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Pollard House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Pollard House is a residential care home in Bradford. The home provides accommodation and personal care for up to 28 older people and people living with dementia. At the time of the inspection there were 16 living at the home.

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

People, relatives and professionals universally praised the standard of care at the home. The service was caring and there was a homely and inclusive atmosphere throughout. People were relaxed and comfortable and were treated in a warm and respectful manner. One relative said, "[Staff] genuinely care. They are great, and they really care. They deal with everyone as individuals. They go out of their way to do that."

People told us they felt safe and secure. The staff team were consistent and experienced and had the skills to support people appropriately. They were knowledgeable about people and the topics we asked them about.

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. We have made a recommendation about updating people's documentation to fully reflect their and/or their representatives' involvement.

The home was spacious, well maintained and adapted to meet people's needs. It was surrounded by spacious accessible gardens. There was refurbishment plan in place to improve the environment.

People's care needs were assessed, and they received person-centred support from staff who understood their needs well. Staff were committed to providing person-centred care and fulfilling opportunities for people. A range of activities were available to people.

Medicines were managed safely, and the service was responsive to changes in people's health and social needs. Close relationships were maintained with professionals who supported the service.

The registered manager provided people with leadership and was approachable and provided day to day support to people living at the home and the staff team. Systems to monitor and check the service were in place to ensure the service consistently met the required standards.

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

Rating at last inspection

The last rating for this service was good (published 16 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Pollard House

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Pollard House 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.

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 before the inspection

We reviewed the information we received since the last inspection. We asked for feedback from the local authority, commissioning teams and health professionals involved with the home. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives and friends about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager,

senior care workers, care workers and the cook. We used 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. We spoke with one health care professional and a volunteer.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records of staff training.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- People said there were enough staff and they felt safe and secure living at Pollard House. One person said, "There is always enough staff and I get on well with [registered manager.]"
- The staff team was consistent and experienced. One staff member said, "It's the same staff so people feel safe and secure and build relationships. They become part of your family."
- Recruitment procedures were in place to ensure only staff suitable to work were employed.
- Staff received safeguarding training. They had a good understanding about how to raise concerns. Safeguarding referrals had been made appropriately and actions put in place to ensure the safety of people.
- Records and receipts were kept of financial transactions where the service supported people with their personal monies.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety were assessed. Some risk assessments would benefit from more detailed information. We discussed this with the registered manager and were confident this would be addressed. Staff were knowledgeable and knew how to reduce the risk of harm to people.
- Safety and environmental checks were undertaken.
- Accidents and incidents were recorded and there was a detailed monthly analysis completed to identify any themes or trends. Where incidents had occurred, this had been discussed with the team and acted upon.

Using medicines safely

- Medicines were managed safely. Medicine support plans detailed the medicines prescribed, what they were for and possible side effects.
- We observed people were supported with their medicines kindly and patiently.
- Designated staff received training, but this did not include an annual medicine competency assessment in line with best practise guidelines. We discussed this with the registered manager. On the second day of the inspection we saw there were plans in place to implement this.

Preventing and controlling infection

- Safe systems were in place to manage infection control. The home employed a cleaner and all communal areas were clean on the days of the inspection.
- Staff completed training in infection control. We saw they had access to gloves and aprons when supporting people with personal care or serving food.
- The service had received a five-star food hygiene rating. This is the highest award that can be achieved

and demonstrated food was stored and prepared appropriately.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. 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, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity to make decisions for themselves clearer information about their capacity and showing decisions had been made in their best interests needed to be recorded. Individual decisions needed to be recorded in a clearer way to show the involvement of people and their representatives.
- People were able to make choices which were respected by staff. Staff understood their responsibilities under the MCA. We observed staff asking for consent from people before they offered care or support
- Appropriate DoLS applications had been made in a timely manner.

We recommend the provider seek advice and guidance from a reputable source, about working within the principles of MCA.

Staff support: induction, training, skills and experience

- People and relatives told us they were confident staff were properly trained.
- Records showed staff had received a range of training to support them in their role.
- Staff felt very well supported by the registered manager. However, records showed staff had not received regular supervision and appraisal. This meant staff did not regularly reflect on their practise and development. We asked the registered manager about this who recognised there was work to be done to ensure this was addressed.

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

- People's needs were assessed before being offered a service. The information gathered during the assessment was used to develop care plans and risk assessments. They described the support required and contained person-centred information.

- As part of their assessment the registered manager told us they considered if people would be compatible with other people who were already living in the home.
- People did not have detailed oral health care plans. We discussed this with the deputy manager and they confirmed they would be introduced.

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

- People said the choice and quality of food was good. One person told us, "If you want something at any time they will make it for you."
- The mealtime experience was leisurely and sociable.
- People's nutritional needs and preferences were met. People's weights and details of food and fluids intake were monitored when this was part of their care plan. One person had a fridge in their room, so they could access their preferred snacks during the day.

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

- People's healthcare needs were met. One person told us staff regularly supported them to attend health appointments.
- Care plans contained information about people's health needs and records showed they had access to a wide range of health and social care professionals.
- District Nurses visited the home daily and their feedback was very positive. One health care professional said, "It's a fantastic care home. Staff are helpful, know what they are doing and always available."

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

- The building was adapted to meet people's needs. There was a choice of spacious lounge areas and a dining room and access to a well-maintained safe garden area. There were plants, ornaments and photographs around the home which provided a homely and comfortable environment.
- Dementia friendly signage helped people orientate around the home.
- In some areas the furniture and décor were tired and worn. We discussed this with the registered manager. They confirmed there was a refurbishment plan in place which included replacing the décor and some furniture in the lounges and bedrooms.
- People were able to personalise their bedrooms. One person who had moved into the home recently had chosen their own décor including the carpet and decoration.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives said staff were kind and caring. We received a range of unanimously positive feedback about staff. One person said, "I get on great with the staff. They are very caring."
- Staff promoted an inclusive culture. They spoke enthusiastically about their roles and were dedicated and caring. They knew people's history and preferences and used this knowledge to support people how they wanted.
- We observed one person who was living with dementia becoming distressed. A care worker gently reassured them by talking through the plans for the day and the week. They sat with the person and repeated the information calmly. The person became visibly more relaxed.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported in a respectful and dignified manner.
- Staff were conscious of maintaining people's privacy and dignity when helping them mobilise, knocking on doors before entering and providing clothing protectors at mealtimes. People looked very well presented and cared for.
- Care plans promoted people's independence. People had a range of utensils to support them to eat independently. We saw one care worker sitting with a person who was not initially motivated to eat their lunch. They discretely helped them with a few mouthfuls and encouraged them by chatting. The person then ate their meal independently.

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

- People and relatives told us staff listened to their views.
- Staff had formed strong and meaningful relationships with people and engaged positively. We observed staff routinely offering people choices and listening to their response.
- There were a high number of visitors to the home and they were made to feel welcome. There was a warm and inclusive atmosphere throughout. One visitor said, "I love the care and this place. The staff are fantastic and there is a lovely atmosphere."
- A recent survey had been completed by people and relatives. The home had been rated 'good' or 'excellent' in all areas. One relative's comment about staff stated, "Their patience seems to be endless. They treat each person as an individual. Superb care!"

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People and relatives said person centred care was provided.
- People's care needs were assessed, and a range of care plans put in place. Care plans were regularly reviewed. Some care plans contained historical information which made them difficult to navigate. We discussed this with the registered manager and we were confident this would be updated.
- Staff were knowledgeable about the people they were supporting. They had a very good understanding about people's preferences, likes and dislikes.
- People's end of life wishes were recorded in their care plans. The content of the plans were varied and some had not been fully completed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to be involved in a range of activities. The home had recently employed an activity coordinator. They were enthusiastic about their role and were working closely with people living at the home to develop creative opportunities. Recent activities included baking, indoor games and one to one pamper sessions.
- People were able to follow their faith. Two people at the home were visited by a priest and a volunteer from the church weekly.
- People were able to access the local community and cricket club. People who had recently moved into the home were supported to visit old friends who lived nearby. Relatives and friends were welcomed warmly and there was a vibrant atmosphere throughout.
- We observed one person living with dementia who found comfort holding a baby doll. Staff were thoughtful in their interactions and talked warmly with the person and included the doll in their exchanges and conversations.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's needs by assessing them.
- Care plans included information about how to communicate with people. People had access to audio books and talking clocks when they had visual impairments.

Improving care quality in response to complaints or concerns

- Information was available on how to make complaints and people and relatives felt able to raise concerns.
- The registered manager had a system in place to monitor and review concerns and share any lessons learned with the team.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality monitoring systems were in place.
- The registered manager was clear about their responsibility to be open and honest. Staff were clear about their roles and were committed to providing high quality care.
- Staff praised the registered manager and said they were supportive and approachable. They felt appreciated and involved in the day to day running of the home.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.

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

- There was an inclusive atmosphere within the home and visitors, people and staff interacted warmly with each other.
- The registered manager had a visible presence where people and relatives could approach them freely. One relative said, "[Registered manager] has a passion for the job and really cares. [Registered manager] is always around."
- Staff spoke highly about team work and said morale was good.
- Staff meetings were held regularly. Staff commented this was a good way of sharing information. One staff member said, "It's the little things you can share as a team that can make all the difference."
- People's and relatives views had been sought and the results from recent surveys displayed in the foyer.

Working in partnership with others

- Records showed staff engaged with a range of health and social care professionals. We received positive feedback from health professionals. One professional said, "[Registered manager] and staff are always very helpful and pleasant."
- The registered manager attended provider meetings and maintained informal networks with other local homes and managers.

Continuous learning and improving care

- The registered manager understood their responsibilities and was committed to learning and improving care. The manager and their team welcomed feedback and responded quickly to issues identified throughout the inspection.
- Accidents and incidents were regularly reviewed and used to inform plans.
- The registered manager told us plans were in place to further improve the service. This included updating care plans to an electronic format and developing 'champion' roles within the staff team.