failings within the service which could have placed people at risk. The home did not have a registered manager and we identified several continuing and new breaches of the regulations. We also had concerns with the governance systems in place at the home, as these had not picked up the issues we had identified in the inspection.

During this inspection, the provider demonstrated that they had oversight of the regulated activity and we saw that significant progress had been made and the provider was no longer in breach of the regulations identified at the previous inspection. While we were satisfied that previously identified breaches in the regulations were now being met, for a domain to be rated as good we need to see consistent good practice over time, therefore we will continue to monitor the service and return to review these areas again at the next inspection.

At the time of the inspection, the home still did not have a registered manager in post, although a date had now been arranged for them to have their interview with the CQC registration team. 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. Polefield Nursing Home is owned by Mr Mohedeen Assrafally & Mrs Bibi Toridah Assrafally, a partnership first registered with CQC in November 2015.

We looked at the systems in place to monitor the quality of service being provided to ensure good governance within the service and found this had significantly improved since our last inspection. There were now a range of different auditing systems in place which covered areas such as weight monitoring, water temperatures, complaints, CQC notifications, infection control, DoLS applications, care plans and medication. Management had also introduced new daily checks with regards to people's nutritional intake to check the food was of the correct consistency before being served to people. If the food was not prepared correctly, then it was returned to the kitchen. Within these audits were any areas that could be improved and actions that needed to be taken. These checks would ensure that managers would have better oversight of service delivery within the home.

We asked staff, visitors and people living at the home for their views of management and leadership within the home. One member of staff said, "It's definitely improving. I feel supported and we can always raise our concerns." Another member of staff said, "I think management is fine. They support me if I have any problems and the door is always open to speak." Another member of staff said, "Management seems okay. I feel supported in my role to do my work." A person living at the home also added, "The manager is very nice, very pleasant and he comes to speak to me and my daughter."

We asked staff who worked at the home if they enjoyed their roles and if they felt there had been improvements since our previous inspection. One member of staff said, "Things have picked up a lot since

the last inspection. Documentation has improved, particularly around nutrition which has had a big impact." Another member of staff said, "I feel things have improved a lot over the past few months. We get a lot more time to spend with the residents as well which is nice." A third member of staff added, "Massive improvements and I have definitely seen changes. The food people eat is now a lot safer and lots of different checks are now in place."

We looked at the minutes from recent staff meetings that had taken place. These were held for senior care staff, nurses and all care staff who worked at the home. Topics of discussion included rotas, food quality, staff leadership, handovers, CQC inspections, completion of food and fluid charts and training requirements. The staff we spoke with said these meetings were regular and that they felt listened to and able to raise concerns.

Confidential information was stored securely. This included staff personnel files, care plans and daily records being locked in metal filing cabinets which only staff had access to. During the inspection we observed that these records were never left unattended and were stored away once they had been looked at. This would ensure people's personal information remained safe.

The provider had up to date policies and procedures in place which had been reviewed during 2017. This meant staff had access to sufficient guidance if they needed to seek advice relating to a particular matter.

The provider was aware of notification requirements and the manager had informed CQC of significant events in a timely way. This meant we could respond accordingly to any incidents which took place.

As of April 2015, it is now a requirement to display the ratings from the previous inspection at the home and on any corresponding websites. We saw the ratings from the last inspection were clearly displayed near the front entrance of the home. This meant people living at home, visitors and health care professionals knew about the level of care provided at the home.